

**CamTran**  
**Cambria County Transit Authority**

**APPLICATION FOR EMPLOYMENT**

<b>Position Applying For:</b>		Date available ▶	
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**Type of Employment Desired (Choose only one)**

Part-time Only _____	Prefer Fulltime, Will Begin As Part-time _____	Fulltime Only _____
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**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.

<b>PERSONAL</b>					
Name (First, MI, Last)				Home Phone	
Address				Social Security No.	
City, State and Zip Code				U.S. Citizen Yes _____ No _____	
Driver's License No. ▶		State ▶		Class ▶	
Is Air Brake Restriction removed? Yes _____ No _____			Do you have a Passenger endorsement? Yes _____ No _____		

**Proof of citizenship or immigration status will be required upon employment.**

If you are less than 18 years of age, can you provide required proof of your eligibility to work? Yes\_\_\_ 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) \_\_\_\_\_

<b>Were you ever</b>			
▶ Suspended or revoked for any license, permit or driving privilege?	Yes	No	
▶ Denied a license, permit or privilege to drive a motor vehicle?	Yes	No	
▶ Convicted, pled guilty or no contest to any law, ordinance or traffic violation?	Yes	No	
▶ Discharged or suspended from a prior position?	Yes	No	
▶ Convicted, pled guilty, or pled no contest to a felony or misdemeanor?	Yes	No	

If "Yes" to any one of the above questions, 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. Failure to disclose this information shall exclude this application for consideration.

**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

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**MISCELLANEOUS**

List any valid permits you currently possess.

State	License Number	Type	Expiration Date

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

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**REFERENCES – List at least 3 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 & 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** \_\_\_\_\_

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:** \_\_\_\_\_

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*FOR HUMAN RESOURCES USE ONLY*

**Date of Interview:** \_\_\_\_\_

**Position Hired Into:** \_\_\_\_\_

**Date of Physical:** \_\_\_\_\_

**Date of Employment:** \_\_\_\_\_