

County of Lackawanna Transit System

Application For Employment



Date received by COLTS: _____

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information. The information collected by this application is confidential, and used to determine suitability for employment and verify identity.

Your application will be active for 90 days. If you are not hired during that time period, but wish to continue to be considered for available positions, you must complete a new application.

County of Lackawanna Transit System. ("COLTS") is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity or expression, age (40 or over), disability, veteran or military status, genetic information, or any other protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on COLTS. Please inform the Company's human resources representative if you need assistance completing any forms or to otherwise participate in the application process.

I understand that before I can begin employment with COLTS, I must pass a Federal Transit Administration ("FTA") pre-employment medical examination, which includes an FTA pre-employment drug and alcohol test and background check. I understand that as a condition of being considered for employment I must consent to such examination and to the release of the results of the examination to COLTS. I understand that any offer of employment with COLTS is contingent upon passing this examination, drug and alcohol test and background check, and that if I fail the examination and/or drug and alcohol test and/or background check for any reason the offer of employment will be withdrawn.

Position

Position applying for:	Available Start Date:	Desired pay
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Employment Desired:

Full Time Part Time

Personal Information

Name				
Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are you 18 years or older?		Are legally authorized to work in the United States? (Proof of legal right to work in the U.S. will be required if you are hired.)		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	

Our policy prohibits employment of immediate family members (including parents, children, siblings, spouse or registered domestic partner) of employees under certain conditions. Does COLTS employ any of your immediate family members? Yes No

If yes, please give name(s)

If required, are you willing to work overtime and on shifts which include nights, weekends and holidays? Yes No

Briefly list any special skills/ experiences you possess that will be of special benefit in the job for which you are applying.

If driving is a requirement of the job for which you are applying:

Do you have a valid driver's license? Yes No

Driver's License information:

Expiration Date _____ License No. _____ Class: _____ State: _____

Has your license ever been revoked or suspended? Yes No

Number of moving violation during the past 3 years:

Location	Date	Charge	Type of Vehicle

Number of traffic accidents during the past 3 years:

Date	Nature of Accident	Fatalities	Injuries

Is the driving record attached? Yes No

Have you ever been convicted of, pled guilty or no contest to, a felony?
(Exclude convictions that have been expunged by the court and offenses for which you were referred to and participated in a pre or post-trial diversion Program)

Yes No

If yes, please provide additional information such as the crime(s), date(s), court location, and final disposition of the case. You may also include any additional explanation you wish to provide.

Date of conviction: _____ Place of conviction: _____

A "Yes" answer to this question is not an absolute bar to employment. Rather, such facts as the nature and gravity of the offense or conduct; the time that has passed since the offense or conduct and/or the completion of the sentence; and the nature of the job held or sought will be considered.

How were you referred to COLTS?

Advertisement: _____ Employee: _____ Other: _____

Education

School Name	Location	Years Attended	Degree Received	Major

Certification and Professional Licenses

Type of Certification/ License	Issued by:	License No.	Expiration Date

References

(Please provide the name, address and phone number of two people who would be willing to provide a business reference)

Name/Relationship	Address	Phone	Business

Employment History

Begin with the most recent. Account for all time periods since you were; a) age 18 or b) for the last 10 years.
Attach an additional sheet if necessary. You must complete this selection in order to be considered.

Have you ever been discharged, dismissed or requested to resign from any job? Yes No

If yes, please identify the employer and explain the circumstances:

Employer (1)	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
Address	City	State Zip

Describe your duties, responsibilities and accomplishments in this job.

Supervisor: _____ May we contact employer? Yes No

Reason for leaving:

Employer (2)	Job Title	Dates Employed
Work Phone	Starting Pay Rate	Ending Pay Rate
Address	City	State Zip

Describe your duties, responsibilities and accomplishments in this job.

Supervisor: _____				May we contact employer? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Reason for leaving:							
Employer (3)		Job Title			Dates Employed		
Work Phone		Starting Pay Rate			Ending Pay Rate		
Address		City	State		Zip		
Describe your duties, responsibilities and accomplishments in this job.							
Supervisor: _____				May we contact employer? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Reason for leaving:							
Employer (4)		Job Title			Dates Employed		
Work Phone		Starting Pay Rate			Ending Pay Rate		
Address		City	State		Zip		
Describe your duties, responsibilities and accomplishments in this job.							
Supervisor: _____				May we contact employer? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Reason for leaving:							
Employer (5)		Job Title			Dates Employed		
Work Phone		Starting Pay Rate			Ending Pay Rate		
Address		City	State		Zip		
Describe your duties, responsibilities and accomplishments in this job.							
Supervisor: _____				May we contact employer? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Reason for leaving:							

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all the information contained in this application is true and complete, and I understand that any falsification or omission of information may disqualify me from further consideration for employment or, if hired, may result in termination regardless of the time elapsed before discovery.

For Applicants for Non-Union positions:

I understand and agree that if am hired, my employment relationship with COLTS will not be for a specified term and may be terminated by COLTS or me at any time, with or without cause. In addition, if I am hired COLTS will have the right to impose discipline or alter my position, compensation, or benefits at any time, at its discretion. I understand and agree that no representative of COLTS may enter into any agreement contrary to the foregoing unless it is done by way of specific, written agreement signed by COLTS.

Name (Please Print)

Signature & Date

SUPPLEMENTAL QUESTIONNAIRE

APPLICANTS APPLYING FOR SAFETY SENSITIVE POSITIONS

In accordance with Department of Transportation (DOT) drug and alcohol testing requirements in 49 CFR 40.25, County of Lackawanna Transit System. (COLTS) and its Operating Divisions are required to ask all applicants (and transferring employees) for DOT covered safety-sensitive positions the following questions:

1. Have you ever tested positive on, or refused to take, a drug or alcohol test administered by a DOT regulated employer with whom you applied for, but did not obtain, safety-sensitive transportation employment within two years prior to the application for employment with COLTS or its Operating Divisions?

2. During the two years prior to your application for employment with COLTS or its Operating Divisions, did you work for any DOT regulated employers? If you are not sure, answer YES.

Applicant Signature

Applicant's name

Date

You must do one of the following based on your responses to Questions 1 and 2 above:

If you answer **NO** to **Question 1**, but answer **YES** to **Question 2**, you will be required to fill out the Release of Information Form for each DOT covered employer that you worked for during the two year period before your application date.

If you answer **YES** to either /both **Questions 1 and 2**, but answer **YES** to **Question 2**, you will be required to fill out the Release of Information Form for each DOT covered employer that you worked for during the two year period before your application date.

If an applicant refused to provide written consent on the Release of Information Form (if bulleted items 1 or 2 apply), the applicant, if hired, is prohibited from performing safety-sensitive functions for County of Lackawanna Transit System or its Operating Divisions as required by 49 CFR 40.25 (a).



County of Lackawanna Transit System
VOLUNTARY EEO IDENTIFICATION FORM

County of Lackawanna Transit System is an equal opportunity affirmative action employer

County of Lackawanna Transit System ("COLTS") believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, religion, creed, national origin or ancestry, age, citizenship, gender, physical or mental disability, pregnancy, sexual orientation, gender identity, genetic information, veteran or military status, or any other characteristic protected by law.

Regulations issued by the U.S. Department of Labor with respect to disabled individuals or as a covered veteran require that we provide an opportunity for self-identification to employees. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

You are invited to provide information to COLTS in meeting government reporting requirements and furthering its affirmative action efforts in the employment and advancement of qualified minorities, women, individuals with disabilities and veterans. The information you provide on this form will be used solely for government reporting purposes and will not be part of your application or personnel file. Providing this information is strictly **Voluntary** and any information you provide will be kept confidential and will not be used as the basis for any adverse employment decision.

Printed Name: _____ Date: _____
COLTS Position: _____ Dept.: _____
EMP ID No.: _____ Gender: Male Female

Federal and Ethnicity Categories (For this purpose, count only one race/ethnic category)

Race/Ethnic Definitions:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the Black racial groups in Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the original peoples of Native Hawaiian or other Pacific Islands, including the Philippine Island, Guam and Samoa.
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Pakistan, Southeast Asia, or the Indian Subcontinent. This area includes, for example, China, India, Japan, Korea, Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community attachment or recognition.
- Two or More Races (Not Hispanic or Latino):** All persons who identifies with more than one of the above five races.

COLTS is subject to the requirements of Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans Readjustment Assistance Act of 1974 (38 USC 4212), as amended by the Jobs for Veterans Act (JVA) of 2002. Section 503 prohibits discrimination in employment on the basis of disability, and requires affirmative action to employ, and to advance in employment, qualified individuals with disabilities. 38 USC 4212 prohibits discrimination in employment on the basis of disabled veteran, recently separated veteran, other protected veteran, or Armed Forces Service Medal veteran status, and requires affirmative action to employ, and to advance in employment, qualified covered veterans.

Disabled/Veteran Definitions/Classification(s):

Disability:

Individual With A Disability: means an individual who (1) has a physical or mental impairment, which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such impairment.

Qualified individual With A Disability: means an individual with a disability who satisfies the requisite skill, experience, or other job-related requirements of the employment positions such individuals hold or desire, and who, with or without an accommodation, can perform the essential functions of such positions.

Substantially Limits: means that the disabled individual is significantly restricted in the ability to perform either a class or jobs or a broad range of jobs in various classes as compared to the average person having comparable training, skills, and abilities. The inability to perform a single particular job does not constitute a substantial limitation in the major life activity of working.

Do you have a physical or mental disability which would limit your ability to perform the essential function of the position for which you are applying?
Yes No

If there are any accommodations which we could make which would enable you to perform the job properly and safely, including special equipment, changes in the physical layout of the job, elimination of certain duties relating to the job, provision of personal assistance services, or other accommodations, please describe them:

Jobs for Veterans Act Definitions:

Veteran Status: (See description below): Please check all that apply:

Disabled Veteran (1) refers to a veteran who is entitled to disability compensation (or who, but for the receipt of military retired pay would be entitled to compensation) under laws administered by Department of Veterans Affairs (2) or was discharged or released from active duty because of a service-connected disability.

Qualified Disabled Veteran refers to a disabled veteran who satisfies the requisite skill, experience, education and other job-related requirements of the employment position such veteran holds or desires, and who, with or without reasonable accommodation, can perform the essential functions of such position.

Other Protected Veteran refers to a person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the U.S. Department of Defense.

Recently Separated Veteran: Any veteran during the 3 year period beginning on the date of such veteran's discharge or release from active duty.

Armed Forces Service Medal Veteran refers to a person who, while serving on active duty in the armed forces, participated in United States military operation for which an armed forces service medal was awarded.

Any information obtained from you shall be kept Confidential. Supervisors and managers may be informed, where necessary, regarding restrictions on the work or duties of disabled individuals, and information regarding required accommodations. First aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and Government officials engaged in enforcing laws administered by the OFCCP, or enforcing the Americans with Disabilities Act, may be informed.

I have been given the opportunity to participate in the voluntary self-identification process:

Applicant's/Employee's Signature _____ Date _____

Please return this form to Karla Ortiz, COLTS Human Resources Director

County of Lackawanna Transit System (COLTS)
“Release of Information Form – 49 CFR Part 40 Drug Alcohol Testing”

Section I. To be completed by the new employee, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name:

Employee SS or ID Number:

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee signature: _____ **Date:** _____

I-A.

County of Lackawanna Transit System (COLTS)
 Attention: Human Resources
 800 North South Road
 Scranton, PA 18504
 (570) 346-2061 ext 1263 Fax # (570) 207-5053

I-B.

Previous Employer Name:
 Address:
 Phone:
 Designated Employer Representative (if known):

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing		
1. Did the employee have alcohol tests with a result of 0.04 or higher?	YES _____	NO _____
2. Did the employee have verified positive drug tests?	YES _____	NO _____
3. Did the employee refuse to be tested?	YES _____	NO _____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?	YES _____	NO _____
5. Did a previous employer report a drug and alcohol rule violation to you?	YES _____	NO _____
6. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process?	YES _____	NO _____

NOTE: If you answered “yes” to item 5, you must provide the employer’s report. If you answered “yes” to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: _____

Print Name and Title: _____ Date: _____

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor carrier traffic laws and ordinances (other than violations involving parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months as stated in section 391.27 of the Federal Motor Carrier Safety Regulations. Drivers who have provided information required by section 383.31 of the Regulations need not repeat the information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify as stated in section 391.27 of the Federal Regulations.

COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS

Name of Driver: (Print)		Social Security Number (Last 4 digits only)		Date of Employment	
Home Terminal (City & State) Scranton, PA		Driver's License Number & State		Expiration Date	
I Certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.					
If you have no violations, check the following box: <input type="checkbox"/> None					
DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED		
If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have listed under Part 383) required to be listed during the past 12 months.					
Date of Certification		Driver's Signature			

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the requested form below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (**check one**):

- Meets the minimum requirements for safe driving
 Is qualified to drive a motor vehicle pursuant to Section 391.15
 Does not adequately meet satisfactory safe driving performance

Action taken with Driver:

Reviewed by:

Signature

Date

Printed Name

Human Resources Director
Title

Motor Carrier Name

Motor Carrier Address

COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD

TO BE PLACED IN DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION