

North Central Regional Transit District



Employment Application

NCRTD prohibits discrimination on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, gender identity, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. We are an Equal Opportunity Employer.

Applicant Information

Full Name: _____
Last First M.I.

Physical Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Mailing Address: _____

Phone: _____ Email: _____

Position applying for: _____

Are you eligible to work in the U.S.? Yes No
(If selected, proof of eligibility will be required)

Have you ever worked for NCRTD? Yes No If yes, When? _____

Does the District employ any relatives of yours? Yes No If yes, Whom/relationship? _____

I certify that I have not had a positive drug test result or refused to test on a DOT Pre-Employment drug test in the past 2 years.

Yes No

Do you possess a valid Driver's License? Yes No State _____ Class _____ License#: _____

Do you have any driving violations? Yes No

If yes, please explain: _____

How did you hear about us? Website Advertisement Job Fair Friend or Relative Walk-In
Other (Describe) _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes No Degree: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

References

Please list three professional references (e.g. Supervisor, Manager, Co-Worker) **no relatives or friends**.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email: _____

Disclaimer and Signature

PLEASE READ BEFORE SIGNING PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE / APPLICATION DRUG TESTING ACKNOWLEDGMENT

In connection with my application for employment, I understand and agree that employment inquires may be requested by the North Central Regional Transit District that will seek information pertaining to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment, previous employment, education background, and other past experiences. I also release and hold harmless all my previous employers and the North Central Regional Transit District from any liability that may potentially result from the release or use of such information. I certify that the information contained in this application is correct and complete to the best of my knowledge and belief. I understand that knowingly making a false statement or omission in this application will be cause for rejection of this application or dismissal after employment. I understand that this application shall become a public record upon receipt and therefore shall be available for public inspection.

I understand that as part of my application for employment, I must successfully complete an FTA drug test as required by 49CFR part 655. I understand that a negative test result is required before I will be able to perform a safety sensitive function. Participation in the Federal Drug and Alcohol Testing Program is a condition of employment.

Signature

Date

HR Representative Signature

Date



Public and Private Record Release

State and Federal privacy laws protect and prescribe restrictions regarding access to certain confidential and personal information. This form authorizes the release of motor vehicle and criminal background information to the NCRTD named below for employment or insurance eligibility purposes.

By signing below:

I authorize the NCRTD to investigate and review driving, motor vehicle, criminal histories and related information periodically during the duration of my employment or insurance relationship with NCRTD.

I understand that my employment or insurance eligibility is contingent upon the NCRTD review of such information.

Employer: North Central Regional Transit District.

Signature

Date

Social Security Number (for Criminal Records Only)

Printed Name (as it appears on your driver license)

Driver License Number

Birth Date – Month/Day/Year

Check off Gender M or F

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. ⁱTo help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Post-traumatic stress disorder PTSD
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱSection 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take 5 minutes to complete.

Voluntary Self-Identification Form

NCRTD is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, NCRTD invites you to voluntarily self-identify your race and ethnicity. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment.

The information obtained will be kept confidential and will only be used in accordance with applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the government for civil rights enforcement. When reported, data will not identify any specific individual.

Ethnicity:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Race:

White (not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or more races (not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Veteran Status:

Disabled Veteran: (A) A person who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or (B) A person who was discharged or released from active duty because of a service-connected disability.

Active duty wartime or campaign badge veteran: A person who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

Armed Forces Service Medal Veteran: A person who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Recently Separated Veteran: A person who was discharged or released from active duty within the last three years.

Gender

Ethnicity

Race

Veteran Status

Your Name

Today's Date