As an Equal Opportunity Employer, METRO RTA does not discriminate in hiring or in terms and conditions of employment because of an individual's race, creed, color, sex, age, disability, sexual orientation, national origin, or other protected characteristics.

## **APPLICATION FOR EMPLOYMENT**

In order for you to be considered for employment, this application must be filled out <u>COMPLETELY</u>. All statements made by applicants for employment on this application form will be checked for accuracy.



## PLEASE PRINT CLEARLY

<b>Personal Information</b>	n			
Last Name:	First Name:	Middle Name:	Today's Date	:
Street Address:		City:	State:	Zip Code:
Home Phone:	Cell Phone:	En	nail Address:	
In order to verify education and	d employment history, please include	any other names you ha	ive used:	
	on your first day of work, the t validate that you are legally d States.)	METRO RTA compli for direct care positio process you may be as of a misdemeanor inv or any felony that statutorily eradicated, not be an absolute bar Also, you may be ask ever been revoked, if y	ns. As a result, of sked if you have of olving dishonesty has not been se Answering yes to an offer of emp ed whether your you have had mov	during the selection ever been convicted y, drugs or violence, ealed, expunged or to this inquiry will ployment. driver's license has ring violations in the
	rviewed or employed by METRO RT	last four years, and to         ^^A?       Yes         No		s abstract.
Do you have any relatives curro If Yes, list names and relations	ently working for METRO RTA?	Yes No		

Position applying for:	Salary Desired:	Date Available:	
Are you willing to work split shifts?	Are you willing to work Saturdays?	Are you willing to work Sundays?	Are you willing to work Overtime?
Yes No	Yes No	Yes No	Yes No

How did you	learn of	this job	opening?
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Education (Must be Verified)					
	Name and Location:	# Years Completed:	Major Area of Study:	Degree/Diploma:	
High School or GED:					
College:					
Technical or Certificate Programs:					
Other:					

**Employment History** Please provide the following information for <u>all</u> of your previous employers in the **last 20 years**, beginning with the most recent. Please attach an additional page if necessary. **Do Not Use "see attached resume"**.

Employer:	Dates Employed:		Job Title:
	From	То	
Address:			
Telephone:		Job Duties:	
Salary/Pay Start: Finis	h:		
Reason for Leaving:			

## May we contact your current employer prior to an offer of employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer:	Dates Employed:		Job Title:
	From	То	
Address:	1		1
Telephone:		Job Duties:	
Salary/ Pay Start: Finis	sh:		
Reason for Leaving:			

<b><u>REMINDER</u></b> : Please provide information for <b>all</b> of your previous employers in the <b>last 20 years</b> , beginning with the most recent. Please attach an additional page if necessary. <b>Do Not Use "see attached resume".</b>			
Employer:	Dates Employed	1:	Job Title:
	From	То	
Address:			
Telephone:		Job Duties:	
Salary/ Pay Start:	Finish:		
Reason for Leaving:		_	

Employer:	Dates Employed:		Job Title:
	From	То	
Address:			
Telephone:		Job Duties:	
Salary/Pay Start: Finis	h:		
Reason for Leaving:			

Employer:	Dates Employed:		Job Title:
	From	То	
Address:			
Telephone:		Job Duties:	
Salary/ Pay Start: Finis	sh:		
Reason for Leaving:			

Have you ever been discharged or fired from a job	b? Yes	No
---------------------------------------------------	--------	----

If yes, please explain what occurred:

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, volunteer work, etc.)

Please list any special awards, honors, scholarships, or offices held.

 References:

 Please list names of supervisors, managers, or other non-family members who can comment directly on your abilities:

 Name
 Address
 Phone #
 Relationship/Occupation
 Years Known

 Name
 Address
 Phone #
 Relationship/Occupation
 Years Known

 Image: state
 Image: state
 Image: state
 Image: state
 Image: state

 Driver's License Number: Image: state
 State: Image: state
 Expiration Date : Image: state
 Image: state

 Have you been in any traffic accidents in the last four years? Yes Image: state
 No
 Image: state
 Image: state

 If yes, explain: Image: state
 Image: state
 Image: state
 Image: state
 Image: state
 Image: state

I hereby authorize METRO RTA to investigate my background, references, employment records, education, and other matters related to my suitability for employment. I authorize persons, schools, my current/previous employers, and any organizations contacted by METRO RTA, to release any information regarding this application for employment, and I release all persons, schools, employers and organizations of any and all claims for providing such information.

I understand that the statements on this form and any additional materials are subject to verification, and I authorize METRO to investigate my character, reputation, personal characteristics, drivers' record, criminal record, and professional references. I understand that this investigation may not be completed prior to my starting work, and that any job offer will be conditioned upon successful completion of the above investigation. I agree to a fingerprint background check for employment purposes.

I agree to submit to a post-offer pre-employment physical, including, but not limited to, drug and alcohol screening. I give METRO permission to use the results in the employment process.

I understand that filling out this form does not obligate METRO RTA to hire me. I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge, and I understand that nothing in this application or conveyed during any interview (if granted), is intended to create a promise of employment or any contractual rights. I understand that if I am employed, false statements or any omissions on this application shall be considered sufficient cause for dismissal, regardless of the time elapsed before discovery.

I understand that the employment relationship which may result from my application will be an employment-at-will that may be terminated by either party at any time.

## \*\*\*\*\*

PRINTED APPLICANT NAME:	DATE:
APPLICANT SIGNATURE:	METRO USE ONLY (TIME AND DATE)

I understand that checking this box and typing my name here constitutes a legal signature confirming that I acknowledge and agree to the terms detailed above.

Applications are only accepted for specific positions during posted dates, and may be submitted by mail: METRO RTA

Attn: H.R. Recruiting 416 Kenmore Blvd. Akron, OH 44301 by fax: 216-937-0190 by email: HRrecruits@akronmetro.org