

Previous Employment Record
(List your last employer first)

Employer's Name		
Employer's Address		Telephone Number
Starting Date:	Leaving Date:	Reason for leaving:
Job Title:		
Name of Supervisor:	Starting Rate:	Leaving Rate:
Description of Duties:		

Employer's Name		
Employer's Address		Telephone Number
Starting Date:	Leaving Date:	Reason for Leaving:
Job Title:		
Name of Supervisor:	Starting Rate:	Leaving Rate:
Description of Duties:		

Employer's Name:		
Employer's Address:		Telephone Number:
Starting Date:	Leaving Date:	Reason for Leaving:
Job Title:		
Name of Supervisor:	Starting Rate:	Leaving Rate:
Description of Duties:		

Where did you learn about this position?

- Employment Fair
- Family/Relative
- Newspaper Ad
- Direct Mailer
- Other _____

Applicant's Statement

I understand that if employed, Community Transit of Delaware County, Inc. does not guarantee that such employment will last any definite length of time. I certify that all statements herein are made truthfully and without evasion and further agree that such statements may be investigated and if found to be false will be sufficient reason for my dismissal, and do further agree, if employed, to abide by the rules and policies of Community Transit of Delaware County, Inc.

Date

Applicant's Signature

This application will remain active for one year. If you wish to be considered for employment after this period, you must reapply.

Additional Application Information for Driver Position

Drivers License Information:

State	Number	Class	Expiration Date

Driving Experience (Years)	List types of vehicles driven:	List types of clients served (passengers)
Personal: Professional:		
Applying for: _____ Part Time _____ Full Time		
Has your license ever been suspended or revoked? _____ Yes _____ No If Yes, explain why:		

Please describe any professional driver training and/or certificates you have received:

Have you had an accident, which was charged, to your driving record:

In the last 12 months? _____ Date: _____

In the last 36 months? _____ Date: _____

Please explain the charge and circumstances of the accident:

Are you capable of providing assistance to passengers including walking assistance, transferring from a wheelchair into a car, storing a folded wheelchair in a trunk carrying parcels, etc.?

List any non-driving specialized training, including First Aid, Maintenance, etc., which could apply to your position as a driver.

In case of an emergency, please contact:

Name:

Address:

Telephone Number:

Second Emergency Contact:

Name:

Address:

Telephone Number:

Community Transit is an Equal Opportunity Employer

CTDC
Form 101

WAIVER AND AUTHORIZATION TO OBTAIN CRIMINAL RECORDS AND OTHER INFORMATION FOR EMPLOYMENT PURPOSES

I HEREBY GRANT PERMISSION FOR COMMUNITY TRANSIT OF DELAWARE COUNTY AND OR ANY OF ITS SUB CONTRACTORS TO OBTAIN MY CRIMINAL AND EMPLOYMENT BACKGROUND RECORDS

FURTHER I HEREBY REPRESENT TO COMMUNITY TRANSIT AND OR ITS SUB-CONTRACTOR THAT THE FACTS SET FORTH IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, ANY FALSE STATEMENT OR OMISSION OF INFORMATION ON MY APPLICATION FORM MAY RESULT IN MY TERMINATION. I FURTHER UNDERSTAND THAT THIS APPLICATION IS NOT INTENDED TO BE A CONTRACT OF EMPLOYMENT, NOR DOES THIS APPLICATION SERVE AS AN OBLIGATION IN ANY WAY TO EMPLOY ME OR NOT TO EMPLOY ME.

ADDITIONALLY, I HEREBY WAIVE ANY RIGHTS OR CLAIMS I HAVE OR MAY HAVE AGAINST ALL CURRENT AND /OR FORMER EMPLOYERS, AND THEIR AGENTS, EMPLOYEES, AND REPRESENTATIVES AND DAMAGES THAT MAY DIRECTLY OR INDIRECTLY RESULT FROM THE USE, DISCLOSURE OR RELEASE OF ANY INFORMATION BY ANY PERSON OR PARTY, WHETHER SUCH INFORMATION IS FAVORABLE OR UNFAVORABLE TO ME. I FURTHER WAIVE ANY CLAIM AGAINST YOU AND ANY OUTSIDE AGENCY UTILIZED BY YOU AS A RESULT OF ANY INFORMATION WHICH IS OBTAINED IN THIS INVESTIGATION.

I UNDERSTAND THAT THE COMPANY OR ITS SUB-CONTRACTOR WILL USE THIS INFORMATION FOR EMPLOYMENT PURPOSES ONLY AND WILL NOT FURNISH THIS INFORMATION TO A THIRD PARTY WITHOUT MY WRITTEN CONSENT.

YES _____ **NO** _____
Signature Signature

PLEASE PRINT CLEARLY

Name Last First Middle

Other Names Used-include maiden name, aliases, and nick names

Address

City/State/Zip

Telephone Cell Soc. Sec # DOB

Drivers License Number Type State

SIGNATURE _____ **DATE** _____

MOTOR VEHICLE DRIVING RECORD AUTHORIZATION FORM

I GRANT PERMISSION FOR COMMUNITY TRANSIT OF DELAWARE COUNTY TO OBTAIN MY MOTOR VEHICLES DRIVING RECORD.

ALSO, I GRANT COMMUNITY TRANSIT OF DELAWARE COUNTY PERMISSION TO SHARE THE RECORDS AND ALL PERSONS OR COMPANIES THAT MAY HAVE AN INTEREST IN MY INSURABILITY AS A DRIVER INCLUDING, FOR EXAMPLE, INSURANCE COMPANIES AND INSURANCE BROKERS

I AGREE THAT COMMUNITY TRANSIT OF DELAWARE COUNTY SHALL NOT BE RESPONSIBLE FOR ANY ACTIONS TAKEN BY ANYONE AS A RESULT OF THE USE OF THE INFORMATION CONTAINED WITHIN MY MOTOR VEHICLE RECORDS, I RELEASE COMMUNITY TRANSIT OF DELAWARE COUNTY AND WILL HOLD COMMUNITY TRANSIT OF DELAWARE COUNTY, ITS EMPLOYEES AND REPRESENTATIVES, FREE OF ANY LIABILITY ARISING FROM COMMUNITY TRANSIT OF DELAWARE COUNTY OBTAINING AND/OR PROVIDING THIS INFORMATION FOR THESE PURPOSES. ALSO, I GRANT COMMUNITY TRANSIT OF DELAWARE COUNTY CONTINUED PERMISSION FOR ALL OF THE ABOVE UNTIL SUCH TIME AS I NOTIFY COMMUNITY TRANSIT OF DELAWARE COUNTY IN WRITING BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED THAT THE PERMISSION IS WITHDRAWN.

I UNDERSTAND THAT DRIVING A COMPANY VEHICLE IS REQUIRED OF THE POSITION FOR WHICH I AM BEING CONSIDERED AND THAT HAVING AND MAINTAINING A SATISFACTORY DRIVING RECORD IS A CONDITION OF MY EMPLOYMENT. I AGREE TO ALLOW COMMUNITY TRANSIT OF DELAWARE COUNTY TO CHECK MY DRIVING RECORD AS PART OF THE JOB APPLICATION PROCESS AND THAT IF I AM HIRED, THE COMPANY MAY CHECK IT PERIODICALLY THEREAFTER. I FURTHER AGREE TO REPORT ANY LICENSE SUSPENSIONS, SERIOUS ACCIDENTS OR OFFENSES, OR ANY OTHER CONDITION TO MY SUPERVISOR IMMEDIATELY THAT MAY AFFECT MY ABILITY TO DRIVE A COMPANY VEHICLE.

I UNDERSTAND THAT THE COMPANY WILL USE THIS INFORMATION FOR EMPLOYMENT PURPOSES ONLY AND WILL NOT FURNISH THIS INFORMATION TO A THIRD PARTY WITHOUT MY WRITTEN CONSENT.

APPLICANT: _____

DRIVER'S LICENSE NUMBER: _____ **STATE OF ISSUE:** _____

DATE OF BIRTH: _____

SIGNATURE _____ **DATE** _____

Employment of Relatives

Due to the possibility that an actual or potential conflict of interest may arise when a relative of a current employee is employed by the Company, Community Transit of Delaware County strictly prohibits the employment of relatives or family members of current employees. For purposes of this policy, “relatives” and “family members” include, but are not limited to an individual’s spouse, parent, parent-in-law, grandparent, child, grandchild, sibling, brother-in-law, sister-in-law, aunt, uncle, niece, nephew, cousin and all corresponding “step” relations. This policy applies to all job categories and positions.

Supervisors are required to notify the Chief Executive Officer, the Chief Operating Officer, or the Chief Financial Officer, immediately if his or her relationship to another employee changes so as to fall within the definition of relative or family member set forth above. In the event that circumstances change such that a supervisor becomes a relative or family member of another employee, Community Transit reserves the right to take all necessary employment action to eliminate any potential or actual conflicts of interest that may arise because of the relationship, including but not limited to the removal of any direct reporting or managerial relationship between the related employees.

I have read and understand the above policy prohibiting the employment of relatives.

_____ (signature) _____ (date)

I have no knowledge of any relative currently employed or applying for employment with Community Transit.

_____ (signature) _____ (date)

Community Transit of Delaware County, Inc.
206 Eddystone Avenue
Suite 200
Eddystone, PA 19022-1594

EEO- EMPLOYMENT INFORMATION
CONFIDENTIAL - FOR STATISTICAL PURPOSES ONLY

All applicants for positions at Community Transit of Delaware County, Inc. are considered for employment without regard to race, creed, color, sex, national origin, veteran status, religion, marital status, genetic information, or disability. Community Transit's Affirmative Action program complies with all applicable federal and State regulations. This form will provide information for required reports, will be retained in a confidential file separate from the Employment Application, and will not be seen by the person(s) responsible for interviewing and hiring.

Completion of this form is voluntary, and your refusal to complete it will have no bearing on your application for employment. Even if you do not complete it, please sign and date the form to confirm we have received it.

Date _____

Full Name _____

Position(s) applied for _____

Check one choice from each of the lines below, if applicable:

- _____
- Female
 - Male
- _____

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you 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.

- Disabled
- Disabled Veteran
- Vietnam Veteran

Applicant's Signature