

Toledo Area Regional Transit Authority

1127 West Central Avenue

Toledo, Ohio 43610

APPLICATION FOR EMPLOYMENT

TARTA provides employment opportunity to all regardless of age, sex, race, color, religion, national origin, ancestry, or disability except where a bona fide occupational qualification is required for a specified position.

NAME: _____ DATE: _____
FIRST M.I. LAST

ADDRESS: _____
STREET ADDRESS APARTMENT/UNIT #

CITY STATE ZIP CODE

PHONE NO.: _____ SOCIAL SECURITY NO.: _____

ARE YOU AT LEAST 21 YEARS OLD? YES NO HAVE YOU BEEN A LICENSED DRIVER FOR 5 YEARS OR MORE YES NO

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO

(VERIFICATION MUST BE PROVIDED WHICH ESTABLISHES BOTH IDENTITY AND WORK AUTHORIZATION)

POSITION APPLIED FOR: _____ HAVE YOU PREVIOUSLY BEEN EMPLOYED BY TARTA? YES NO

IF YES, WHEN? _____ TYPE OF DUTIES PERFORMED: _____

DO YOU HAVE PERSONAL RELATIONSHIP WITH ANY TARTA EMPLOYEE (BLOOD RELATIVE, STEP, IN-LAW, DOMESTIC PARTNER ETC.)? YES NO

IF YES, GIVE NAME AND RELATIONSHIP TO YOU: _____

HAVE YOU **EVER** BEEN CONVICTED, PLEADED GUILTY, OR PLEADED "NO CONTEST" TO **ANY** CRIMINAL OFFENSE IN A COURT OF LAW? (e.g., misdemeanor or felony, not including minor traffic violations) YES NO

IF YES; GIVE DETAILS INCLUDING MONTH/YEAR _____

DO YOU HAVE ANY PENDING CRIMINAL CASES? YES NO IF YES; EXPLAIN: _____

HAVE YOU EVER HAD ANY MOVING TRAFFIC VIOLATIONS / TICKETS? YES NO IF YES, HOW MANY? _____

TYPE OF VIOLATIONS, INCLUDING MONTH/YEAR OF OCCURRENCE: _____

DRIVER INFORMATION

DRIVER'S LICENSE NO: _____ STATE: _____ EXPIRATION DATE: _____

DO YOU CARRY A COMMERCIAL DRIVER'S LICENSE? YES NO ENDORSEMENTS: PASSENGER AIR BRAKE OTHER _____

HAS YOUR DRIVER'S LICENSE FROM ANY STATE, INCLUDING OHIO, EVER BEEN REVOKED OR SUSPENDED? YES NO

IF YES, PROVIDE STATE, REASON AND MONTH/YEAR: _____

HAVE YOU EVER BEEN INVOLVED IN ANY TRAFFIC ACCIDENTS SINCE ACQUIRING A VALID DRIVER'S LICENSE? YES NO

IF YES, DESCRIBE INCLUDING MONTH/YEAR: _____

If you have answered yes to any of the above questions, please note that a conviction or a pending criminal case will not result in an automatic disqualification from employment. Factors such as the nature, job-relatedness and seriousness of the offense will be considered.

MEDICAL

AS A CONDITION OF EMPLOYMENT, DO YOU CONSENT TO TAKING A POST JOB OFFER PHYSICAL EXAMINATION? YES NO

I UNDERSTAND THAT ANY JOB OFFER IS CONTINGENT UPON SUCCESSFULLY PASSING A PHYSICAL EXAMINATION. YES NO

I ALSO UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS SUBJECT TO SATISFACTORILY PASSING A DRUG SCREEN AND THE SUCCESSFUL COMPLETION OF REFERENCE AND BACKGROUND CHECKS. YES NO

HAVE YOU EVER TESTED POSITIVE, OR REFUSED ANY D.O.T PRE-EMPLOYMENT DRUG OR ALCOHOL TEST WITHIN THE LAST TWO YEARS FOR A D.O.T.-COVERED EMPLOYER FOR WHICH YOU WERE NOT HIRED? YES NO

I UNDERSTAND ALL TARTA EMPLOYEES ARE SUBJECT TO FURTHER EMPLOYMENT RELATED SCREENING IF REASONABLE SUSPICION SHOULD ARISE. YES NO

EDUCATION

****ALL EDUCATION MUST BE VERIFIED****

HIGH SCHOOL: _____ CITY / STATE _____

DID YOU EARN A DIPLOMA? YES NO DID YOU EARN A G.E.D.? YES NO

COLLEGE/OTHER: _____ CITY / STATE: _____

DID YOU GRADUATE? YES NO DEGREE / FIELD OF STUDY: _____

ARE YOU ENGAGED IN, OR PLANNING ANY FURTHER EDUCATION, TRAINING OR STUDY? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER SERVED IN THE ARMED SERVICES OF THE UNITED STATES? YES NO BRANCH/YEAR _____

LIST ANY ADDITIONAL INFORMATION OR SPECIAL QUALIFICATIONS YOU HAVE FOR THE REQUESTED POSITION(S)

AVAILABILITY INFORMATION

ARE YOU INTERESTED IN...

FULL-TIME WORK PART-TIME WORK TEMPORARY WORK SPLIT-SHIFTS

ARE YOU AVAILABLE TO WORK ANY DAY OF THE WEEK? YES NO

HOW MANY TIMES HAVE YOU BEEN ABSENT (OTHER THAN VACATION OR HOLIDAYS) OR TARDY FROM WORK OR SCHOOL DURING THE PAST TWO YEARS? _____

HAVE YOU BEEN DISCIPLINED OR DISCHARGED FOR THE FOLLOWING?

Failure to notify when absent/tardy YES NO

Accidents YES NO

Fighting, assault or related offenses YES NO

Other _____

Violation of safety rules YES NO

**PREVIOUS EMPLOYMENT
(BEGIN WITH MOST RECENT)**

COMPANY: _____ PHONE NO.: _____
 ADDRESS: _____ SUPERVISOR: _____
 RESPONSIBILITIES: _____
 FROM: _____ TO: _____ REASON FOR LEAVING: _____

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 ADDRESS: _____ SUPERVISOR: _____
 RESPONSIBILITIES: _____
 FROM: _____ TO: _____ REASON FOR LEAVING: _____

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 ADDRESS: _____ SUPERVISOR: _____
 RESPONSIBILITIES: _____
 FROM: _____ TO: _____ REASON FOR LEAVING: _____

PREVIOUS ADDRESSES

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

ADDRESS	CITY	STATE	ZIP
ADDRESS	CITY	STATE	ZIP
ADDRESS	CITY	STATE	ZIP

DISCLAIMER AND SIGNATURE

DO YOU FULLY UNDERSTAND THAT THE FIRST 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?

YES: _____
INITIAL

DO YOU AUTHORIZE TARTA TO MAKE ANY INVESTIGATION/BACKGROUND CHECKS TARTA CONSIDERS NECESSARY WITH REGARD TO YOUR APPLICATION?

YES: _____
INITIAL

INSURABILITY: ALL TARTA EMPLOYEES MUST MAINTAIN THEIR PASSENGER AND/OR COMMERCIAL DRIVER'S LICENSE RECORD 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.

YES: _____
INITIAL

I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION AND ALL SUPPORTING DOCUMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND I UNDERSTAND AND AGREE THAT ANY FALSIFICATION, MISSTATEMENT OR OMISSION OF FACT, 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.

APPLICANT'S 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 REQUIREMENTS.

THE TIME LIMITATION FOR FILING CLAIMS AGAINST TARTA IS 6 MONTHS FROM THE DATE OF APPLICATION. PLEASE PLACE COMPLAINT IN WRITING AND MAIL (CERTIFIED MAIL PREFERRED) TO TARTA'S EEO OFFICER OR GENERAL MANAGER AT – P.O. Box 792, TOLEDO, OHIO 43697-0792.

APPLICATIONS ARE VALID FOR 6 MONTHS FROM THE DATE OF SUBMITTAL; IF YOU WISH TO BE RECONSIDERED FOR EMPLOYMENT AFTER 6 MONTHS, YOU MUST REAPPLY.

PER THE OHIO REVISED CODE STATUTORY DEFINITION – R.C. 149.011(G), THIS APPLICATION IS CONSIDERED A PUBLIC RECORD AND AS SUCH, IS GOVERNED BY THE OHIO SUNSHINE LAWS.



DISCLAIMER REGARDING CONSUMER REPORTS

The Toledo Area Regional Transit Authority employment process requires that one or more consumer reports may be obtained prior to considering any application for employment purposes and prior to other employment decisions including decisions regarding promotion, reassignment or retention as an employee. These consumer reports may contain information concerning your credit worthiness, merit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

These consumer reports may also include investigative consumer reports, including information obtained through interviews and concerning your character, general reputation, personal characteristics and mode of living. If the Toledo Area Regional Transit Authority obtains an investigative report, you may request, in writing, a complete, accurate disclosure of the nature and scope of the investigation requested in the investigative consumer report. You may also request in writing, a written summary of your rights under the Fair Credit Reporting Act.

CONSENT TO OBTAINING CONSUMER REPORTS
READ CAREFULLY BEFORE SIGNING

1. I have read the "Disclaimer Regarding Consumer Reports" and hereby authorize the Toledo Area Regional Transit Authority to obtain consumer reports, including investigative consumer reports, concerning me for employment purposes, which include; evaluating me for employment, promotion, reassignment or retention as an employee or other employment purposes, during the pendency of my employment application and if hired, the duration of my employment period. If I am hired, this authorization shall remain on file and shall serve as ongoing authorization for the Toledo Area Regional Transit Authority to procure consumer reports, including investigative consumer reports, for lawful purposes at any time.
2. I hereby authorize any present or future employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agency, financial institutions, or any other person or agency having knowledge of me, to relate information or opinions about myself, including data received from other sources, in order that I may be evaluated for employment purposes. I hereby release these persons and/or organizations from any and all liability for damages of whatever kind or nature, whether known or unknown, which may at any time assure to me an account of information obtained pursuant to this authorization.

This document must be read, signed and accompany the Toledo Area Regional Transit Authority Application for employment indicating that you authorize the Authority to obtain these reports for employment purposes.

Signature

Print Name

Social Security Number

Date

Date of Birth

**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 prospective 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)