



APPLICATION FOR EMPLOYMENT

The Allen County Regional Transit Authority (ACRTA) provides equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, national origin, sex, age, familial status, or disability.

PLEASE PRINT

Date of Application: _____

Applications are kept on file for one year

Position(s) applied for: _____

Referral source: ☐ Advertisement ☐ Friend ☐ Walk-in ☐ Employment Agency

☐ Other _____

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip

Telephone: _____ Email address: _____

Are you at least 18 years of age? ☐ Yes ☐ No

Are you a citizen of the United States or otherwise legally eligible for employment in the United States?
☐ Yes ☐ No

Have you ever been employed here before? ☐ Yes ☐ No
(If yes, give date: _____)

Are you employed now? ☐ Yes ☐ No

May we contact your present employer? _____ Yes _____ No

Have you been employed by a DOT employer in the last 2 years? _____ Yes _____ No

Name of employer _____

Have you failed or refused a DOT pre-employment test in the previous two (2) years?

_____ Yes _____ No

On what date would you be available for work? _____

Are you available to work _____ Full Time _____ Part Time _____ Shift Work _____ Temporary

Are you on a lay-off and subject to recall? _____ Yes _____ No

Are you a Veteran of the U.S. Military service? _____ Yes _____ No

If yes, Branch: _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps:

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ ad advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely any consideration you may receive for employment.

If you wish to be identified, please sign below.

_____ Handicapped Individual _____ Disabled Veteran _____ Vietnam Era Veteran

Signature _____

If applying for a driving position, are you able to physically perform certain aspects of the job such as sitting for extended periods of time and securing wheelchairs by kneeling on one or both knees?

_____Yes _____No

Have you ever been denied a license permit, or privilege to operate a motor vehicle?

_____Yes _____No

Has any license, permit or privilege ever been suspended or revoked? _____Yes _____No

Do you currently possess a valid Ohio CDL (Commercial Driver's License)? _____Yes _____No

If yes, License number and expiration date: _____

Please provide the name, address, and telephone number of three references who are not related to you and are not previous employers:

Name	Address	Phone Number

How do you know this person? _____

Name	Address	Phone Number

How do you know this person? _____

Name	Address	Phone Number

How do you know this person? _____

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service and volunteer activities. Exclude organization names which may indicate race, color, religion, national origin, sex, age, or familial status.

<u>Employer</u>	<u>Start Date</u>	<u>End Date</u>	<u>Job Duties</u>
<u>Address</u>	<u>Starting Wage</u>	<u>Ending Wage</u>	
<u>Phone #</u>			

<u>Employer</u>	<u>Start Date</u>	<u>End Date</u>	<u>Job Duties</u>
<u>Address</u>	<u>Starting Wage</u>	<u>Ending Wage</u>	
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<u>Phone #</u>			

EDUCATIONAL RECORD

	High School	College	Grad/Professional
	1 2 3 4	1 2 3 4	
Last year of school completed			_____

If High School was not completed, do you have a valid GED? _____Yes _____No

Technical Training _____

Special Driving Training _____

Safe Driving Awards _____

ACCIDENT RECORD (For last three years. Give dates, nature of accident, at-fault, etc.)

Last accident: _____

Next previous accident: _____

Next previous accident: _____

TRAFFIC CONVICTIONS & FORFEITURES (For last three years, including DUI, OMVI, etc. but excluding parking violations.)

	Location	Date	Charge	Penalty
1.	_____			
2.	_____			
3.	_____			

AGREEMENT

(Please read and sign below)

I hereby grant the Allen County Regional Transit Authority (hereafter referred to as ACRTA) permission to investigate my personal history of financial and credit record through any investigative or credit agencies or bureaus of its choice.

I hereby grant the ACRTA permission to investigate any references and do hereby authorize the release of any and all personal information by any person, business, law enforcement agency, school, medical or other organization to any representative of the ACRTA. I further waive any liability to such person, business, law enforcement agency, school, medical or other organization who provides adverse information to a representative of the ACRTA.

I agree that if I am employed by the ACRTA, it shall thereafter at any time and from time to time have the right to require a medical examination by a physician of my physical and mental condition, and that it shall further be a condition of my employment that I be physically and mentally qualified (as determined by a medical examination) to perform the designed duties of my position.

I agree that prior to employment, I must pass a urine test at a designated collection site. The urine specimen will be tested at an approved laboratory for drug substances (including marijuana, cocaine, opiates, phencyclidine (PCP), and amphetamines). A negative test result must be received prior to employment. If you are employed, you will be required to report within five days to the supervisor any conviction for violation of a criminal drug statute.

I agree that if selected for employment, I may be subject to future urine and/or breath testing on a random basis; when there is reasonable suspicion to believe I have used prohibited substances, following an accident; or prior to return to duty if I fail to pass a drug and alcohol test or undergo treatment for drug or alcohol abuse; or am returning to work after an extended leave of more than one month.

I agree that if employed, I will provide myself with a standard watch, as employees are not permitted to use cell phones to check the time while on route. I will also provide myself with a house telephone or cell phone.

I hereby warrant the foregoing answers are true in every particular, and I further agree to resign immediately from the employment of the ACRTA should any one of my statements or answers on this application be found untrue, or should my past record, upon examination by the ACRTA, prove unsatisfactory.

(Next page)

I hereby make application to the ACRTA for employment as _____ and I understand that if I am employed, the first ninety days of employment shall be probationary. During this time, the ACRTA may terminate my employment for any reason it deems just, subject to all applicable laws.

I further agree that in the event the agents insuring the ACRTA, shall deem I am not insurable as a _____ and the ACRTA shall have just cause for terminating my employment.

Note: FBI Criminal Checks will be obtained: Criminal convictions will not automatically disqualify an applicant from a particular job. The ACRTA will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's functions and qualifications, the frequency of convictions, the applicant's age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.

I hereby understand that this application does not create a contract of employment.

I understand that ACRTA is a public entity and this document becomes public record.

I further agree that if employed, I will be bound by all the rules, regulations and policies adopted by the ACRTA.

Signature: _____

Date: _____