

CamTran
Cambria County Transit Authority

APPLICATION FOR EMPLOYMENT

Position Applying For:		Date available ▶	
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Type of Employment Desired (Choose only one)

Part-time Only _____	Prefer Fulltime, Will Begin As Part-time _____	Fulltime Only _____
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An Equal Opportunity Employer

The Cambria County Transit Authority (CamTran) is an equal opportunity employer dedicated to a policy of non-discrimination in employment upon any basis including race, color, religion, age, sex, national origin, ancestry, sexual orientation, marital status, disability, veteran status, or any other legally protected status. In reading and answering the following questions, please keep in mind that none of the questions are intended to apply any limitations, illegal preferences, or discrimination based upon any non-job related information.

If you are applying for multiple positions you **MUST** fill out a separate application for each position. Applicants who fail to do this will not be considered for employment. This application will be kept active for six (6) months from the date received. To be considered for employment, **all** sections must be completed fully and accurately, even if you include a resume with this application.

PERSONAL					
Name (First, MI, Last)			Home Phone		
Address			Social Security No.		
City, State and Zip Code			U.S. Citizen Yes _____ No _____		
Driver's License No. ▶	State ▶		Class ▶		
Is Air Brake Restriction removed? Yes _____ No _____		Do you have a Passenger endorsement? Yes _____ No _____			

Proof of citizenship or immigration status will be required upon employment.

If you are less than 18 years of age, can you provide required proof of your eligibility to work? Yes___ No___

Have you ever worked for CamTran in the past? Yes___ No___

If "Yes", from: Start Date _____ Ending Date _____ Last Position Held _____

Name(s) of any relatives who are employed with CamTran _____

Are your school or previous employment records under any other name than the one you use now?

Yes _____ No _____ If "yes", what are the other name(s) _____

WERE YOU EVER				
▶ Suspended or revoked for any license, permit or driving privilege?	Yes		No	
▶ Denied a license, permit or privilege to drive a motor vehicle?	Yes		No	
▶ Convicted, pled guilty or no contest to any law, ordinance or traffic violation?	Yes		No	
▶ Discharged or suspended from a prior position?	Yes		No	
▶ Convicted, pled guilty, or pled no contest to a felony or misdemeanor?	Yes		No	

If **"Yes"** to any one of the above questions, attach a statement providing details. Attach a statement listing all citations and motor vehicle accidents in which you were involved during the past three (3) years. State the nature of the citation and/or accident and any personal injuries or fatalities that may have occurred. Failure to disclose this information shall exclude this application for consideration.

EDUCATION

Name and Location of School	No. of Years Completed	Degree or Certificate	Course of Study	Grade Point Avg.
High School				
Business, Trade or Vocational School				
College or University				
Graduate School				
Scholastic and/or Professional Honors and/or Achievements				

EMPLOYMENT List all jobs held, including part-time, starting with your current or most recent job. Account for all periods of employment. You must complete this Section even if you include a resume. Use additional sheets of paper, if needed.

Employer	Supervisor
Address	Phone No
Job Title	Final Rate of Pay
Duties Performed	Employed From:
Reason For Leaving	Employed To:
Employer	Supervisor
Address	Phone No
Job Title	Final Rate of Pay
Duties Performed	Employed From:
Reason For Leaving	Employed To:
Employer	Supervisor
Address	Phone No
Job Title	Final Rate of Pay
Duties Performed	Employed From:
Reason For Leaving	Employed To:
Employer	Supervisor
Address	Phone No
Job Title	Final Rate of Pay
Duties Performed	Employed From:
Reason For Leaving	Employed To:

May we contact your present employer as a reference? Yes ___ No ___

May we contact you at your current place of employment? Yes ___ No ___

Please summarize below any special qualifications or skills acquired from prior employment or experience

MISCELLANEOUS

List any valid permits you currently possess.

State	License Number	Type	Expiration Date

List or describe any additional information that may be helpful in evaluating your application for employment.

REFERENCES – List at least 3 persons familiar with your work or academic background (not relatives).

Name	Phone No.	Years Known
Address		How Known

Name	Phone No.	Years Known
Address		How Known

Name	Phone No	Years Known
Address		How Known

Name	Phone No	Years Known
Address		How Known

IMPORTANT – Applicant must read & initial each paragraph before signing and submitting this application.

(This application is not complete and cannot be considered until this page is completed.)

By my signature and initials placed appropriately, I promise that the information provided in this application for employment (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, if discovered at a later time. I agree to immediately notify the Cambria County Transit Authority (CamTran) if I am ever convicted, plead guilty or plead nolo contendere to any felony or misdemeanor, or have my drivers license suspended or revoked for any reason, or if I agree to enter a pre-trial diversion or a similar program such as ARD in connection with a prosecution for a felony or any driving event while my job application is pending, or during my period of employment, if hired. **Initial** _____

I authorize the investigation of all statements contained in this application for employment (and accompanying resume, if any). I also authorize the Cambria County Transit Authority (CamTran) to contact my present employer (unless otherwise noted in this job application form), past employers and listed references. **Initial** _____

I authorize any person, school, current employer (except as previously noted), past employer(s) and organizations named in this application for employment (and accompanying resume, if any) to provide the Cambria County Transit Authority (CamTran) with relevant information and opinion that may be useful to the Authority in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. **Initial** _____

I understand that if my employment is terminated by the Cambria County Transit Authority (CamTran) for dishonesty, vehicular accident or any criminal acts, the Authority may be notified and I may be criminally prosecuted. I also understand that, if hired, I may not hold other employment that creates a conflict of interest or adversely impacts my performance at the Authority. **Initial** _____

I understand and agree that Cambria County Transit Authority (CamTran) specifically reserves the right and Applicant hereby agrees to CamTran's right, to conduct a background check pursuant to 42 Pa. C.S.A. 9791 et seq., also commonly known as "Megan's Law". **Initial** _____

I understand that this application does not, by itself, create a contract of employment. I understand and agree that, if hired, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD OF TIME, and may, regardless of the date of payment of my wages or salary, BE TERMINATED AT ANY TIME. I understand that NO PERSON IS AUTHORIZED TO CHANGE ANY OF THE TERMS MENTIONED IN THIS EMPLOYMENT APPLICATION FORM. **Initial** _____

Date: _____

Signature: _____

FOR HUMAN RESOURCES USE ONLY

Date of Interview: _____

Position Hired Into: _____

Date of Physical: _____

Date of Employment: _____



Affirmative Action Data Record

Candidates for employment are treated equally without regard to race, color, religion, creed, gender, age, marital status, national origin, disability, sexual orientation, veteran status, or any other legally protected status.

As an employer with an Affirmative Action Program, Cam-Tran complies with applicable government regulations, including the Affirmative Action responsibilities.

The purpose of this Data Record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional on your part. If you choose to volunteer the requested information, please note that all Data Records are kept in a confidential file and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOMENT DECISION.

(Please Print)

<u>Last Name</u>	<u>First Name</u>	<u>Middle</u>	<u>Social Security No.</u>
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<u>Address</u>	<u>Phone No.</u>
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REFERRAL SOURCE:

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee
<input type="checkbox"/> Private Employment Agency	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Friend	<input type="checkbox"/> Relative
<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> Other

Complete All Sections Below

Current Job Title: _____

Check One: Male Female

Check one of the following Origins:

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other

Check Only If one of the Following are Applicable: Vietnam Veteran

Disabled Veteran

**APPLICANTS ARE NOT TO COMPLETE THE SIDE
FOR AFFIRMATIVE ACTION PROGRAM USE ONLY**

Position(s) Applied For Is Open: Yes _____ No _____

Position (s) Considered For: _____

Date: _____

Candidate Hired: Yes _____ No _____

Start Date: _____

Position Hired Into: _____

EMPLOYMENT ANALYSIS REGISTER

Gender: _____

Race: _____

Disability: _____

Other: _____

Referral Source: _____

EEO-1 Category: _____

Disposition: _____

NOTES: _____

Completed By: _____ Date: _____