



TCAT, Inc. Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

Personal Information

(PLEASE PRINT CLEARLY)

Mr. <input type="checkbox"/>	Last Name	First Name	Middle
Ms. <input type="checkbox"/>			
Mrs. <input type="checkbox"/>			
Home Address Street		City	State Zip Code
Home Telephone	Cell Phone	Email Address	
Specify Position(s) Applying For:		Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/> Temporary <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: _____		

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. The information obtained will be kept confidential and may be only used in accordance with the provisions of applicable law, including reports made to the federal government for civil rights enforcement purposes. Please return this page with your application. Thank you for your cooperation.

Section 1: General Applicant Information (Please Print)

Name: _____	Date ____/____/____
Position applied for: _____	
How did you hear of our opening? <input type="checkbox"/> TCAT Website <input type="checkbox"/> Indeed.com <input type="checkbox"/> Craigslist <input type="checkbox"/> NYS Job Bank/ Workforce Development <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Current Employee: _____ <input type="checkbox"/> Other – Please Explain:	
If you do not wish to self-identify, please sign: _____	

Section 2: Please check all that apply

Gender, Ethnicity & Race Identity – Please check only one box	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> White – all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.	
<input type="checkbox"/> African American / Black (Not Hispanic) -All persons having origins in any of the Black racial groups of Africa.	
<input type="checkbox"/> Hispanic/ Latino - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> Native Hawaiian or Pacific Islander - All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<input type="checkbox"/> Multi-Racial - All persons who identify with more than one of the above six races	
Veteran status	
<input type="checkbox"/> I Identify as one or more of the classifications of protected veteran listed below	
<input type="checkbox"/> I am not a protected veteran	
<input type="checkbox"/> I don't wish to answer	
A “disabled veteran” is one of the following: A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.	
A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.	
An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.	
An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.	

Voluntary Self-Identification of Disability
Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral Palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I have a disability (or previously had a disability)
- NO, I don't have a disability
- I don't wish to answer

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.