

CAMBRIA COUNTY TRANSIT AUTHORITY

APPLICATION FOR EMPLOYMENT

FOR SAFETY SENSITIVE POSITIONS

An Equal Opportunity Employer

The Cambria County Transit Authority (CamTran) is an equal opportunity employer dedicated to a policy of non discrimination in employment upon any basis including race, color, religion, age, sex, national origin, ancestry, sexual orientation, marital status, disability, veteran status, or any other legally protected status. In reading and answering the following questions, please keep in mind that none of the questions are intended to apply any limitations, illegal preferences, or discrimination based upon any non-job related information.

This application will be kept active for six (6) months from the date received. To be considered for employment, **all** sections must be completed fully and accurately, even if you include a resume with this application.

PERSONAL

| | |
|--------------------------|---------------------|
| Name | Home Phone |
| Address | Work Phone |
| City, State and Zip Code | Social Security No. |

Have you ever worked for CamTran in the past? Yes___ No___
If "Yes", from: Start Date _____ Ending Date _____ Last Position Held _____
Name(s) of any relatives who are employed with CamTran _____

Are your school or previous employment records under any other name than the one you use now?
Yes ___ No ___ If "yes", what are the other name(s) _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? Yes___ No___
Proof of citizenship or immigration status will be required upon employment.

What is your driver's license number? _____ What State? _____ Class _____
Is Air Brake Restriction removed? Yes___ No___ Do you have a Passenger endorsement? Yes___ No___
Has any license, permit or driving privilege ever been suspended or revoked? Yes___ No___
Have you ever been denied a license, permit or privilege to drive a motor vehicle? Yes___ No___
Have you been convicted, pled guilty or pled nolo contendere to any law, ordinance or traffic violation? Yes___ No___
Have you ever been discharged or suspended from a prior position? Yes___ No___

If the answer to any one of the above four questions is "Yes", attach a statement providing details. Attach a statement listing all citations and motor vehicle accidents in which you were involved during the past three (3) years. State the nature of the citation and/or accident and any personal injuries or fatalities that may have occurred.

Type of Employment Desired (**Choose only one**)
Part Time Only _____ Prefer Full Time, Will Begin As Part Time _____ Full Time Only _____

If you are less than 18 years of age, can you provide required proof of your eligibility to work? Yes___ No___

Position you are applying for: _____ Date available for work: _____

Have you ever been convicted, pled guilty, or pled nolo contender to a felony or misdemeanor within the past ten years? Yes___ No___

Conviction will not necessarily disqualify an applicant from employment.

If Yes, Please explain: _____

EDUCATION

| Name and Location of School | No. of Years Completed | Degree or Certificate | Course of Study | Grade Point Avg. |
|---|------------------------|-----------------------|-----------------|------------------|
| High School | | | | |
| Business, Trade or Vocational School | | | | |
| College or University | | | | |
| Graduate School | | | | |
| Scholastic and/or Professional Honors and/or Achievements | | | | |

EMPLOYMENT

List all jobs held, including part time, starting with your current or most recent job. Account for all periods of employment. You must complete this Section even if you include a resume. Use additional sheets of paper, if needed.

| | |
|--------------------|-------------------|
| Employer | Supervisor |
| Address | Phone No |
| Job Title | Final Rate of Pay |
| Duties Performed | Employed From: |
| Reason For Leaving | Employed To: |
| Employer | Supervisor |
| Address | Phone No |
| Job Title | Final Rate of Pay |
| Duties Performed | Employed From: |
| Reason For Leaving | Employed To: |
| Employer | Supervisor |
| Address | Phone No |
| Job Title | Final Rate of Pay |
| Duties Performed | Employed From: |
| Reason For Leaving | Employed To: |
| Employer | Supervisor |
| Address | Phone No |
| Job Title | Final Rate of Pay |
| Duties Performed | Employed From: |
| Reason For Leaving | Employed To: |

May we contact your present employer as a reference? Yes ___ No ___

May we contact you at your current place of employment? Yes ___ No ___

Please summarize below any special qualifications or skills acquired from prior employment or experience

MILITARY

Did you serve in the U.S. Armed Services? Yes ___ No ___

If "Yes", what Branch? If "Yes", what dates? From: To:

Describe experience gained in the Service.

Are you currently in the Reserves or National Guard? Yes No If "Yes", what Branch?

MISCELLANEOUS

List any valid permits you currently possess.

| State | License Number | Type | Expiration Date |
|-------|----------------|------|-----------------|
|-------|----------------|------|-----------------|

List or describe any additional information that may be helpful to us in evaluating your application for employment.

REFERENCES – List at least three persons familiar with your work or academic background (not relatives).

| Name | Phone No. | Years Known |
|------|-----------|-------------|
|------|-----------|-------------|

| Address | How Known |
|---------|-----------|
|---------|-----------|

| Name | Phone No. | Years Known |
|------|-----------|-------------|
|------|-----------|-------------|

| Address | How Known |
|---------|-----------|
|---------|-----------|

| Name | Phone No. | Years Known |
|------|-----------|-------------|
|------|-----------|-------------|

| Address | How Known |
|---------|-----------|
|---------|-----------|

| Name | Phone No. | Years Known |
|------|-----------|-------------|
|------|-----------|-------------|

| Address | How Known |
|---------|-----------|
|---------|-----------|

IMPORTANT – Applicant must read and initial each paragraph before signing and submitting this application.

(This application is not complete and cannot be considered until this page is completed.)

By my signature and initials placed appropriately, I promise that the information provided in this application for employment (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, if discovered at a later time. I agree to immediately notify the Cambria County Transit Authority (CamTran) if I am ever convicted, plead guilty or plead nolo contendere to any felony or misdemeanor, or have my drivers license suspended or revoked for any reason, or if I agree to enter a pre-trial diversion or a similar program such as ARD in connection with a prosecution for a felony or any driving event while my job application is pending, or during my period of employment, if hired.

Initial _____

I authorize the investigation of all statements contained in this application for employment (and accompanying resume, if any). I also authorize the Cambria County Transit Authority (CamTran) to contact my present employer (unless otherwise noted in this job application form), past employers and listed references.

Initial _____

I authorize any person, school, current employer (except as previously noted), past employer(s) and organizations named in this application for employment (and accompanying resume, if any) to provide the Cambria County Transit Authority (CamTran) with relevant information and opinion that may be useful to the Authority in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

Initial _____

If I receive a tentative offer of employment, I give permission for a complete physical examination and drug screening. I consent to the release to the Cambria County Transit Authority (CamTran) of any and all medical and drug screening information, as may be deemed necessary by the Authority in judging my capability to do the work for which I am applying. I also give permission for the Authority to complete a criminal and driving record investigation/verification, prior to any offer of employment.

Initial _____

I understand that if my employment is terminated by the Cambria County Transit Authority (CamTran) for dishonesty, vehicular accident or any criminal acts, the Authority may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment that creates a conflict of interest or adversely impacts my performance at the Authority.

Initial _____

I understand and agree that Cambria County Transit Authority (CamTran) specifically reserves the right and Applicant hereby agrees to CamTran's right, to conduct a background check pursuant to 42 Pa. C.S.A. 9791 et seq., also commonly known as "Megan's Law".

Initial _____

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM.

Initial _____

Date: _____

Signature: _____

FOR HUMAN RESOURCES USE ONLY

Date of Interview: _____

Position Hired Into: _____

Date of Physical: _____

Date of Employment: _____

