



Erie Metropolitan Transit Authority

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

APPLICATION FOR EMPLOYMENT

Date: _____

Instructions: Complete all necessary information. You may be asked to provide additional information or another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application.

Please Print

Name _____

Social Security # _____ Phone (____) _____
(required)

Address _____

City/State/Zip _____

Position Applied for _____ Shift Preferred _____

Special training or skills: (languages, machine operation, etc.) that would be of benefit in the job for which you are applying:

Would you accept full-time work? Yes _____ No _____

On what date would you be available to work? _____

Have you ever been employed here before?
Yes _____ No _____ Dates _____

Do you have a legal right to be employed in the U.S.?
Yes _____ No _____ (if yes, proof is required)

Are you of legal age to work?
Yes _____ No _____

1. Have you been convicted of a felony or misdemeanor in the last 7 years? (Convictions will not necessarily disqualify an applicant from employment) No _____ Yes _____
If yes, please explain _____

2. Do you possess a Pennsylvania Operators license? Yes _____ No _____
Type _____ License # _____

3.

	Name & Address of School	Course	Years Attended*	Did you graduate?
High School				
College				
Other				

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the bases of age with respect to individuals who are at least 40.

4. Office Applicants: **(ONLY)**

Please indicate which of the following office equipment you can operate.

Typewriter _____WPM Calculator Dictaphone Shorthand/Speedwriting _____WPM Computer

Please list all software you are competent in. _____

For Office Use Only

Applicant # _____

Employee # _____

Hire Date _____

Position _____

Rate _____

Class _____

Skill _____

Other _____

Notes _____

Attachments

__ Resume

__ Application Reference Check

__ Applicant Interview

__ Payroll Change Notice

__ Employee DataCard

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.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Reason for Leaving	From	To	
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Reason for Leaving	From	To	
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Reason for Leaving	From	To	
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Reason for Leaving	From	To	

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.

5.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Reason for Leaving	From	To	
6.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Reason for Leaving	From	To	
7.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate/Salary		
	Reason for Leaving	From	To	

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no company representative other than its Executive Director, and then only when in writing and signed by the Executive Director, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreements contrary to the foregoing.

Applicant's Signature _____



Erie Metropolitan Transit Authority & Lift Division

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NOTICE TO APPLICANTS

All applicants for employment must pass a drug urine 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

File #: _____

To: _____

Date: _____

 Mr. Mrs. Ms. _____ Has completed an application to our company for a position as special needs driver 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 employ? 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 _____ Explain if No _____

	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: _____



Lynn Schantz
Executive Director

Erie Metropolitan Transit Authority & Lift Division

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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: _____

New Employer Address: _____

New Employer Phone: _____ New Employer Fax: _____

Contact Name: _____

SECTION I – B: PREVIOUS EMPLOYER INFORMATION

Previous Employer Name: _____

Previous Employer Address: _____

Previous Employer Phone: _____ Previous Employer Fax: _____

Contact Name: _____



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**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 two 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		<u>Dates Attended</u>	
		From (Mo/Yr.)	To (Mo/Yr.)
City/State	Telephone	Degree Earned : _____ or Incomplete	
Major		Minor	
Name of College, University or Trade School		<u>Dates Attended</u>	
		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)	
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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		
2nd 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		
3rd 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

IMPORTANT DISCLAIMER TO ALL APPLICANTS

In order to be considered for employment you must complete the application in its entirety. Including the MOTOR VEHICLE RECORD AUTHORIZATION FORM – it must be completed and signed and YOU MUST ATTACH A COPY OF YOUR VALID DRIVERS LICENSE.

You may submit your completed application by email to mgibbons@ride-the-e.com, fax at 814-456-9032 attention HR or in person at the Erie Metropolitan Transit Authority 127 East 14th Street Erie, PA 16503. Please specify the position you are applying for.

***If the Motor Vehicle Record Authorization form is not completed (signed and dated) and you do not include a copy of your driver's license you will not be considered for employment.**