

PEE DEE REGIONAL TRANSPORTATION AUTHORITY EMPLOYMENT APPLICATION

1. APPLYING FOR:

Job Title _____

Location _____

2. HOW DO WE CONTACT YOU:

Your Name _____ Social Security No. _____ - _____ - _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone () _____ Business Phone () _____

Other Phone () _____ Email Address _____

3. YOUR EDUCATION:

High School Name _____ Address _____

Diploma ___ Yes ___ No ___ Other (Specify) _____

Highest Grade Completed _____

College Graduate? Yes ___ No ___ Your name, if different, while attending _____

Undergraduate School _____

Degree _____ Year Degree Obtained _____

Graduate School _____

Degree _____ Year Degree Obtained _____

4. Training/Skills

List any skills, licenses, or certificates related to the job applied for: _____

5. WORK EXPERIENCE:

1. Name of Present or Last Employer _____

Address _____ Phone () _____

Job Title _____

Supervisor's Name _____ Phone () _____

From ____/____/____ to ____/____/____ Hours per Week _____ Salary _____

May we contact this employer? Yes No

Job Duties _____

Reason for Leaving _____

2. Next Most Recent Employer _____

Address _____ Phone () _____

Job Title _____

Supervisor's Name _____ Phone () _____

From ____/____/____ to ____/____/____ Hours per Week _____ Salary _____

Job Duties _____

Reason for Leaving _____

3. Next Most Recent Employer _____

Address _____ Phone () _____

Job Title _____

Supervisor's Name _____ Phone () _____

From ____/____/____ to ____/____/____ Hours per Week _____ Salary _____

Job Duties _____

Reason for Leaving _____

4. Next Most Recent Employer _____

Address _____ Phone () _____

Job Title _____

Supervisor's Name _____ Phone () _____

From ____/____/____ to ____/____/____ Hours per Week _____ Salary _____

Job Duties _____

Reason for Leaving _____

5. Next Most Recent Employer _____

Address _____ Phone () _____

Job Title _____

Supervisor's Name _____ Phone () _____

From ____/____/____ to ____/____/____ Hours per Week _____ Salary _____

Job Duties _____

Reason for Leaving _____

6. Next Most Recent Employer _____

Address _____ Phone () _____

Job Title _____

Supervisor's Name _____ Phone () _____

From ____/____/____ to ____/____/____ Hours per Week _____ Salary _____

Job Duties _____

Reason for Leaving _____

Do you have any relatives employed with PDRT A? If yes, please provide names below:

Name _____ Relation _____

Name _____ Relation _____

Have you ever been convicted of a criminal offense? _____ Yes _____ No

Note: Omit any offense committed before your 17th birthday which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If yes, please list charge(s) _____

Where convicted _____ Date _____ Disposition/Status _____

Have you ever been terminated or forced to resign from any job? _____ Yes _____ No If yes, explain:

Are you legally authorized to work in the United States? _____ Yes _____ No

Give the names of two people, not relatives, who are familiar with your work:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Do you possess a valid driver's license? _____ Yes _____ No How many years driving? _____

Do you have a CDL? _____ If so, what class? _____ What endorsements? _____

CDL License No. _____ How long? _____

How many motor vehicle accidents have you ever been involved in, regardless of severity? _____

How many as an operator of a commercial vehicle? _____ Private vehicle? _____

Last accident date _____ City, State _____ Describe _____

Next previous date _____ City, State _____ Describe _____

During the past two (2) years, if you were subject to DOT testing requirements:

1. Have you had an alcohol test with a result of 0.04 or higher alcohol concentration? _____ Yes _____ No
2. Have you had a verified positive DOT drug test? _____ Yes _____ No
3. Have you refused to be tested (including verified adulterated or substituted drug test results)? _____ Yes _____ No
4. Have you committed other violations of DOT agency drug and alcohol testing regulations? _____ Yes _____ No
5. If answering "yes" to any of the above, have you successfully completed DOT return-to-duty requirements, including follow-up tests? _____ Yes _____ No

Note: If you are applying for a position which requires a CDL (i.e., Driver, Dispatcher, etc.), a current copy of your 10-year driving record must accompany this application in order to be considered.

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and/or employees of the Pee Dee Regional Transportation Authority which may include but not be limited to information concerning my past and present work, including my official personnel files; attendance records; evaluations; educational records; military service; law enforcements records; motor vehicle records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of the Pee Dee Regional Transportation Authority to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature _____ Date _____

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work. I also affirm, agree, and understand that any offer of employment is conditional upon receipt of a negative DOT drug test to be performed at a time and place directed by Pee Dee Regional Transportation Authority.

Signature _____ Date _____

6. EEO DATA

Government contractors are subject to federal laws such as the Vietnam Era Veterans Readjustment Assistance Act of 1974, the Americans with Disabilities Act, and other requirements including having an Affirmative Action Plan. In order to fulfill these requirements, please provide the information requested below. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individual.

Today's date _____ / _____ / _____

Social Security Number _____ - _____ - _____

Last Name _____

First Name _____ Middle _____

Position for which you are applying _____

Sex _____ Male _____ Female

Date of Birth _____ / _____ / _____

Race _____ American Indian/Alaskan Native

_____ Asian/Pacific Islander

_____ Black/Non-Hispanic

_____ Hispanic

_____ White/Non-Hispanic

Veteran _____ Yes _____ No _____ Disabled Veteran _____ Vietnam Era Veteran

Will you need reasonable accommodation to participate in the selection process? _____ Yes _____ No
If yes, please state type _____

PDRTA actively supports the Family Independence Act by hiring welfare and food stamp recipients for certain jobs. Are you currently receiving AFDC benefits or food stamps? _____ Yes _____ No

How did you hear about employment with PDRTA? _____ Newspaper; _____ Employment office/Job Service; _____ Internet; _____ Other publication/media; _____ Other (Explain) _____
