



Pee Dee Regional Transportation Authority
313 S Stadium Rd., Florence SC, 29506
Phone 843-519-0884
Fax 843-665-7552

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT, but merely is intended to evaluate suitability for employment. It is our policy to provide equal opportunity for employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status or any other status protected under state or federal law.

Applying for: **Job Title:** _____ **Today's Date:** _____

APPLICANT INFORMATION

| | | | |
|--------------------|--|-----------------|--------|
| Last Name | | First | M.I. |
| Street Address | | | |
| Apartment/ Unit # | | | |
| City | | State | Zip |
| Home Phone Address | | Alternate Phone | E-mail |

EDUCATION

Do you possess a High School Diploma or GED Certificate? YES NO

| Name and Location of College, University or Vocational School | Major or Course of Study | Graduate? Y or N | Type of Degree |
|---|--------------------------|------------------|----------------|
| | | | |
| | | | |
| | | | |

EMPLOYMENT HISTORY (Please list most recent employers first)

| | |
|--|-------------|
| Company Name | Supervisor |
| Job Title | Phone |
| May we contact this employer? _____ Yes _____ No | |
| 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: | |

| EMPLOYMENT HISTORY | |
|---|-------------|
| Company Name | Supervisor |
| Job Title | Phone |
| Address | |
| From (Mo/Yr.) | To (Mo/Yr.) |
| Reason for Leaving | |
| Duties Performed: | |
| <p>Are you legally authorized to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Have you ever applied for a job with PDRTA? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Have you ever been employed by PDRTA? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Have you ever been discharged, terminated or asked to resign from any position? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, please explain:</p> | |

Do you possess a valid Driver's License?

YES NO

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 NO

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 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.

SKILLS AND QUALIFICATIONS

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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