

## Instructions for Employment Application

This Application must be complete and legible, in clear handwriting.

All information on this application will be verified so names, addresses and phone numbers must be correct; otherwise we cannot verify the information and that means you may not get a call for an interview.

Make sure you date and sign the Authorization for pursuit of Confidential Information form, which allows Capital Area Transit to gain information on past employment.

Please complete the attached Accident and Driving record sheet for the past 10 years. You are to list any accident or traffic citation regardless of severity and/or fault starting with the most recent as number 1.

**Important: In order to expedite the processing of your application, please complete Sections C and E (as indicated) of the attached "Request for Driver Information."**

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Signature

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Date

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**CAPITAL AREA TRANSIT**

MINIMUM QUALIFICATIONS FOR VEHICLE OPERATOR

<b>PART A</b>		
1.	Will your driving abstract show a clean driving record?	<input type="checkbox"/> yes <input type="checkbox"/> no
2.	Will your criminal records check come back clean?	<input type="checkbox"/> yes <input type="checkbox"/> no
3.	Will your Child Abuse Clearance form come back clean?	<input type="checkbox"/> yes <input type="checkbox"/> no
4.	Can you pass a USDOT physical examination?	<input type="checkbox"/> yes <input type="checkbox"/> no
5.	Have you been a licensed driver for 5 years or more?	<input type="checkbox"/> yes <input type="checkbox"/> no
6.	Are you capable of speaking, writing and understanding English?	<input type="checkbox"/> yes <input type="checkbox"/> no
7.	Do you have reasonable knowledge of Dauphin and Cumberland Counties?	<input type="checkbox"/> yes <input type="checkbox"/> no
8.	Do you know how to read a map?	<input type="checkbox"/> yes <input type="checkbox"/> no
9.	Will you test negative on a DOT drug screen?	<input type="checkbox"/> yes <input type="checkbox"/> no

If you can answer **YES** to all the questions in **Part A**, move to **Part B** below:

<b>PART B</b>		
1.	Do you have more than 2 moving violations in the last 3 years?	<input type="checkbox"/> yes <input type="checkbox"/> no
2.	Do you have more than 2 accidents in the last 3 years?	<input type="checkbox"/> yes <input type="checkbox"/> no
3.	Do you have any felony convictions?	<input type="checkbox"/> yes <input type="checkbox"/> no
4.	Have you ever tested positive for Drugs and Alcohol in the past 2 years with another employer:	<input type="checkbox"/> yes <input type="checkbox"/> no

If you can answer **NO** to all the questions in Part B, Sign the form and continue to fill out the application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Capital Area Transit Employment Application  
ACCIDENT RECORDED FOR 10 YEARS

Month / Year	What Type of Accident	Death or Injuries	Occurred in What State?	Night or Daytime

Additional Comments:

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DRIVING RECORDED FOR 10 YEARS

Month / Year	What Type of Citation	Occurred in What State?	Night or Daytime

Additional Comments:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

I, \_\_\_\_\_ hereby agree and understand that any material misrepresentation or deliberate omission of fact in my application may be justification for refusal of, or if employed, termination from employment. I understand that as a part of my employment, there will be a state police background investigation, commercial drivers record check, and pre-employment physical and drug screen, and a thorough investigation of my work history.

I also understand that Capital Area Transit will obtain and review my driver license history on an annual basis as long as I am employed by Capital Area Transit. The result of such investigations may warrant refusal for employment, or if hired, termination of such employment.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Acknowledged for the Authority:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

# CAPITAL AREA TRANSIT APPLICATION FOR EMPLOYMENT

PAGE 1

Position(s) you are applying for:

Administrative \_\_\_\_\_

Maintenance \_\_\_\_\_

Scheduled Route \_\_\_\_\_

Share-A-Ride \_\_\_\_\_

Relief Driver \_\_\_\_\_

\_\_\_\_ 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.**

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For official use only:

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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

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Your position(s)/Date Started – Date Left

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Your Duties

Starting Wage/Final Wage

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Immediate Supervisor's Name/Title/Telephone

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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

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Your Duties

Starting Wage/Final Wage

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Immediate Supervisor's Name/Title/Telephone

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Reason for Leaving:

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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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## 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

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

# REQUEST FOR DRIVER INFORMATION

The most current version of this form can be found at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

**PLEASE TYPE OR PRINT IN BLUE OR BLACK INK**

**DO NOT SEND CASH • SEE REVERSE FOR INSTRUCTIONS**



Bureau of Driver Licensing  
P.O. Box 68695  
Harrisburg, PA 17106-8695

CHECK (✓) ONE ONLY:

- BASIC INFORMATION: \$5.00 FEE (*Driver history is not included*)
- 3 YEAR DRIVER RECORD: \$5.00 FEE
- 10 YEAR DRIVER RECORD: \$5.00 FEE (*Employment Purposes Only*)

- FULL HISTORY: \$5.00 FEE
- CERTIFIED DRIVER RECORD: \$10.00 FEE
- COPY OF DOCUMENT FROM FILE (MICROFILM): \$5.00 FEE
- CERTIFIED COPY OF DOCUMENT FROM FILE: \$10.00 FEE

You may obtain a copy of your own 3 year, 10 year and/or Full History Driving Record on PennDOT'S website at [www.dmv.state.pa.us](http://www.dmv.state.pa.us)

A REQUESTER INFORMATION	B END USER OF INFORMATION BEING REQUESTED
NAME/COMPANY Capital Area Transit	NAME/COMPANY
ADDRESS 901 North Cameron Street	ADDRESS (P.O. Box not acceptable), need to provide physical location of business/residence
CITY STATE ZIP CODE Harrisburg PA 17101	CITY STATE ZIP CODE
DAYTIME TELEPHONE NUMBER (REQUIRED) 717 233 5657	DAYTIME TELEPHONE NUMBER (REQUIRED)
RELATIONSHIP TO DRIVER (REQUIRED) Employment	RELATIONSHIP TO DRIVER (REQUIRED)

SIGNATURE X

**D AFFIDAVIT OF INTENDED USE**

Intended Use of the Information Requested: CHECK ONLY ONE

- B = Driver Release (*Driver must complete Section E.*)
- C = Credit Business (*Legitimate Business need in connection with a business transaction initiated by the driver.*)
- C = Credit Potential Investor, Server or Current Insurer (*In connection with an assessment of the credit/payment risks associated with an existing credit obligation.*)
- E = Employment (*To support the hiring or the continuation of employment. Driver must complete Section E.*)
- R = Insurance Company requesting record of person it intends to insure, now insures, or has rejected for insurance.
- K = Court Order must be attached. (*A subpoena issued in compliance with Pa. R.C.P. 4009.21 will be accepted in lieu of a court order.*)
- L = Attorney representing driver identified in Section C (*Driver must complete Section E.*)

I hereby Certify that \_\_\_\_\_ PRINTED NAME OF REQUESTER

will use the driver record abstract(s) required pursuant to Section 6114 of the Pennsylvania Vehicle Code, for the purpose checked above only and no other reason. This affidavit is filed in compliance with Section 607 of the Fair Credit Reporting Act. I/We have read and signed this form after its completion, and I/We swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this form is subject to the penalties of 18 Pa C.S. Section 4903(a)(2) (relating to false swearing), which shall include punishment of a fine not exceeding \$5,000, or to a term of imprisonment of not more than two years, or both.

SIGNATURE OF REQUESTER X

**C DRIVER INFORMATION**

NAME: LAST FIRST INITIAL

ADDRESS

CITY

STATE ZIP CODE

PHONE NUMBER

DATE OF BIRTH MONTH DAY YEAR DRIVER NUMBER

**E DRIVER RELEASE**

I \_\_\_\_\_ NAME OF DRIVER hereby request the Department of Transportation to furnish a copy of my PA Driver's Record to \_\_\_\_\_ NAME OF PERSON/COMPANY

SIGNATURE OF DRIVER X DATE

- (see list of available documents below)
- Documents Available:**
- Citations
  - Court Certifications
  - Applications
  - License Renewals
  - Judgments
  - Suspension Credit Affidavits
  - Suspension/Revocation Letters
  - Restoration Letters
  - Rescind Letters
  - Department Hearing or Exam Notice

NOTARIZATION

SUBSCRIBED AND SWORN TO BEFORE ME: MONTH DAY YEAR

SIGNATURE OF PERSON ADMINISTERING OATH X

SIGN IN PRESENCE OF NOTARY



# 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 \_\_\_\_\_