

GOLDSBORO-WAYNE TRANSPORTATION AUTHORITY

Application for Employment

(Please use your own handwriting; application must be filled out in blue or black ink.)

Applications may not be filled out anyone other than the person applying.

APPLICATION MUST BE COMPLETED IN FULL

An Equal Opportunity Employer

In compliance with State and Federal equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, religion, age, national origin, marital status, or non-job related disability.

Hire Date: _____ Application Date _____

Name _____
Last First Middle

Present Address _____
Number Street City State Zip

Previous Address _____
Number Street City State Zip

Home Telephone (____) _____ Business Telephone (____) _____

Position Applying for _____

List relatives employed by GWTA and their relationship to you _____

Person to be notified in case of an emergency _____
Last Name First Name Phone Number

Relationship _____

SPECIAL QUALIFICATIONS AND SKILLS

Typing Speed _____

Computer Skills _____

Other office equipment _____

Licenses, professional certifications currently held _____

Special training related to transportation _____

Other skills _____

EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	DATES ATTENDED	GRADUATE YES/NO	DEGREE	MAJOR
HIGH SCHOOL					
TECHNICAL BUSINESS OR TRADE SCHOOL					
COLLEGE(S)					
OTHER					

DRIVING RECORD

Do you have a valid North Carolina driver's license? {__} Yes {__} No Number _____

Do you possess a CDL? {__} Yes {__} no If yes, what endorsements do you have?

Have you held a driver's license in any other state other than North Carolina in the past three years? {___} Yes {___} no If yes, explain on the space provided.

What type(s) of motor vehicle(s) can you operate? _____
(E.g. automatic, straight shift, etc.)

Have you received any traffic violations in the past three (3) years? (This does not include parking tickets) {___} Yes {___} No If yes, please explain.

Have you been involved in any accidents during the past three (3) years? {___} Yes {___} No If yes, please explain.

Has your license ever been revoked or suspended? {___} Yes {___} No If yes, please explain.

Do you have a current DOT Physical Card? {___} Yes {___} No

EMPLOYMENT HISTORY (10 Years)

(Start with present or most recent employer, additional sheets are available upon request)

Employer _____ Address _____ _____ Telephone (____) _____	Duties _____ _____ _____ _____ _____
Dates Employed _____ TO _____	Salary \$ _____ (start) \$ _____ (end)
Supervisor _____ _____	Reason for leaving _____ _____

May we contact your present or most recent employer? {___} Yes {___} no

Employer _____ Address _____ Telephone (____) _____	Duties _____ _____ _____
Dates Employed _____ TO _____	Salary \$ _____ (start) \$ _____ (end)
Supervisor _____	Reason for leaving _____ _____
Employer _____ Address _____ Telephone (____) _____	Duties _____ _____ _____
Dates Employed _____ TO _____	Salary \$ _____ (start) \$ _____ (end)
Supervisor _____	Reason for leaving _____ _____
Employer _____ Address _____ Telephone (____) _____	Duties _____ _____ _____
Dates Employed _____ TO _____	Salary \$ _____ (start) \$ _____ (end)
Supervisor _____	Reason for leaving _____ _____

Employer _____ Address _____ Telephone (____) _____	Duties _____ _____ _____
Dates Employed _____ TO _____	Salary \$ _____ (start) \$ _____ (end)
Supervisor _____	Reason for leaving _____ _____
Employer _____ Address _____ Telephone (____) _____	Duties _____ _____ _____
Dates Employed _____ TO _____	Salary \$ _____ (start) \$ _____ (end)
Supervisor _____	Reason for leaving _____ _____
Employer _____ Address _____ Telephone (____) _____	Duties _____ _____ _____
Dates Employed _____ TO _____	Salary \$ _____ (start) \$ _____ (end)

Supervisor _____	Reason for leaving _____ _____
Employer _____ Address _____ Telephone (____) _____	Duties _____ _____ _____
Dates Employed _____ TO _____	Salary \$ _____ (start) \$ _____ (end)
Supervisor _____	Reason for leaving _____ _____

REFERENCES
(Do not list former employers or relatives)

1. _____
2. _____
3. _____

Have you ever been convicted of a felony or a misdemeanor? {____} Yes {____} No If yes, please explain.

(A conviction does not necessarily prohibit employment)

Are you or have you ever been a registered sex offender? (____)Yes (____) No If yes, please explain

IMMIGRATION REFORM AND CONTROL ACT OF 1986
EMPLOYMENT VERIFICATION SYSTEM

Employment with Goldsboro-Wayne Transportation Authority Inc. will be contingent upon documentation of your identity and eligibility to work for wages in the United States and completion of Immigration and Naturalization Service Form I-9.

CONDITONS OF EMPLOYMENT

As conditions of my employment, I agree to conform to the rules and regulations of Goldsboro-Wayne Transportation Authority Inc., its subsidiaries and/or divisions. My employment is considered "at will" and employment and compensation can be terminated with or without cause, at any time by either the corporation or myself. I understand that no representative or supervisor of the corporation has the authority to enter into any agreement contrary to the foregoing without prior written approval of the Goldsboro-Wayne Transportation Authority Board of Directors.

As certified on the attached Employment Application, I declare that my answers to the questions are true and give Goldsboro-Wayne Transportation Authority the right to investigate all information given and to secure additional appropriate information necessary. I understand that an investigative report may be made from information obtained through personal interviews with others. I understand that this inquiry may include information as to my character, general reputation, personal characteristics, and appropriateness for employment. In accordance with the law and my understanding of this statement, I authorize my current and former employers to give any information regarding my employment, together with all information regarding me, and hereby release from all liability or responsibility all persons, companies or corporations furnishing such information in good faith.

In part consideration for my employment, I agree to return upon demand, or upon severing my connection with this Corporation, all Corporation property, and whenever requested to make and verify an affidavit containing a full and truthful statement of any and all accidents, ejections, assaults, etc., of which I may have knowledge.

I further understand that the completion of this application does not assure me of a position with Goldsboro-Wayne Transportation Authority and does not obligate Goldsboro-Wayne Transportation Authority to me in any way. I further understand that any misleading or incorrect statements or the failure to complete all questions may render this application void and if employed, could cause for immediate discharge.

I understand that any offer of employment is conditional upon my passing an appropriate pre-employment drug and alcohol test as required by Goldsboro-Wayne Transportation Authority and North Carolina Department of Transportation and the Federal Transit Authority. If employed by Goldsboro-Wayne Transportation Authority, I agree to follow GWTA's drug and alcohol policy and submit to drug and alcohol testing as described in GWTA's Drug and Alcohol Abuse Policy.

Signature of Applicant

Date

IT IS THE POLICY OF GOLDSBORO-WAYNE TRANSPORTATION AUTHORITY NOT TO DISCRIMINATE IN ITS EMPLOYMENT OR THE PROVISION OF SERVICE IN REGARD TO RACE, CREED, SEX, DISABILITY, AGE, OR NATIONAL ORIGIN. GOLDSBORO-WAYNE TRANSPORTATION AUTHORITY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.

**EMPLOYMENT PROBATIONARY PERIOD STATEMENT
AND
CRIMINAL BACKGROUND/MOTOR VEHICLE RECORD CHECK**

It's the policy of Goldsboro-Wayne Transportation Authority to have all new employees complete the company's Employment Probationary Period before they can become a permanent employee. The following notice must be read agreed to by signature prior to employment.

"All appointments to permanent positions at Goldsboro-Wayne Transportation Authority shall be for a probationary period of six (6) months. At the end of this period of probation, the Executive Director will determine whether the employee will be retained or dismissed. If retained, the employee shall be considered a permanent employee. An employee may be dismissed during the probation period without cause."

Also it is required that all new employees must undergo a criminal background check. Each applicant must read the following statement:

I consent to have a criminal background investigation and motor vehicle record check performed by personnel of Goldsboro-Wayne Transportation Authority. I understand that any conviction(s) on my part could disqualify me from employment."

I have read and understand the provisions of the probationary period and have given my consent for Goldsboro-Wayne Transportation Authority to conduct a criminal background investigation and motor vehicle record check.

Signature _____ Date_____

Operations Mngr. _____ Date_____

Please answer the following questions completely.

1. Do you speak any other languages fluently? If yes, what is your second language? _____

2. What hours are you available to work? _____
3. Are you available to work weekends? _____
4. Have you previously held a position that had direct contact with the public? _____

5. Why do you want to work for GWTA? _____

6. When are you available to start work? _____

EEO INFORMATION

Goldsboro-Wayne Transportation Authority prohibits discrimination on the basis of sex, race, color, religion, national origin, age or disability. The information requested below is voluntary and failure to supply this information will not affect you as an applicant. The sole purpose of this information is to measure the success of our recruitment effort in reaching all segments of the population, and to comply with the Rehabilitation Act of 1973. It will be filed separate from your application.

NAME _____ SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE DOB _____ (MM/DD/YY)	ETHNIC GROUP/BACKGROUND <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN-AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN-AMERICAN <input type="checkbox"/> OTHER _____
DISABILITY	
<input type="checkbox"/> NONE/PREFER NOT TO REPORT <input type="checkbox"/> BLIND/SEVERELY VISUALLY IMPAIRED <input type="checkbox"/> DEAF/SEVERELY HEARING IMPAIRED <input type="checkbox"/> LOSS OR LIMITED USE OF LOWER/UPPER LIMBS <input type="checkbox"/> MENTAL/EMOTIONAL ILLNESS <input type="checkbox"/> RESPIRATORY IMPAIRMENT <input type="checkbox"/> NERVOUS SYSTEM/NEUROLOGICAL DISORDER <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____	