



APPLICATION FOR EMPLOYMENT

ALL APPLICATIONS EXPIRE AFTER 30 DAYS!
EXPIRED APPLICATIONS WILL NOT BE CONSIDERED FOR EMPLOYMENT.
ALL APPLICATIONS MUST BE COMPLETED IN PERSON.

If you need help filling out this Application for Employment, please notify the person you obtained it from and The Berks Area Regional Transportation Authority (BARTA) will undertake reasonable efforts to accommodate your needs promptly. BARTA is an equal opportunity employer. BARTA does not discriminate on the basis of religion, race, creed, color, national origin, sex, age, disability, handicap, genetic information or any other applicable legally protected category. No questions on this Application are intended to secure information to be used for any discrimination prohibited by applicable law.

PLEASE PRINT

Date Application Completed _____

Name (Last, First, MI)		Social Security No.
Present Address – Street		Telephone No. () -
City/State/Zip		Best time to reach you AM PM
Please list all addresses where you have resided in the past 3 years:		
Street: City: State: Zip Code:	Street: City: State: Zip Code:	Street: City: State: Zip Code:
Date available for employment	Position applying for	Expected starting wage
Can you produce proof that you are eligible to work in the USA? <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of employment applying for: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	Have you ever previously applied for employment with the Authority? If yes, when & where. <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been employed by the Authority before? If yes, when & where. <input type="checkbox"/> YES (when & where) <input type="checkbox"/> NO	Do you have any friends and/or relatives employed by Berks Area Regional Transportation Authority.? If yes, name and relationship	
Are you willing to be "on call" and work nights and/or emergencies? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to work OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO (explain)	Are you on Lay Off/Subject to recall <input type="checkbox"/> YES (Name of Company) <input type="checkbox"/> NO
How were you referred? <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> On my own <input type="checkbox"/> Authority employee <input type="checkbox"/> Other, referral source: _____		
Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not get hired, safety-sensitive transportation work covered by the DOT drug and alcohol testing rules during the last two years? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide the employer name: _____ Date: _____		
Have you ever been convicted of a felony and/or misdemeanor, please explain below. A conviction record will not necessarily prevent you from being employed. Factors such as the time of the crime, nature and seriousness of the violation and rehabilitation will be taken into account. If necessary, continue on a separate sheet of paper.		
Do you have any commitments to another employer that might affect your employment with us? <input type="checkbox"/> YES (Please explain) <input type="checkbox"/> NO		
Do you hold a valid state driver's license (if required for job)? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION					
SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO. YEARS	GRADUATE?	DEGREE/DIPLOMA
HIGH SCHOOL					
COLLEGE					
OTHER					

Did you receive a G.E.D. in lieu of a diploma? YES NO

Please list any additional special skills, technical or professional knowledge, or use of office equipment you may have that you would like considered.

EMPLOYMENT RECORD, Cont. on Next Sheet (LIST PRESENT EMPLOYER OR MOST RECENT EMPLOYER FIRST)				
From	Company Name/Address	Telephone	Position	Duties
To		Supervisor	Salary (Start/End)	Reason for Leaving
From	Company Name/Address	Telephone	Position	Duties
To		Supervisor	Salary (Start/End)	Reason for Leaving
From	Company Name/Address	Telephone	Position	Duties
To		Supervisor	Salary (Start/End)	Reason for Leaving
From	Company Name/Address	Telephone	Position	Duties
To		Supervisor	Salary (Start/End)	Reason for Leaving

MAY WE CONTACT THESE EMPLOYERS? YES NO

ARE YOU CURRENTLY EMPLOYED? YES NO IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

PERIODS OF UNEMPLOYMENT

Please account for all periods of unemployment of one month or more. You may OMIT any references to periods of disability. Include military service and summer part-time jobs. If a person was part-time or temporary, please indicate that status. If you need more space, please continue on a separate sheet of paper.

Driving Experience

CLASS of EQUIPMENT	TYPE OF EQUIPMENT (Flatbed, Van, Mini-Bus, etc.)	DATES FROM - TO	APPROXIMATE NUMBER OF MILES TOTAL
Bus			
Tractor and Semi-trailer			
Other (Indicate Type)			

Thank you for your interest in working at BARTA. Serving our customers is our #1 priority. Some things which may be required of our employees:

- lift bulky items
- read and understand directions
- maintain a safe working environment for the protection of all employees and customers
- maintain a clean work space
- complete a variety of paperwork
- attend Safety Meetings
- must be able to report to work seven days a week and must be up to physically work form 8-14 hour on occasion
- refer to specific Position Description for complete list of requirements

Can you perform the essential function(s) for which you are applying with or without reasonable accommodation?

You are considered able to perform a job function if you can perform it with reasonable accommodation. If you are not sure of the essential functions of the job(s) for which you are applying, please request to speak with the Human Resources Manager.

If applicable, state below the reasonable accommodation, if any, you seek in order to perform the essential function(s) of the job(s) for which you are applying:

IMPORTANT: All applicants who are able to perform the essential functions of the job(s) applied for, with or without reasonable accommodation, will be considered equally, without regard to any disability.

LIST THREE REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)

Name and Relationship	Occupation	Address	Telephone No.
Name and Relationship	Occupation	Address	Telephone No.
Name and Relationship	Occupation	Address	Telephone No.

STATEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that a false or misleading statement or omission during any interview of me or on this form may be a cause for rejection of my application or may be cause for my employment to be terminated, if I am hired. I authorize investigation of all statements contained in this application and authorize the references listed in this application to give you any and all information concerning my previous employment, and all pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing that information to BARTA. **I acknowledge that if I have not fully completed this application, I will not be considered for potential employment.**

By me signing my name below, I understand that nothing contained in this application or in the interview process (if I am interviewed) is intended to create an employment contract between BARTA and myself. If I am offered and accept a job with BARTA, I have the right to end my employment at any time and for any or no reason, and BARTA retains the right to end my employment at any time for any or no reason. I understand that no representative of BARTA, other than the Executive Director, has any authority to make any agreement with me for any specified period of time or to guarantee some job-related term or benefit. I understand that this entire statement (both paragraphs) applies to the period before and after I may become employed. I acknowledge that I have read and understand each of the above two paragraphs (including this paragraph) as well as the entire Application form.

I understand that the use, possession, distribution, purchase or sale of illegal drugs and the illegal use of drugs is prohibited during employment by BARTA. I also understand that the use of alcohol or being under the influence of alcohol while at work is also prohibited. If BARTA requires, I am willing to submit to drug testing to detect use of illegal drugs or the illegal use of drugs prior to and/or during (if I am hired) employment. I am also willing to submit to alcohol testing during employment (if I am hired).

Date: _____

Applicant's Signature _____

Applicant's Name _____