

No. A \_\_\_\_\_

Rochester-Genesee Regional Transportation Authority  
And Its Operating Subsidiaries



Date \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

**—ADMINISTRATIVE—**

(PRINT ALL ANSWERS CLEARLY)

Please indicate the type of work you are applying for: 1st choice \_\_\_\_\_

2nd choice \_\_\_\_\_

Are you available for: part-time  full-time  days  evenings  split shift

**PERSONAL**

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Social Security No. \_\_\_\_\_ Telephone \_\_\_\_\_

Present Address \_\_\_\_\_  
No. Street  
City/Town State Zip How long lived here? \_\_\_\_\_

Previous Address \_\_\_\_\_  
No. Street  
City/Town State Zip How long lived here? \_\_\_\_\_

Have you filed an application with our company before?  Yes  No If yes, give date \_\_\_\_\_

Have you worked for this company before?  Yes  No If yes, when \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No If yes, give date(s) and details \_\_\_\_\_

Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work record?  Yes  No If yes, explain \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

Do you have any relatives (other than a spouse) employed at this company?  Yes  No If yes, give names \_\_\_\_\_

If hired, do you have reliable means of transportation to get to work?  Yes  No How? \_\_\_\_\_

Have you ever served in the Armed Forces of the U.S.?  Yes  No

If yes, what branch? \_\_\_\_\_ Dates of duty: from \_\_\_\_\_ to \_\_\_\_\_

As an equal opportunity employer, RGRTA and its subsidiaries does not discriminate against any applicant because of race, creed, color, sex, age, disability, national origin, or marital status.





What kind of office equipment are you familiar with? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typing \_\_\_\_\_ wpm \_\_\_\_\_

Have you ever used a word processor?  Yes  No

Have you ever used a computer at work?  Yes  No

If yes, describe job: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you willing to accept part-time employment?  Yes  No

**PLEASE REVIEW YOUR APPLICATION. ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND TRUTHFULLY. AN INCOMPLETE APPLICATION MAY BE SUBJECT TO NO FURTHER EMPLOYMENT CONSIDERATION.**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, false statements on this application will be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_