



Erie Metropolitan Transit Authority

127 East 14th Street – Erie, Pennsylvania 16503
P: 814-452-2801 F: 814-456-9032

Instructions: Thank you for your interest in employment with the EMTA. Please complete all sections of this employment application to be considered for employment at the EMTA. We are an equal opportunity employer. Please use additional paper if necessary, to provide complete answers to any questions. **PLEASE PRINT**

For Office Use Only

Applicant # _____
Employee # _____
Hire Date _____
Position _____
Rate _____
Class _____
Skill _____
Other _____
Notes _____

Attachments
 Resume
 Reference Check
 Applicant Interview
 Payroll Change Notice

PERSONAL INFORMATION

Today's Date: _____

Last Name First Middle Initial Phone

Address City State Zip

Social Security #: _____ Date of Birth: _____

PREVIOUS ADDRESS (IF ANY) FOR THE PAST THREE YEARS:

Previous Address:	City/State/Zip
Duration of Residence (YYYY – YYYY):	
Previous Address:	City/State/Zip
Duration of Residence (YYYY – YYYY):	

REFERRAL SOURCE (PLEASE CHECK THE APPROPRIATE CATEGORY AND NAME THE SOURCE)

Walk-in Employee Referral
Employee Name _____
 Other

Do you possess a Pennsylvania Operators license? Yes _____ No _____

License # _____ Type _____ Endorsements _____

DESIRED EMPLOYMENT

Desired Position:	Available Start Date:	Preferred Shift:	Prefer Full-time or Part-time work?
Have you ever worked at EMTA before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?		Which Department?
Do you know any current or previously employees who worked for EMTA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain		

Please list any other name under which you have been employed: _____

Are you legally authorized to work in the United States on an unrestricted basis for any employer? Yes No

Have you ever been convicted of a felony, misdemeanor in the last 7 years? Yes No (conviction will not necessarily disqualify an applicant from employment)

Have you ever pled "Guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please explain: _____

Applicants are not obligated to disclose sealed or expunged arrest conviction records.
ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR OF EMPLOYMENT, OTHER FACTORS SUCH AS DATE OF OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION, AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Education/Type	Name & City	Did you graduate?	Years Attended*	Degree Received
High School		Yes/No		
College		Yes/No		
Other		Yes/No		

EMPLOYMENT EXPERIENCE – 10 Year(s) History

Starting with your present or last job. Include any job-related, military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Name of Present or Last Employer	Dates Employed	Work Performed
		Job Title/Position	
Address		City State Zip	
Supervisor		Employers Phone Number	Reason for Leaving
May we contact your supervisor? Yes/No If no, why? _____ _____		Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes/No	Was your job designated as safety sensitive function in any DOT Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT-Required Drug and Alcohol Testing? Yes/No
2.	Name of Present or Last Employer	Dates Employed	Work Performed
		Job Title/Position	
Address		City State Zip	
Supervisor		Employers Phone Number	Reason for Leaving
May we contact your supervisor? Yes/No If no, why? _____ _____		Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes/No	Was your job designated as safety sensitive function in any DOT Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT-Required Drug and Alcohol Testing? Yes/No

3.	Name of Present or Last Employer	Dates Employed	Work Performed
		Job Title/Position	
	Address	City State Zip	
	Supervisor	Employers Phone Number	Reason for Leaving
	May we contact your supervisor? Yes/No If no, why? _____ _____	Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes/No	Was your job designated as safety sensitive function in any DOT Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT-Required Drug and Alcohol Testing? Yes/No
4.	Name of Present or Last Employer	Dates Employed	Work Performed
		Job Title/Position	
	Address	City State Zip	
	Supervisor	Employers Phone Number	Reason for Leaving
	May we contact your supervisor? Yes/No If no, why? _____ _____	Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? Yes/No	Was your job designated as safety sensitive function in any DOT Regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT-Required Drug and Alcohol Testing? Yes/No

RELATED INFORMATION:

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, arrest and court record or any protected category.

JOB SKILLS AND QUALIFICATIONS:

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

If applying for a position, which requires CDL, please complete the section below. *If not, please skip and move onto DRIVER INFORMATION.*

DRIVER LICENSES: Please list all States in last 3 years where a license was held.

	State	License Number	Type (Class)	Expiration Date
Driver's Licenses				

DRIVER INFORMATION

Driving experience: Please list all driving experience.

Class of Equipment	Type of Equipment (Flatbed, Van, Mini-Bus etc.)	Dates		Approximate Number of Miles (Total)
		From	To	
Bus				
Tractor and Semi-Trailer				
Other (Indicate Type)				

Accident record for the past 3 years or more (Attach sheet if more space is needed)

	Date	Nature of Accident (Head-on, Rear-end, Upset, etc.)	Fatalities?	Injuries?
Last Accident				
Next Previous				
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for the past 5 years (Other than parking violations)

Location	Date	Charge	Type of Vehicle Operations

If the answer to any of the questions below is Yes, please attach a statement giving details.

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If you answer "yes", you must attach a statement giving details.

2. Have any license, permit or driving privilege ever been suspended or revoked? Yes No

3. For the past two years, have you tested positive or refused to test on any pre-employment drug or alcohol test required by a DOT-regulated employer because you would perform safety-sensitive transportation work? Yes No

If you answered "yes", you must identify the DOT-regulated employers and when the testing took place in the space below. You must provide the Company with documentation that you successfully completed the return-to-duty process required by the DOT regulations. Failure to provide this documentation to the Company within two (2) weeks or other time period determined by the Company will result in the withdrawal of any job offer/transfer.

Acknowledgement, Certification, Authorization

I, the applicant, certify that the entries and information set forth in this Application are true and complete to the best of my knowledge. I understand that deliberately entering false information will result in the withdrawal of any offer/transfer.

Applicant Signature

Date

Certification
PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I understand and expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations, organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only six (6) months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be limited by any collective bargaining agreement or as required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's General Manager.

I understand and agree that I may be required to submit to drug testing and complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing, any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know where required by law. Also, I agree to fully cooperate and provide the company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Authorization/Signature of Applicant: _____ Date: _____

Print Name: _____

Disclosure and Authorization to Obtain Consumer Report

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment, or other employment related purposes, the Company may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by the Company for employment purposes without your prior written authorization.

Authorization

I hereby acknowledge that the Company has disclosed, in writing, that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize the Company and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

Authorization/Signature of Applicant: _____ Date: _____

Print Name: _____



Erie Metropolitan Transit Authority & Lift Division

127 East 14th Street – Erie, Pennsylvania 16503

P: 814-452-2801 F: 814-456-9032

NOTICE TO APPLICANTS

All applicants for employment must pass a **drug urine test and alcohol screening test** prior to employment. As part of your pre-employment evaluation, you are required to submit a urine specimen at a designated collection site. A driver's license **must** be presented for proof of identity. Your specimen will be tested at a laboratory approved by the Department of Health & Human Services for the following substances.

Marijuana

Cocaine

Opiates

Phencyclidine (PCP)

Amphetamines

You must pass this drug test prior to employment. If you are selected for employment you may be subject to future urine testing on a random, unannounced basis, or when there cause to believe you have used prohibited substances, and following an accident or prior to return to duty if you fail to pass a drug test or undergo treatment for drug or alcohol abuse. If you are employed, you will be required to report within five (5) days to the designated transit person any conviction for violation of a criminal drug statute.

Certification: I have read and understand this notice and agree to all the provisions thereof.

Applicant Signature

Date/Time

Witness Signature

Date/Time



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MOTOR VEHICLE RECORD AUTHORIZATION FORM

As a condition of employment I, _____ hereby authorize the Erie Metropolitan Transit Authority to obtain my Motor Vehicle Record, (MVR) for the purpose of evaluating my suitability for employment. In the event that I am hired by the Erie Metropolitan Transit Authority, I further authorize the Erie Metropolitan Transit Authority to request an MVR at any time during the course of my employment. I understand that my employment and continued employment may be based upon the results of my MVR.

Signature: _____

Date: _____

Witness: _____

Date: _____

Request For Information From Previous Employer

From: Erie Metropolitan Transit Authority/Lift Division

EMTA File #: _____

To (Supervisor's Name): _____

Telephone #: _____

 Mr. Mrs. Ms. _____ Has completed an application with our company and states that he/she was employed by you as _____ from _____ to _____.

Will you kindly reply to the inquiry below respecting this applicant. Your reply will be held in strictest confidence and will in no way involve you in any responsibility. For your convenience in replying by return mail, we included a stamped self-addressed envelope.

1. Is employment record with your company correct as stated above? _____
2. What kinds of work did the applicant do? _____
3. Did applicant have custody of money or valuables? _____
4. Were applicants accounts properly kept? _____
5. Did applicant drive motor vehicle for you? _____
6. Was applicant a safe and efficient driver? _____
7. Give dates of vehicle accidents in which applicant was involved: _____
8. Does applicant have any physical or mental limitations that would prohibit him/her from performing the position sought?

9. Reason for leaving your employer. Discharged _____ Laid Off _____ Resigned _____
Remarks: _____
10. Did applicant receive verbal or written reprimand as a part of a formal disciplinary procedure within the last 5 years?

11. Did applicant receive a citation for driving under the influence during the past 5 years? _____
12. Did the applicant drink any alcoholic beverages while on duty? _____
13. Did the applicant receive a written or verbal reprimand for substance abuse (alcohol or drug) during the last 5 years?

14. Is applicant eligible for rehire? Yes _____ No _____ If No, explain _____

	Excellent	Good	Fair	Poor	Very Poor
Quality of Work	_____	_____	_____	_____	_____
Attendance	_____	_____	_____	_____	_____
Works with others	_____	_____	_____	_____	_____
Safety Habits	_____	_____	_____	_____	_____

You are hereby Authorized to give: EMTA/Lift division all information regarding my services, character, and conduct while in your employment and you are released from and all liability which may result from furnishing such information to the above-named company.

Signature: _____

Date: _____



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“Release of Information Form –49 CFR Part 40 Drug and Alcohol Testing”

Section 1. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS of ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer list in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ *Date:* _____

SECTION I –A: NEW EMPLOYER INFORMATION

New Employer Name: Erie Metropolitan Transit Authority

New Employer Address: 127 East 14th Street Erie, PA 16503

New Employer Phone: 814.454.4012 ext. 106 New Employer Fax: 814.240.3589

Contact Name: Melissa Gibbons, Director of Human Resources

SECTION I – B: PREVIOUS EMPLOYER INFORMATION – ALL APPLICANTS MUST PROVIDE THIS INFORMATION

Previous Employer Name: _____

Previous Employer Address: _____

Previous Employer Phone: _____ Previous Employer Fax: _____

Contact Name: _____

**RELEASE OF INFORMATION FORM
49 CFR PART 40 DRUG AND ALCOHOL TESTING
SECTION II**

SECTION II: TO BE COMPLETED BY PREVIOUS EMPLOYER AND TRANSMITTED BY MAIL OR FAX TO THE NEW EMPLOYER:

SECTION II – A: In the three years prior to the date this form was signed by employee’s signature (in section I), for DOT regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes No
2. Did the employee have verified positive drug tests? Yes No
3. Did the employee refuse to be tested? Yes No
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No
5. Did a previous employer report a drug and alcohol rule violation to you? Yes No
6. If you answered “yes” to any of the above items, did the employee complete the return to duty process?
 N/A Yes No

Note: if you answered “yes” to item 5, you must provide the previous employer’s report. If you answered “yes” to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

SECTION II – B

Name of Person Providing Information in *Section II – A*: _____

Title: _____ Phone: _____

Fax: _____ Date: _____

Signature: _____

First Contact HR Applicant Notice and Consent Document

Fax Number: 267-419-1396

Client Name: Erie Metropolitan Transit Authority (814- 452-2801) Client Code: EMTA

Branch Code: EMTA

Service Code: Lvl 1C Lvl 1E Lvl 2D Lvl 3E Lvl 4E MVR OTHER _____
(please select)

Authorized Agent: _____ Time/Date Sent: _____

NOTICE TO JOB APPLICANTS

Your prospective employer has contracted with **First Contact HR** to verify certain information contained in your application for employment (**including contract for services**) or provided by you during the interview process. The information requested below is necessary to complete this task. This information is **NOT** a part of the application for employment and will be used for the sole purpose of verification of information, and or statements made by you. **Please complete all information requested.**

It is possible that your employment may be determined in whole or in part by your prospective employer using data from a report supplied by **First Contact HR**, 535 West Pennsylvania Avenue, Suite 101, Fort Washington, PA 19034. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

Applicant's Legal Name	Last	First	M.I.
Current Home Address	Street	City	State Zip

Date of Birth: (Month/Day/Year)	Social Security #		
Driver's License #	State:	Daytime Phone #	Evening Phone #

EDUCACTION HISTORY: List the school where a degree and/or certification was obtained, or you last attended

Name of College, University or Trade School	Dates Attended
	From (Mo/Yr.) To (Mo/Yr.)
City/State	Telephone
Degree Earned : _____ or Incomplete	
Major	Minor

Name of College, University or Trade School	Dates Attended
	From (Mo/Yr.) To (Mo/Yr.)
City/State	Telephone
Degree Earned : _____ or Incomplete	
Major	Minor

LICENSE / CERTIFICATION VERIFICATION

License/Certification Type	Date & State Issue	Issuing Organization & License # (if applicable)
License/Certification Type	Date & State Issue	Issuing Organization & License # (if applicable)

First Contact HR Applicant Notice and Consent Document

Fax Number: 267-419-1396

Client Name: Erie Metropolitan Transit Authority (814- 452-2801) Client Code: EMTA

Branch Code: EMTA

Service Code: Lvl 1C Lvl 1E Lvl 2D Lvl 3E Lvl 4E MVR OTHER _____
(please select)

Authorized Agent: _____ Time/Date Sent: _____

Applicant's Legal Name	Last	First	M.I.	Maiden Name
Position applying for:				
EMPLOYMENT HISTORY: List your most recent jobs held				
MOST RECENT COMPANY NAME:		Telephone:		
May we contact your present employer? (circle one) YES NO				
Address	City	State	Zip	From (Mo/Yr.) To (Mo/Yr.)
Job Title	Salary	Reason for Leaving	Supervisor's Name and Phone Number	
2 nd COMPANY NAME:		Telephone:		
May we contact your present employer? (circle one) YES NO				
Address	City	State	Zip	From (Mo/Yr.) To (Mo/Yr.)
Job Title	Salary	Reason for Leaving	Supervisor's Name and Phone Number	
3 rd COMPANY NAME:		Telephone:		
May we contact your present employer? (circle one) YES NO				
Address	City	State	Zip	From (Mo/Yr.) To (Mo/Yr.)
Job Title	Salary	Reason for Leaving	Supervisor's Name and Phone Number	

APPLICANT CONSENT: I understand and agree that **First Contact HR** will verify all or part of the information I have given my prospective employer. I understand that this verification may include an inquiry into my credit history, driving record, criminal and civil records, felony & misdemeanor and deferred adjudication records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information. I understand I may be required to provide a sample (either urine or hair) for a screening for illegal drugs. I agree that such information which First Contact HR has or obtains, and my employment history if I am hired, may be supplied by First Contact HR to other companies that subscribe to First Contact HR. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for employment.

APPLICANT SIGNATURE: _____

DATE: _____

www.firstcontacthr.com

www.workercheck.com

We are an EEO employer.



Erie Metropolitan Transit Authority
127 East 14th Street – Erie, Pennsylvania 16503

**THIS FORM FOR INTERNAL USE
ONLY**

Last Name: _____

APPLICANT INTERVIEW CHECK LIST

Date: _____ Position Applying For: _____ Interviewed by _____

Name _____ Phone: _____

(First) (Middle) (Maiden Name, if any) (Last)

- | | |
|---|---|
| <input type="checkbox"/> Signed and Completed Application for Employment | <input type="checkbox"/> Pennsylvania Child Abuse History Clearance |
| <input type="checkbox"/> Motor Vehicle Record Authorization Form | <input type="checkbox"/> Please note: It is optional for an applicant to return the Invitation to Self Identify. It is used for reporting requirement. DO NOT place name on the form should the applicant decide to complete and return it. |
| <input type="checkbox"/> Criminal Background Check Authorization Form | |
| <input type="checkbox"/> First Contact HR Applicant Notice and Consent Document | |

Applications will be considered "ACTIVE" for up to approximately 90 days or 3 months. Although we reserve the ability to review and consider applications older than 90 days or three months, it is recommended that any application over 90 days or 3 months old should be updated in person... If an applicant is interviewed and not hired. They can reapply. In general, we would want an additional year's worth of applicable skills and experience to be demonstrated before interviewing again.

This form should be maintained indefinitely in the Driver's Qualification File.