

SCHUYLKILL COUNTY TRANSPORTATION AUTHORITY



EMPLOYMENT APPLICATION

SCHUYLKILL COUNTY TRANSPORTATION AUTHORITY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, AGE, SEX, CREED OR NATIONAL ORIGIN, NON JOB RELATED DISABILITY, SEXUAL ORIENTATION OR AFFECTIONAL PREFERENCE, MARITAL STATUS, POLITICAL OR UNION AFFILIATION

PLEASE PRINT AND COMPLETE THE ENTIRE APPLICATION.

IF ANY OF THE FOLLOWING QUESTIONS ARE NOT ANSWERED IN A COMPLETE AND ACCURATE FASHION, A SIGNIFICANT DELAY AND/OR THE INABILITY TO PROCESS THIS APPLICATION MAY OCCUR

DATE ____ / ____ / ____ LAST NAME _____ FIRST NAME _____ MI _____

ADDRESS _____

CITY, STATE, ZIP _____ PHONE () _____

POSITION APPLIED FOR _____

AVAILABLE TO WORK ☐ FULL TIME ☐ PART TIME ☐ TEMPORARY

ARE THERE ANY DAYS OR HOURS YOU WOULD BE UNABLE OR UNWILLING TO WORK? ☐ NO ☐ YES

IF YES, SPECIFY _____

DATE AVAILABLE TO START _____

SALARY DESIRED _____ LEAST ACCEPTABLE SALARY _____

HOW DID YOU HEAR ABOUT SCTA/STS? _____

DO YOU HAVE THE LEGAL RIGHT TO BE EMPLOYED IN UNITED STATES? ☐ YES ☐ NO

HAVE YOU EVER BEEN EMPLOYED BY US PREVIOUSLY? ☐ YES ☐ NO

IF YES, PLEASE GIVE DATE(S) AND POSITION(S): _____

ARE YOU ELIGIBLE TO BE BONDED? ☐ YES ☐ NO

ARE YOU OVER THE AGE OF 18? ☐ YES ☐ NO

WORK HISTORY

LIST THE NAMES OF ALL EMPLOYERS, GIVING THE MOST RECENT POSITION FIRST. PLEASE GIVE THE MONTH AND YEAR FOR EACH POSITION LISTED. IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON ANOTHER SHEET OF PAPER

EMPLOYER NAME _____
ADDRESS _____
PHONE(____) _____ JOB TITLE _____
SUPERVISOR _____ REASON FOR LEAVING _____
DATES EMPLOYED FROM (MO / YR) _____ TO (MO / YR) _____
SALARY STARTED _____ SALARY ENDED _____
DUTIES _____

EMPLOYER NAME _____
ADDRESS _____
PHONE(____) _____ JOB TITLE _____
SUPERVISOR _____ REASON FOR LEAVING _____
DATES EMPLOYED FROM (MO / YR) _____ TO (MO / YR) _____
SALARY STARTED _____ SALARY ENDED _____
DUTIES _____

EMPLOYER NAME _____
ADDRESS _____
PHONE(____) _____ JOB TITLE _____
SUPERVISOR _____ REASON FOR LEAVING _____
DATES EMPLOYED FROM (MO / YR) _____ TO (MO / YR) _____
SALARY STARTED _____ SALARY ENDED _____
DUTIES _____

EMPLOYER NAME _____
ADDRESS _____
PHONE(____) _____ JOB TITLE _____
SUPERVISOR _____ REASON FOR LEAVING _____
DATES EMPLOYED FROM (MO / YR) _____ TO (MO / YR) _____
SALARY STARTED _____ SALARY ENDED _____
DUTIES _____

HAVE YOU EVER BEEN CONVICTED (OR PLEAD GUILTY) OF ANY CRIME (FELONY, MISDEMEANOR OR SUMMARY OFFENSE), INCLUDING DRIVING WHILE INTOXICATED? ☐ NO ☐ YES

IF YES, PLEASE EXPLAIN _____

INFORMATION REGARDING CONVICTIONS WILL NOT NECESSARILY DISQUALIFY YOU FOR EMPLOYMENT, BUT WILL BE REVIEWED IN LIGHT OF THE DUTIES AND RESPONSIBILITIES OF THE POSITION BEING SOUGHT)

DRIVER'S LICENSE NUMBER & STATE* _____ CURRENTLY VALID? ☐ NO ☐ YES

DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE? ☐ NO ☐ YES IF YES, CLASS _____

*A VALID DRIVER'S LICENSE AND COMMERCIAL DRIVER'S LICENSE AND ACCEPTABLE DRIVING RECORD ARE REQUIRED FOR MANY POSITIONS.

HAVE YOU TESTED POSITIVE, OR REFUSED TO TEST, ON ANY PRE-EMPLOYMENT DRUG OR ALCOHOL TEST ADMINISTERED BY AN EMPLOYER TO WHICH THE EMPLOYEE APPLIED FOR, BUT DID NOT OBTAIN SAFETY-SENSITIVE TRANSPORTATION WORK COVERED BY A DEPARTMENT OF TRANSPORTATION REGULATED AGENCY'S DRUG AND ALCOHOL TESTING RULES DURING THE PAST TWO YEARS? ☐ YES ☐ NO

EDUCATION

HIGH SCHOOL

NAME _____

ADDRESS _____

YEARS COMPLETED ☐ 1 ☐ 2 ☐ 3 ☐ 4 GRADUATED? ☐ NO ☐ YES

MAJOR _____ DEGREE _____

UNDERGRADUATE COLLEGE

NAME _____

ADDRESS _____ YEARS

COMPLETED ☐ 1 ☐ 2 ☐ 3 ☐ 4 GRADUATED? ☐ NO ☐ YES

MAJOR _____ DEGREE _____

GRADUATE / PROFESSIONAL

NAME _____

ADDRESS _____

YEARS COMPLETED ☐ 1 ☐ 2 ☐ 3 ☐ 4 GRADUATED? ☐ NO ☐ YES

MAJOR _____ DEGREE _____

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

LIST ANY PROFESSIONAL LICENSES _____

LICENSE NUMBER _____ HAS

YOUR PROFESSIONAL LICENSE EVER BEEN SUSPENDED OR REVOKED? ☐ NO ☐ YES IF YES, PLEASE EXPLAIN _____

LIST ANY RELEVANT SKILLS AND/OR CERTIFICATIONS _____

MILITARY EXPERIENCE

U.S. MILITARY SERVICE? ☐ NO ☐ YES BRANCH _____

DATE ENTERED _____ DATE DISCHARGED _____

DESCRIBE ANY JOB RELATED TRAINING RECEIVED IN U.S. MILITARY

RELATED INFORMATION PLEASE LIST ANY OTHER QUALIFICATIONS, PROFESSIONAL ORGANIZATIONS, AND/OR VOLUNTEER EXPERIENCES THAT ARE APPLICABLE TO THE POSITION FOR WHICH YOU ARE APPLYING. YOU MAY EXCLUDE ANY WHOSE NAME WOULD INDICATE THE RACE, RELIGION, CREED, COLOR, NATIONAL ORIGIN, OR ANCESTRY OF ITS MEMBERS. _____

REFERENCES

IF YOU WORKED FOR PREVIOUS EMPLOYERS UNDER ANOTHER NAME, PLEASE GIVE THAT NAME: _____

ARE YOU CURRENTLY EMPLOYED? ☐ NO ☐ YES

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? ☐ NO ☐ YES

GIVE THREE **WORK-RELATED** REFERENCES.

NAME: _____

ADDRESS: _____

PHONE: _____ OCCUPATION _____

NAME: _____

ADDRESS: _____

PHONE: _____ OCCUPATION _____

NAME: _____

ADDRESS: _____

PHONE: _____ OCCUPATION _____

AUTHORIZATION AND RELEASE OF INFORMATION

I understand that any false answers or statements or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge I hereby give Schuylkill County Transportation Authority, hereafter known as SCTA, and any of its affiliates and divisions, the right to thoroughly investigate my past employment, education, police record, activities, and I release from all liability all persons, companies, and corporations supplying such information. I indemnify SCTA against any liability which might result from conducting such an investigation.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between SCTA and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon SCTA. If any employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason at all, with or without prior notice, and that SCTA retains the same right.

Signature: _____ Date: _____

SCTA IS AN EQUAL OPPORTUNITY EMPLOYER

CONFIDENTIAL

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

This employer 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, this employer invites applicants and employees to voluntarily self-identify their race/ethnicity and gender.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

INVITATION TO: Self-Identification of Race/Ethnicity and Gender

PLEASE ANSWER THE FOLLOWING QUESTIONS

What is your gender? You may mark **only one** box.

☐ **Male**

☐ **Female**

What is your race/ethnicity? You may mark **only one** box.

☐ **Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of 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 Alaska 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.

Position:

Signature:

Date:

Voluntary Self-Identification of Veteran Status

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment:

- (1) disabled veterans;
- (2) recently separated veterans;
- (3) active duty wartime or campaign badge veterans; and
- (4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A **"disabled veteran"** is one of the following:
 - A veteran of the U.S. military, ground, naval or air service 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
 - A person who was discharged or released from active duty because of a service-connected disability.
- A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **"active duty wartime or campaign badge veteran"** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **"Armed forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS

(CHOOSE ALL THAT APPLY):

- ☐ DISABLED VETERAN
- ☐ RECENTLY SEPARATED VETERAN Date of Discharge or Release:
- ☐ ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ☐ ARMED FORCES SERVICE MEDAL VETERAN

- ☐ I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- ☐ I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

EMPLOYEE NAME: DATE:

POSITION TITLE:

SIGNATURE:

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

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.¹ To 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 | • Autism | • Bipolar disorder | • Post-traumatic stress disorder (PTSD) |
| • Deafness | • Cerebral palsy | • Major depression | • Obsessive compulsive disorder |
| • Cancer | • HIV/AIDS | • Multiple sclerosis (MS) | • Impairments requiring the use of a wheelchair |
| • Diabetes | • Schizophrenia | • Missing limbs or partially missing limbs | • Intellectual disability (previously called mental retardation) |
| • Epilepsy | • Muscular dystrophy | | |

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

SIGNATURE:

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires _____

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.

¹ Section 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 about 5 minutes to complete.