

CAPITAL AREA TRANSIT APPLICATION FOR EMPLOYMENT

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Position(s) you are applying for:

Administrative _____

Maintenance _____

Scheduled Route _____

Share-A-Ride _____

____ Full Time

____ Day Shift

____ Part Time (Reg. Scheduled)

____ Afternoon Shift

____ Per Diem (Casual/As Needed)

____ Night Shift

Thank you for your interest in employment with Capital Area Transit (CAT). Please follow these instructions:

- Your application must be complete and legible, in clear handwriting.
- Your application must specify for which position(s) you wish to be considered.
- Applications are accepted from 8:00AM until 5:00PM, Monday through Friday, at the CAT Office/901 North Cameron Street/Harrisburg, PA 17105.

PLEASE NOTE: APPLICATIONS WILL BE KEPT ON FILE FOR SIX (6) MONTHS. IF YOU WISH TO CONTINUE YOUR ELIGIBILITY FOR CONSIDERATION FOR MORE THAN SIX (6) MONTHS, YOU MUST RENEW YOUR APPLICATION AT THE CAT OFFICE.

For official use only:

Applicant's Name

Address

Date Rec'd

CAPITAL AREA TRANSIT APPLICATION FOR EMPLOYMENT

Name in Full: _____
Last First Middle

Current Address: _____
Street and Number Apt. No./Floor

City State/Zip

Social Security Number: _____

Telephone(s): _____
Home Business Cellular

Are you authorized to work in the United States? _____ Yes _____ No

NOTE: Should CAT extend an offer of employment, you will be required to furnish legally-prescribed documents that establish your identity and authorization to work in the United States.

Have you previously worked for Capital Area Transit (CAT) or Dauphin County Transportation Department? _____ Yes _____ No

If "yes" when? For which employer? In what capacity?

Does any member of your *immediate* family *currently* work for CAT? ("Immediate" family=mother; father; sister; son; daughter; spouse; and/or grandparent.)
_____ Yes _____ No

If "Yes" please complete the following:

Name: _____ Relationship: _____
Department and Position: _____

Please furnish similar information on additional sheets if other member(s) of your immediate family are employed by CAT.)

Have you ever been convicted of a summary traffic offense; or of a misdemeanor or felony? _____ Yes _____ No.

If "Yes" indicate the category (summary traffic/-s; felony/-ies; misdemeanor/-s); the charge/-s (e.g., "failure to observe a stop sign;" "burglary;" "armed robbery"); by what jurisdiction you were charged (e.g., "Harrisburg City;" "Lower Paxton Twp.;") when the charge/-s were filed; and when it/they were disposed of.

EMPLOYMENT HISTORY

Please furnish *all* requested information. You may attach/include a resume if you wish, but all categories below must be completed.

List your current, or most recent, position first; then, your next most recent; and so forth. Attach additional sheets if necessary.

Employer Name/Address/City/State/Zip

Your position(s)/Date Started – Date Left

Your Duties

Starting Wage/Final Wage

Immediate Supervisor's Name/Title/Telephone

Reason for Leaving:

Employer Name/Address/City/State/Zip

Your position(s)/Date Started – Date Left

Your Duties

Starting Wage/Final Wage

Immediate Supervisor's Name/Title/Telephone

Reason for Leaving:

Employer Name/Address/City/State/Zip

Your position(s)/Date Started – Date Left

Your Duties

Starting Wage/Final Wage

Immediate Supervisor's Name/Title/Telephone

Reason for Leaving:

EDUCATION

Do you hold a high school diploma or a GED? Yes No.

Name and address of last *high school* attended: _____

Vocational and/or Technical Schools; Colleges; Universities; Graduate Schools; specialized military schools; and/or other instructional institutions attended:

Name	Address	Course(s)/Major	Diploma/Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT PROFESSIONAL LICENSES AND/OR CERTIFICATES
Including, but not limited to, vehicle operator's licenses)

Type	State or Issuing Authority	Effective Date	Expires	License #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Was any professional license you currently hold, or formerly held, ever revoked; suspended; or placed on probation? Yes No. If "Yes" why? For how long? Was it/they fully restored? When? _____

Have you ever permitted a professional license to lapse or expire, consequent to learning that it would not be renewed? Yes No. If "Yes" please explain. _____

ADDITIONAL INFORMATION

You may describe any interest(s), volunteer work, hobby(-ies), or other formal or informal instruction that you believe relevant to the position(s) you seek.

CAPITAL AREA TRANSIT
APPLICATION FOR EMPLOYMENT

AUTHORIZATION FOR PURSUIT OF
CONFIDENTIAL INFORMATION

I, _____, by my original signature, below, hereby authorize inquiry by Capital Area Transit (CAT), Harrisburg, Pennsylvania/zip, and/or its authorized agents, pursuant to my application for employment with CAT. I understand that such inquiry may be made of any or all current and former employers, whether or not cited by me on my application, resume, curriculum vitae, or other tendered document; references cited by me on my application, resume, curriculum vitae, or other tendered document; and other person(s) who may have knowledge of my suitability for the employment I seek. I understand further that such pursuit shall be carried out in compliance with all applicable laws – including, but not limited to, Title VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990.

Yet further, I understand that all information obtained will be used solely for the lawful assessment of my suitability for employment, and will not be disclosed concurrently or subsequently except as necessary to the pursuit of such assessment, or in compliance with subpoena, unless disclosure for another purpose be explicitly authorized by me, in writing.

Finally, I understand and acknowledge that failure by CAT to obtain information sufficient to assess my suitability for employment may, itself, be grounds for denial of said employment, whether or not there be evidence or misrepresentation by me or by any other party.

Applicant's Signature

Social Security Number

Date

ADDENDUM

If you wish that your current employer(s) not be queried, please execute the following:

I, _____, hereby forbid CAT and/or its authorized agents to query my current employer (as identified on my CAT Application for Employment).

Applicant's Signature

Social Security Number

Date

WORK REFERENCES

Please identify three (3) persons-who may include, but need not be limited to, instructors or current or former supervisors-who have **direct (FIRST HAND)** knowledge of your job abilities, job skills and work-product.

Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Telephone (w/area code) _____	Telephone w/area code) _____

Name _____	May we contact your current
Address _____	employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
City/State/Zip _____	
Telephone (w/area code) _____	

AFFIRMATION

By my original signature, I swear or affirm that this Application for Employment, and any and all documents furnished or ordered by me to supplement or support it, contain no falsification or misrepresentation. Nor do any, individually, or all, aggregately, omit or conceal any fact material to my selection for or ability to perform the employment which by submission of the present documents I seek.

I understand and acknowledge that discovery, at any time henceforth, of any falsification, misrepresentation, or material omission or concealment will result in my disqualification from consideration for employment; or, if I be employed by Capital Area Transit (CAT), in my discharge from said employment.

Further, I hereby consent to any lawful, valid screen, test examination, or background investigation that CAT may require of all applicants for similar employment, upon the satisfactory completion of which CAT may condition such employment.

Finally, I understand and acknowledge that failure by CAT to obtain information sufficient to assess by suitability for employment may, itself, be grounds for denial of said employment, whether or not there be evidence or misrepresentation by me or by any other party.

Applicant's signature/Date

Applicant's full, printed name



VOLUNTARY APPLICANT IDENTIFICATION

AFFIRMATIVE ACTION EMPLOYER REQUIREMENT

Name _____

Job Applied for _____ (required)

Federal law requires us to ask for this information. Please sign and return this form even if you do not answer.

Please indicate your preference: I wish to furnish this information I do not wish to furnish this information

The information below is needed to measure the effectiveness of our recruitment efforts and is in conformity with federal government guidelines, which require us to compile statistical information about applicants for employment. You are not required to furnish this information, but are encouraged to do so. The law provides that an employer may neither discriminate on the basis of this information nor on whether you choose to furnish it. The Voluntary Information Sheet will be kept in a confidential file separate from the Employment Application. Please indicate your preferences by placing an "x" in the appropriate boxes.

1. **GENDER:** _____ Male _____ Female **AGE GROUP:** Under 18__ 18-39__ 40 or over__

2. **RACE/ETHNICITY:** Please check one of the descriptions below corresponding to the ethnic group with which you most identify.
 - 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 of Africa.
 - Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples 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.
 - American Indian or Alaska 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 maintain tribal affiliation or community attachment.
 - Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

3. **VETERAN STATUS** – Check all that apply:
 - Eligible or Protected Veterans** – Check here if you are a recently separated veteran, other protected veteran, or an Armed Forces service medal veteran. "Other protected veteran" means veterans who have served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
 - Disabled Veteran** – (1) A veteran who is entitled to compensation (or who but for the receipt of military retirement pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

4. **DISABILITY STATUS**
 - Disabled** – If you have a physical, sensory or mental impairment which substantially limits one or more of your major life activities, have a record of or are regarded as having such impairment.

Please sign here _____ Date _____