



Employment Application

AN EQUAL OPPORTUNITY EMPLOYER

Personal Information (PLEASE PRINT CLEARLY)

Last Name		First Name	Middle	Social Security No. (optional)
Home Address Street		City	State	Zip Code
Home Phone	Mobile Phone		Email:	
Position(s) Applying For: Bus Operator <input type="checkbox"/> Building Maintenance <input type="checkbox"/> Vehicle Maintenance <input type="checkbox"/> Office/CSR <input type="checkbox"/> Servicer/Cleaner <input type="checkbox"/> Other <input type="checkbox"/> _____			Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Date Available _____	
Desired Work Location: <input type="checkbox"/> CNY Centro Syracuse <input type="checkbox"/> Centro of Cayuga <input type="checkbox"/> Centro of Cortland <input type="checkbox"/> Centro of Oswego <input type="checkbox"/> Centro of Oneida (Utica <input type="checkbox"/> Rome <input type="checkbox"/>)				

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: _____		

Background

Have you ever been convicted of a crime? (A conviction will not necessarily disqualify an applicant.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain: _____		

Convictions (Start with your most recent conviction and include all criminal convictions):

Date of Violation	Location (City, State, Zip Code, County)	Date of Conviction	What charges were you convicted of?	If a vehicle was involved, what type of vehicle were you driving?

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

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 15 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:		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required upon employment.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Required for all Bus Operator & All Maintenance Positions Driver's License Information

Class of Driver's License _____		Expiration Date _____		Motorist ID Number _____	
How many years of driving experience do you have:		- driving a personal vehicle? _____ years			
		- driving a commercial vehicle? _____ years			
		- passenger bus or heavy truck? _____ 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 moving traffic violations (e.g. reckless driving, etc) during the past 10 years?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please specify the date of each conviction: _____					

Required for all Building and Vehicle Maintenance Positions

Do you have experience in any of the following areas?					
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"/>	Military (tanks, aircraft, etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Building Maintenance	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: _____					

Required for all Office Positions

Do you have any office experience?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="checkbox"/> Filing	<input type="checkbox"/> IBM (compatibles)	<input type="checkbox"/> Warehouse
			<input type="checkbox"/> Dictaphone	<input type="checkbox"/> Word Processing	<input type="checkbox"/> 10-Key Calculator
			<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Telephone Skills	<input type="checkbox"/> Data Entry
			<input type="checkbox"/> Typing	<input type="checkbox"/> Macintosh/Apple	<input type="checkbox"/> Stockroom
			Speed _____ wpm	Speed _____ wpm	

Required for all Applicants

Days & hours available to work		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	From							
	To							

Employment History

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.

1	Employer	Dates Employed From: To:	Positions(s) Held
Street Address			Telephone Number
City		State	Zip Code
Supervisor's Name			
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Employer	Dates Employed From: To:	Positions(s) Held
Street Address			Telephone Number
City		State	Zip Code
Supervisor's Name			
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Employer	Dates Employed From: To:	Position(s) Held
Street Address			Telephone Number
City		State	Zip Code
Supervisor's Name			
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Employer	Dates Employed From: To:	Position(s) Held
Street Address			Telephone Number
City		State	Zip Code
Supervisor's Name			
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Employer	Dates Employed From: To:	Position(s) Held
Street Address			Telephone Number
City		State	Zip Code
Supervisor's Name			
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you previously worked for Centro, the Central New York Regional Transportation Authority or any of its subsidiaries? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Subsidiary Name _____ Location _____			
Position Held _____ Supervisor's Name _____			
Dates Employed: From _____ To _____ Reason(s) for leaving _____			
Do any of your family members currently work here? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what are their name(s)? _____			

PRE-EMPLOYMENT INQUIRY RELEASE

I hereby authorize any and all former employers (their employees and/or agents), references and any others who have information about me to provide such information to Central New York Regional Transportation Authority and/or any of its subsidiaries, representatives, agents or vendors and I release all parties involved from any and all liability for any and all damages that may result from providing such information.

I also hereby give my consent for any educational institution I have attended to release any information requested in connection with this background investigation, According to the Family Educational Rights and Privacy Act, I understand that I have a right to see most education records that are maintained by any such educational institution. I waive_ /do not waive_ (initial only one) my right to see any written reference or other information provided by any educational institution.

I AUTHORIZE WITHOUT RESERVATION ANY PARTY OF AN AGENCY CONTACTED BY THE CENTRAL NEW YORK REGIONAL TRANSPORTATION AUTHORITY OR ITS SUBSIDIARIES, TO FURNISH THE ABOVE MENTIONED INFORMATION.

Applicant's Signature _____ Date _____

Please complete the following information. PRINT CLEARLY.

Name _____

Social Security Number _____

Current Street Address _____

City _____ State _____ Zip Code _____

RELEASE FOR DRUG AND ALCOHOL TESTING

By my signature below, I voluntarily and knowingly agree to the following:

I agree to submit to blood, urine and/or other tests for drugs which are requested by the Central New York Regional Transportation Authority and its subsidiaries in connection with the processing of my application. I also agree that if I am offered and I accept a position with the Company, I will submit to any physical or medical examinations requested by the Company in order to identify conditions which have a bearing on my job performance. I understand that refusal to submit to any examination requested by the Company is grounds for rejection for employment or immediate discharge, whichever is applicable.

I further understand that if I am applying for a safety-sensitive position, I must successfully complete a USDOT drug test as required by 49CFR part 655. I understand that a negative test result is a condition of employment and is required before I can perform a safety sensitive position.

I understand that any information may be retained by the Company and is exclusively the Company's property. I also understand that the examination will be performed by the medical personnel, clinics or laboratories qualified to do this necessary work. Costs for such examinations will be borne by the Company.

I UNDERSTAND THAT THE USE, MANUFACTURE, OR SALE OF DRUGS OR ALCOHOL, OR CHEMICALS WHICH INTERFERE WITH OR IMPAIR MY ABILITY TO PERFORM THE DUTIES OF THE POSITION I AM APPLYING FOR OR AM HIRED FOR IS GROUNDS FOR AUTOMATIC REJECTION OR IMMEDIATE DISCHARGE.

As part of this application I certify that I have not had a positive pre-employment test result in the past 5 years.

I acknowledge that I have read the above information. I understand the contents read. I will abide by the above notice. I understand that a copy will be made part of my personnel file if I am offered and accept a job. A copy will be provided to me upon request. Any questions regarding the Substance Abuse policy will be directed to the company's Substance Abuse Compliance Manager or the Director of Human Resources.

Signature

Date

Signature of Parent/Guardian
(Needed if applicant is under 18 years old)

Date

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 understand, also, that I am required to abide by all rules and regulations of the Employer.

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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 Centro.



**Central New York
Regional Transportation Authority**

CNY Centro, Inc. 315-442-3333 Centro of Cayuga 315-253-5765

Centro of Oswego 315-342-4400 Centro of Oneida 315-797-1121

WEBSITE: www.centro.org



**Central New York
Regional Transportation Authority**

Centro – Voluntary Affirmative Action Information
Completion of the information below is voluntary.

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

Date: _____

Position(s) applied for: _____

How did you find out about employment opportunities at Centro?

- | | | |
|--|--|---|
| <input type="checkbox"/> Referral Source | <input type="checkbox"/> Advertisement | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> School | <input type="checkbox"/> Government Employment Agency |
| <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> Employee | <input type="checkbox"/> Website |
| <input type="checkbox"/> Other | | |

Name of Source (if applicable): _____

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: ☐ Male ☐ Female

Check on of the following Race/Ethnic Group:

- ☐ Hispanic ☐ Black ☐ White ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

SPECIAL NOTICE TO VIETNAM ERA VETERANS, DISABLED VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973, are required to take affirmative action to employ and advance in employment of qualified disabled veterans and veterans of the Vietnam Era, and qualified individuals with disabilities.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential, and refusal to provide this information will not adversely affect your consideration for employment.

IF YOU WISH TO BE IDENTIFIED, PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

- ☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Individual with a disability

To be completed by applicant – Not for interview purposes – To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.