



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:	
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?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, please explain:	

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

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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