

EMPLOYMENT HISTORY

Company Name

Supervisor

Job Title

Phone

Address

From (Mo/Yr.)

To (Mo/Yr.)

Reason for Leaving

Duties Performed:

EMPLOYMENT HISTORY

Company Name

Supervisor

Job Title

Phone

Address

From (Mo/Yr.)

To (Mo/Yr.)

Reason for Leaving

Duties Performed:

EMPLOYMENT HISTORY

Company Name

Supervisor

Job Title

Phone

Address

From (Mo/Yr.)

To (Mo/Yr.)

Reason for Leaving

Duties Performed:

Are you legally authorized to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever applied for a job with PDRTA?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been employed by PDRTA?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been discharged, terminated or asked to resign from any position? If yes, please explain:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you possess a valid Driver's License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
License #:	State:	Class:	Expiration Date:
How many years of driving experience do you have?			
Do you possess a valid Commercial Drivers' License with passenger endorsement?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
License #:	State:	Class:	Expiration Date:
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? _____			
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 <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you had a verified positive DOT drug test?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Have you refused to be tested (including verified adulterated or substituted drug test results)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Have you committed other violations of DOT agency drug and alcohol testing regulations?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. If answering "yes" to any of the above, have you successfully completed DOT return-to-duty requirements, including follow-up tests?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<p><i>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 <u>must</u> accompany this application in order to be considered.</i></p>			

SKILLS AND QUALIFICATIONS

Summarize special job skills, licenses and/or certificates you hold that are related to your qualifications for this position:

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

Name _____ Relation _____

Name _____ Relation _____

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

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

How did you hear about employment with PDRTA?

Advertisement Friend Walk-In Employment Agency Current PDRTA Employee

Other _____

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.

I ALSO UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THE PEE DEE REGIONAL TRANSPORTATION AUHTORITY WOULD BE OF AN "AT-WILL" NATURE, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE.

Signature _____ Date _____

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