



TCAT, Inc. Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

Personal Information

(PLEASE PRINT CLEARLY)

Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Last Name	First Name	Middle
Home Address			
Street		City	State Zip Code
Home Telephone	Cell Phone	Business Telephone	May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
Position(s) Applying For:		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>	
Bus Operator <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Vehicle Maintenance <input type="checkbox"/> Office <input type="checkbox"/> _____		Date Available _____	

Education

Type of School	Name and Address of School	Course of Study	No. of Years Completed	Graduated (check one)
High School	Name Address			Yes <input type="checkbox"/> No <input type="checkbox"/>
College	Name Address			Yes <input type="checkbox"/> No <input type="checkbox"/>
Graduate	Name Address			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (Specify)	Name Address			Yes <input type="checkbox"/> No <input type="checkbox"/>

U.S. Military Service

Branch of Service	Technical Specialization	Rank Attained
Did you receive an honorable discharge? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Please explain: _____		

Background

Have you ever been convicted of a crime? (A conviction will not necessarily disqualify an applicant.) Yes No

If yes, please complete section below

Criminal Convictions (Start with your most recent conviction and include all criminal convictions):

Date of Violation	Location (City, State, Zip Code, County)	Date of Conviction	Of what charge were you convicted?	If a vehicle was involved, what type of vehicle were you driving?

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants without regard to race, color, religion, sexual orientation, sex, national origin, age, military status, marital status, disability, predisposing genetic characteristics, gender identity or expression, or any other basis that would be a violation of any applicable federal, state or local law.

Background Continued

Will you provide required verification of eligibility to work if you are under 18 years of age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever, in the past 7 years, been discharged from employment by any company/organization for which you have worked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain:		
Do you have the legal right to work in the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Driver's License Information (all applicants)

Class of Driver's License _____	Endorsements _____	Expiration Date _____
Motorist ID Number _____	State _____	
How many years of driving experience do you have:		
- driving a personal vehicle?	_____	years
- driving a transit or school bus?	_____	years
- truck or tractor trailer?	_____	years
- light truck or van experience?	_____	years
Have you ever attended a bus driver training course or other such training courses?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, give the name, date, place and duration of the course. _____		

Have you ever been convicted of any traffic violations (other than parking tickets) during the past 10 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify the date of each conviction: _____		

Maintenance Applicants (Only)

Have you done maintenance or repair work in your previous employment on the following vehicles?					
Buses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Trucks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Tractors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Autos	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diesel Engines	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you done maintenance repair or work in the following areas?					
Building Maintenance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Plumbing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HVAC	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mechanical/Hydraulics	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electrical	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Snow Removal	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (please specify): _____					
Have you ever taken a specialized course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please specify: _____		
Do you have any certifications?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, please specify: _____		

Have you previously worked for Tompkins Consolidated Area Transit, Incorporated (TCAT, Inc)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Position Held _____	Dates Employed From _____	To _____
Do any of your family members currently work here? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what are their names? _____		

Employment History

List employment starting with your most recent position, going back a minimum of seven (7) years. Account for any time during this period that you were unemployed by stating the nature of your activities.

1	Employer	Dates Employed From: To:	Hourly Rate/Salary Starting: Final:	Position(s) Held	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address					Telephone Number
City		State	Zip Code		Supervisor's Name
Brief Description of Duties					Reason for leaving
2	Employer	Dates Employed From: To:	Hourly Rate/Salary Starting: Final:	Position(s) Held	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address					Telephone Number
City		State	Zip Code		Supervisor's Name
Brief Description of Duties					Reason for leaving
3	Employer	Dates Employed From: To:	Hourly Rate/Salary Starting: Final:	Position(s) Held	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address					Telephone Number
City		State	Zip Code		Supervisor's Name
Brief Description of Duties					Reason for leaving
4	Employer	Dates Employed From: To:	Hourly Rate/Salary Starting: Final:	Position(s) Held	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address					Telephone Number
City		State	Zip Code		Supervisor's Name
Brief Description of Duties					Reason for leaving
5	Employer	Dates Employed From: To:	Hourly Rate/Salary Starting: Final:	Position(s) Held	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address					Telephone Number
City		State	Zip Code		Supervisor's Name
Brief Description of Duties					Reason for leaving

PRE-EMPLOYMENT INQUIRY RELEASE

I understand that investigative background inquiries are to be made on myself in connection with my application for employment with Tompkins Consolidated Area Transit, Incorporated. Reports will include criminal record, driving abstract, and other reports. These reports will contain information regarding my character, work habits, work performance, and experience along with reasons for termination of employment from previous employers.

I understand that you will be requesting the above information from various Federal, State, and other agencies which maintain records concerning my past activities relating to the above areas as well as claims involving me on record with insurance companies.

I AUTHORIZE WITHOUT RESERVATION ANY PARTY OF AN AGENCY CONTACTED BY TOMPKINS CONSOLIDATED AREA TRANSIT, INCORPORATED TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicant's Signature _____ Date _____

Please complete the following information. PRINT CLEARLY.

Name _____

Current Street Address _____

City _____ State _____ Zip Code _____



Applicant Drug Testing Acknowledgement

I understand that as part of my application for employment I must successfully complete a USDOT drug test as required by 49 CFR part 655. I understand that a negative test result is required before I will be able to perform a safety sensitive function. Participation in the federal drug and alcohol testing program is a condition of employment.

I also certify that I have not had a positive result or refused to test on a pre-employment drug test in the past 2 years.

Signature of applicant

TCAT Witness (signature)

Print Name

TCAT Witness (Print Name)

Date

Date

Copy available upon request.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize a complete reference check.

I also agree: (1) to such examination by a physician as may be required, employment being contingent on the satisfactory passing thereof; (2) if employed, to abide by all rules and regulations of TCAT, Inc.

This application for employment shall be considered active for a period of time not to exceed 1 year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I acknowledge I have read, understand and will abide by the above.

Signature of Applicant _____ Date _____

Thank you for applying with TCAT, Inc.



TCAT, Inc.
VOLUNTARY SELF-IDENTIFICATION
(CONFIDENTIAL-FOR STATISTICAL USE ONLY)

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sexual orientation, sex, national origin, age, military status, marital status, disability, predisposing genetic characteristics, gender identity and expression, or any other basis that would be a violation of any applicable federal, state, or local law.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application. Thank you for your cooperation.

Section 1: General Applicant Information

Name	Date
	____ / ____ / ____
Position applied for: _____	
If you do not wish to self identify, please sign below:	
Signature _____	

Section 2: Please check all that apply (See reverse for definitions)

Race or Ethnic Identity	Gender
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Female
<input type="checkbox"/> Asian	
<input type="checkbox"/> Native Hawaiian or Pacific Islander	
<input type="checkbox"/> Black or African American	
<input type="checkbox"/> White	
How did you hear of our opening?	
<input type="checkbox"/> Current Employee <input type="checkbox"/> TCAT Website <input type="checkbox"/> CareerBuilder <input type="checkbox"/> Job Posting Board – Name _____ <input type="checkbox"/> Walk-in <input type="checkbox"/> Other – Explain below: _____	

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian - All persons having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent including for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander - All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Black or African American - All persons having origins in any of the Black racial groups of Africa.

White - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Hispanic or Latino (All Races) - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.