



Toledo Area Regional Transit Authority

Employment Application

TAKING YOU PLACES

EEO (Equal Employment Opportunity) Statement: Toledo Area Regional Transit Authority (TARTA) is an Equal Employment Opportunity employer. TARTA does not discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws.

PERSONAL DATA

Full Name:	Date of Application:
Address:	
Telephone:	Email Address:
Position Desired:	Salary Expectation:
Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Availability:
Have you ever been employed by TARTA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Are you interested in: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Work <input type="checkbox"/> Split Shifts	
Are you available to work any day of the week including weekends and holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you referred by a current employee of TARTA? If yes, provide employee's first and last name:	
Are you legally authorized to work in the United States? <i>(Verification must be provided which establishes both identity and work authorization)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

DRIVING AND PERFORMANCE

This section is for individuals who are applying for a position which requires driving of TARTA owned vehicles or personally owned vehicles.

Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	State:
Driver's License Number:	Expires:
Do you carry a Commercial Driver's License (CDL)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expires:
Have you ever had any moving traffic violations/tickets? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?
Has your Driver's License from any state, including Ohio, ever been revoked, or suspended? If yes, provide state, reason, and Month/Year:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been in any traffic accidents since acquiring a valid Driver's License? If yes, describe including Month/Year:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been disciplined or discharged for any of the following:	Failure to notify when absent/tardy? <input type="checkbox"/> Yes <input type="checkbox"/> No Fighting, assault, or related offense(s) <input type="checkbox"/> Yes <input type="checkbox"/> No Violation of safety rules? <input type="checkbox"/> Yes <input type="checkbox"/> No Accidents? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other:	

MEDICAL REQUIREMENTS

As a condition of employment, do you consent to taking a post-offer/pre-employment physical examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I also understand and agree that my employment is subject to satisfactorily passing a drug screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Another post-offer/pre-employment requirement is a successful completion of employment and background checks. Do you agree to undergo these checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever tested positive or refused any DOT pre-employment drug or alcohol test within the last two years for a DOT covered employer for which you were not hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever tested positive or refused any drug or alcohol test for a safety or non-safety sensitive position for which you were not hired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand all TARTA employees are subject to further employment related screens?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

All credentials must be verified.

Name of High School:	HS Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of High School:	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of College/University:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of College/University:	Major?
Degree Earned:	
Name of College/University:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of College/University:	Major?
Degree Earned:	
Are you planning further education, training, study, or certification? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever served in the Armed Services of the United States? If yes, provide branch and year(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any additional information or special qualifications you have for the requested position(s):	

EMPLOYMENT HISTORY (Start with most recent job.)

Company:	Supervisor:
Address:	Phone:
Dates Employed:	Reason Left:
Responsibilities:	
Company:	Supervisor:
Address:	Phone:
Dates Employed:	Reason Left:
Responsibilities:	

EMPLOYMENT HISTORY (CONTINUED)

Company:	Supervisor:
Address:	Phone:
Dates Employed:	Reason Left:

Responsibilities:

Company:	Supervisor:
Address:	Phone:
Dates Employed:	Reason Left:

Responsibilities:

PREVIOUS ADDRESSES

If previous address was in a county, city, or state that is different from your current address

Address:	City	State/Zip Code

DISCLAIMERS

Do you fully understand that the first ninety (90) days of your employment, beginning with your in-service date, will be probationary, which means that your continued employment will be at the discretion of TARTA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you authorize TARTA to make any investigation/background checks TARTA considers necessary regarding your employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
INSURABILITY: All TARTA safety-sensitive employees must maintain proper credentials at a level that qualifies for insurability under TARTA's insurance requirements at standard rates. Whenever, during the time of employment, an employee's record exceeds that point level threshold for insurability, I understand and agree I will be immediately terminated.	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGMENT & SIGNATURE

I certify that the statements made in this application and hiring process and all supporting documents are true and correct to the best of my knowledge. I understand and agree that any falsification, misstatement, or omission of fact, or illegal or illicit behavior statements made at any time, or failure to timely provide verification of information submitted on this application will result in disqualification of my application or termination of my employment whenever discovered.

Signature

Date

Thank you for considering TARTA in your job search. Please review your application for completeness and accuracy. Make sure that all questions have been answered. TARTA will not accept an application for processing if it is incomplete, illegible, and/or if the applicant does not meet the minimum qualifications.

The time limitation for filing claims against TARTA is six (6) months from the date of application submission. Please place complaint in writing and mail (certified mail preferred) to TARTA's EEO Officer or Chief Executive Officer at P.O. Box 792, Toledo, OH 43697-0792.

Applications are valid for six (6) months from the date of submission; if you wish to be reconsidered for employment after the six (6) months, you must re-apply.

Per the Ohio Revised Code Statutory Definition (ORC 149.011(G), this application is considered a public record and as such is governed by the Ohio Sunshine Laws.

DISCLOSURE REGARDING
BACKGROUND INVESTIGATION ON YOU

TARTA (“the Company”) may obtain “consumer reports” about you from a consumer reporting agency for employment purposes. A “consumer report” is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, social media activity, workers comp history, driving history, professional licenses, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

[END OF DOCUMENT]

ADDITIONAL NOTICE REGARDING
INVESTIGATIVE CONSUMER REPORTS ON YOU

TARTA (“the Company”) may also request an “investigative consumer report” on you from a consumer reporting agency.

An “investigative consumer report” is a background screening report generated through personal interviews with sources such as your neighbors, friends, or associates.

The consumer reporting agency that may prepare an “investigative consumer report” on you for the Company is Corporate Intelligence Consultants, P.O. Box 444, 610 Eckel Rd, Perrysburg, Ohio 43552. The information contained in an “investigative consumer report” may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Please be advised that the nature and scope of the most common form of “investigative consumer report” that may be ordered by the Company is an investigation into your employment history. During such an investigation, Corporate Intelligence Consultants may ask questions about your employment history to certain knowledgeable individuals and provide response information to the Company.

Note: You have the right to request additional information regarding the nature and scope of any “investigative consumer report” ordered by the Company on you. You may do so by contacting the Company.

[END OF DOCUMENT]

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES (Where Applicable)

By signing below, I authorize TARTA ("the Company") to obtain "**consumer reports**" and "**investigative consumer reports**" about me for employment purposes at any time during the hiring process and throughout my employment, if applicable.

By signing below, I also authorize law enforcement agencies, learning institutions (including public and private schools, colleges and universities), information service bureaus, credit bureaus, workers compensation bureaus, data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other public or private individuals and institutions to furnish any and all information on me that is requested by Corporate Intelligence Consultants, the consumer reporting agency preparing reports about me for the Company.

Signature: _____ Date: _____

Printed Name: _____

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

Last Name _____ First Name _____ Full Middle Name _____

Names(s) Under Which You Worked or Attended School _____ Driver's License Number / State Issued _____

Present Address, City, State and Zip Code _____

Previous Addresses Used During the Last 7 Years *(Use other side if necessary)* _____

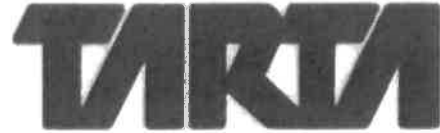
Phone Number _____ Email Address _____

The following information is required for verification purposes only:

Date of Birth _____ Social Security Number _____ Race/Gender _____

[END OF DOCUMENT]

**Department of Transportation
Drug/Alcohol and Safety Performance
Request Consent Form**



The United States Department of Transportation's (DOT) Federal Motor Carrier Safety Administration (FMCSA) has amended the Federal Motor Carrier Safety Regulations (FMCSR) to specify the minimum driver safety performance history data that new or perspective employers are required to seek for applicants under consideration for employment as a commercial motor vehicle (CMV) driver, where and from whom that information must be sought and dictates that employers must provide safety performance history information (49 CFR Parts 390 and 391).

In addition, DOT's Procedures For Transportation Workplace Drug and Alcohol Testing Programs state that employers must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of the section and directs that records shall be made available to a subsequent employer upon receipt of a written request from an employee (49 CFR 40.25).

The following information will be used to conduct a background investigation as described. TARTA complies with all provisions of the Age Discrimination in Employment Act (ADEA) and all other Federal, State and Local laws, which prohibit age discrimination in employment. Your date of birth will be kept confidential and will be utilized solely to conduct a background investigation, including your driving record in any state in which you have lived.

Print name _____ Signature _____ Date _____

In any previous job have you performed any of the following safety sensitive functions 49CFR Part 655.4

CHECK IF YES

- Operating revenue service vehicle, whether or not the vehicle is in service;
- Operating a non – revenue service vehicle when required to be operated by a holder of a CDL;
- Controlling dispatch or movement of a revenue service vehicle;
- Maintaining a revenue service vehicle or equipment used in revenue service;
- Carrying a firearm for security purposes.
- Supervisors are included so long as the supervisor performs any of the aforementioned functions.

If you checked YES to any of the above complete the rest of this form.

Other names used since birth: _____ Date of Birth: _____ Years at current address: _____

I (print name) _____ hereby allow TARTA to contact my former DOT Regulated Employer(s)

The following is required per Federal Motor Carrier Safety Regulations per 49 CFR 391.23:

1. An investigation report of your safety performance history for the last three (3) years.

The following two (2) year history requests are required per 49 CFR 40.25:

1. Alcohol Test results of 0.04 or higher alcohol concentration.
2. Verified positive drug tests.
3. Refusals to be tested (including verified adulterated or substituted drug test results).
4. Other violations of DOT agency drug and alcohol testing regulations.
5. With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests).

APPLICANT: The information you are providing will be used and your previous employers will be contacted, for the purpose of investigation of your drug and alcohol information and safety performance history.

APPLICANT RIGHTS: Applicants for employment, with previous DOT regulated experience have the following rights:

- To review information provided by previous DOT regulated employers.
- To have errors in the information corrected by the previous employer and to have the corrected information resent to the prospective employer.
- To have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

FAILURE TO PROVIDE WRITTEN CONSENT WILL RESULT IN DISQUALIFICATION FOR A SAFETY SENSITIVE POSITION.

Applicant Signature _____ **Date** _____

(OVER)

LIST OF PREVIOUS EMPLOYERS WHERE YOU PERFORMED A SAFETY-SENSITIVE FUNCTION

49 CFR Sec. 40.25 requires employers to request previous drug and alcohol testing results for employees who will be performing safety-sensitive functions. Please read the following definition of safety-sensitive and fill in the employer information requested below for any of your previous employers where you performed a safety-sensitive function.

A safety sensitive function is any of the following five categories: (Part 655.4)

1. Operating a revenue service vehicle, whether or not the vehicle is in service;
2. Operating a non – revenue service vehicle when required to be operated by a holder of a CDL;
3. Controlling dispatch or movement of a revenue service vehicle.
4. Maintaining a revenue service vehicle or equipment used in revenue service;
5. Carrying a firearm for security purposes.

Supervisors are included so long as the supervisor performs any of the aforementioned functions.

1. Company Name: _____
Address: _____
Contact Person: _____
Date Employed: _____
Reason for Leaving: _____
Subject to Federal Motor Carrier Safety Regulations: Yes No
Designated as Safety Sensitive: Yes No
Company Telephone Number: _____ Fax number: _____

2. Company Name: _____
Address: _____
Contact Person: _____
Date Employed: _____
Reason for Leaving: _____
Subject to Federal Motor Carrier Safety Regulations: Yes No
Designated as Safety Sensitive: Yes No
Company Telephone Number: _____ Fax number: _____

3. Company Name: _____
Address: _____
Contact Person: _____
Date Employed: _____
Reason for Leaving: _____
Subject to Federal Motor Carrier Safety Regulations: Yes No
Designated as Safety Sensitive: Yes No
Company Telephone Number: _____ Fax number: _____

Please use a separate sheet of paper if more space is needed.



EEOC (Equal Employment Opportunity) Disclosure

Toledo Area Regional Transit Authority (TARTA) is an Equal Employment Opportunity employer. TARTA does not discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws.

The following information will be utilized for federally mandated monitoring purposes ONLY and is completely confidential and voluntary.

If you complete this form, the recipient of your application will separate this from before sending your application to be processed.

Position Applied

for: _____

Optional: Please circle an answer

Gender

Male

Female

Race

Hispanic

White

Black/African American

Asian

American Indian or Alaskan Native

Asian or Pacific Islander

Multi-Racial

Month/Year of Application: _____

(i.e. August 2021)

Mercy Occupational Health - MERCY ST. VINCENT CAMPUS MAP

