

# Application For Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation. Thank you for taking the time to complete this application carefully. Our requirements for employees include much more than previous experience and technical competence. Since our product is in the service industry, the successful candidate must be courteous and presentable, dependable, and punctual. We are looking for employees ready to share our excitement and commitment to quality service, to make Coast Transit Authority the finest in the transportation industry. CTA is an EEO/AAP.

**\*\*\*\*\*YOU MUST COMPLETE ENTIRE APPLICATION\*\*\*\*\***

How did you learn about us?

Advertisement                       Friend                       Walk-in                      **Position(s) Applied for:**  
 Employment Agency                       Relative                       Other \_\_\_\_\_

Last Name	First Name	Middle Name
Address Code	Number                      Street	City                      State                      Zip
Telephone Number(s) (    ) -    -	Message Phone	Social Security Number --    --

**If you are under 18 years of age, can you provide required proof of your eligibility to work?**                       Yes  No

**Have you ever filed an application with us before?**     Yes  No If Yes, give date \_\_\_\_\_

**Have you ever been employed with us before?**                       Yes  No If Yes, give date \_\_\_\_\_

**Are you currently employed?**     Yes  No **May we contact your present employer?**     Yes  No

**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  No

**On what date would you be available for work?** \_\_\_\_\_

**Are you available to work:**     Full Time                       Part Time                       Shift Work                       Temporary

**Are you currently on "lay-off" status and subject to recall?**                       Yes  No

**Can you travel if a job requires it?**                       Yes  
 No

**Are you currently under arrest or have you ever been convicted of a crime?**                       Yes  No  
*(Conviction includes guilty & no contest pleas and determinations of guilt under the Uniform Code of Military Justice.) Current arrests and convictions will not necessarily disqualify an applicant from employment. See the CTA Policy Statement for more information.*                      **I have read this CTA Policy** \_\_\_\_\_  
(Initial here)

If yes, please explain \_\_\_\_\_

**Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety sensitive transportation work covered by DOT agency Drug & Alcohol testing Rules during the past two years. [CFR 49, PART 40.25(j)]**                       Yes  No

If yes, please explain \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
When applying as a Driver or in the Maintenance area, depending on the position, you must have or pass the Mississippi Commercial Driver's License (CDL) Class "B" with "P" endorsement with no air brake restriction. Do you presently have this: \_\_\_\_\_ Yes \_\_\_\_\_ No

I authorize a Motor Vehicle Report to be run as a prospective employee. \_\_\_\_\_ Initial here

Who should we contact in case of an emergency?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## DRUG STATEMENT

I understand that a urinalysis drug screen will be a part of the examination as required by Federal Transit Administration regulations 653.41 Please Initial \_\_\_\_\_

## CONSENT FOR DRUG TESTING

To protect the health and safety of our employees and customers, to maintain a productive work force, and to preserve CTA's reputation, we strictly enforce rules against unlawful manufacture, distribution, dispensing, use, sale, purchase, solicitation, possession, or transfer of illegal drugs, other controlled substances or alcohol or sale of alcohol and drugs in compliance with the provisions of Chapter 7 of Title 71 of the Mississippi Statutes and as required by Federal Transit Administration Regulations, Guidelines, and CTA's policy and procedures as a Drug Free Work Place . For those reasons, we require that every applicant test negative on a pre-employment drug test, which screens for the presence of specific drugs and their metabolites, after being offered a position, and as a condition of employment. Each applicant is required to attest to his/her consent to test before that individual can be considered for a position with CTA. If you have a positive confirmed test result or refuse to submit to the pre-employment drug screening test, you will not be eligible for employment with CTA.

I hereby consent and agree to participate in the proper drug and alcohol screening to be in compliance with the federal guidelines at any medical facility designated by CTA, to be used to determine the presence of drugs or their metabolites in my system. I hereby further give my consent to the medical facility or testing laboratory to furnish the results of any test performed on my specimen to the medical review officer, which will follow all required steps in notifying the applicant and then the company according to federal guidelines. I understand that I will be required to provide CTA with proof that I do not have illicit drugs or their metabolites in my system by testing negative on the pre-employment drug screening test, prior to and as a condition to commencing employment with CTA. If employed, I hereby give my consent to CTA to require such additional specimens from time to time, in accordance with CTA's drug and alcohol testing policies or programs, as a condition of continued employment with CTA. I certify that I have not taken any drugs that could affect the results of my drug screening.

***My signature below acknowledges that I have read, and I understand that this consent was freely and knowingly given.***

Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SKILLS

Education (Circle the highest completed): High School: 7 8 9 10 11 12  
College: 1 2 3 4 5 6 Type of Degree: \_\_\_\_\_ Where? \_\_\_\_\_

Typing Speed (WPM): \_\_\_\_\_ Business Machines Used: \_\_\_\_\_

Other Skills, certificates, or training that we should consider: \_\_\_\_\_

## Employment Experience

All addresses must be complete

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status. Please provide employment history for the past 7 years.

YOU MUST GIVE STREET ADDRESS, CITY, STATE AND ZIP CODES ON ALL EMPLOYERS

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:*


**RELATIVES AND FRIENDS EMPLOYED AT THIS COMPANY**

Name	Relationship	Name	Relationship

**REFERENCES**

Please list at least three (3) references whom you have known for at least three years, whom we may contact. Do not include relatives, former employers, or clergy. **MUST COMPLETE ALL INFO BELOW**

Name	St. Address, City & Zip Code	Telephone Number
		( )
		( )
		( )

**MUST BE READ AND SIGNED BY APPLICANT**

**AGREEMENT**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize you to make such investigation and inquiries about my character, honesty, habits, ability, driving record, records of conviction, obtain consumer reports if any, and that persons who know me, now and/or in the past, may be contacted and questioned about me, to which I hereby give my consent. Further, I understand that I may be required to obtain a State or Work permit, as a prior condition of my employment. I also understand that CTA has an employment relationship, which is known as employment-at-will. I understand that this means that, if I am hired, I am not required to work for any set period, nor is CTA required to employ me for any set period. Employment status cannot be changed in this respect. I understand that any false statements, misrepresentations made by me, or material omissions made by me, on this application will be sufficient grounds for immediate discharge. I understand also that I am required to abide by all rules and regulations of CTA.

Having made application to CTA and desiring them to be informed of my past record and character, whether it be driving record history, financial, academic, military, medical, employment, judicial, or personal reference, I, the undersigned, hereby authorize the release of all such information, privileged or otherwise, to CTA and its representatives, and release all contributing parties of such information from any charge or liability whatsoever because of furnishing said information.

**NOTICE TO APPLICANT**

Applicant - If an employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions:

1. Can you perform the functions described in the job description? \_\_\_\_\_
2. Please explain how, with or without reasonable accommodation, you will be able to perform those functions.

\_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR SUPERVISORS/PERSONNEL DEPARTMENT USE ONLY**

DATE	POSITION	INTERVIEWED BY	COMMENTS

# EMPLOYMENT DATA RECORD

During employment employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or the personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

## VOLUNTARY SURVEY

(Please Print)

Date \_\_\_\_\_

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip
Social Security No.		

### Current Job

Check One:       Male       Female      Age: \_\_\_\_\_

### Check One of The Following: (Ethnic Origin)

<input type="checkbox"/> White (Not Hispanic/Latino)	<input type="checkbox"/> Native Hawaiian/Pacific Islander (Not Hispanic/Latino)
<input type="checkbox"/> Asian (Not Hispanic/Latino)	<input type="checkbox"/> Two or more Races (Not Hispanic/Latino)
<input type="checkbox"/> Black or African American (Not Hispanic/Latino)	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaskan Native (Not Hispanic/Latino)

### Check If Any of The Following Are Applicable:

Vietnam Era Veteran       Disabled Veteran       Handicapped Individual



Coast Transit Authority

Name of Applicant \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_  
(PLEASE PRINT)

I authorize you to furnish Coast Transit Authority the below information and release you from any liability from releasing the above information.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_



TO: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The person named above has applied for a position with our company and has given us your name as a reference. Will you kindly furnish the information requested and return it to Human Resources at 228-896-8081. **ANY INFORMATION YOU FURNISH US WILL BE TREATED WITH THE STRICTEST CONFIDENCE.** References are only a part of the criteria used in our hiring procedure. Sincerely, CTA Personnel Coordinator

**Section A**

The applicant has given us the following information concerning employment with you.

1. Position Held \_\_\_\_\_ Final Salary \_\_\_\_\_
2. Dates employed: From: \_\_\_\_\_ To \_\_\_\_\_
3. Does information agree with your records? \_\_\_\_ Yes \_\_\_\_ No If not, please state correct information. \_\_\_\_\_
4. Reason for Termination? Resignation? Other. If other, please explain.  
\_\_\_\_\_
5. Would you re-employ \_\_\_\_ Yes \_\_\_\_ No If not please explain.  
\_\_\_\_\_
6. Was employee's attendance & cooperation satisfactory? \_\_\_\_ Yes \_\_\_\_ No

Signature of person completing \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

***Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety sensitive transportation work covered by DOT agency Drug & Alcohol testing Rules during the past two years. [CFR 49, PART 40.25(j)]***  Yes  No

If "Yes," please explain: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE