

No. V _____

Rochester-Genesee Regional Transportation Authority
And Its Operating Subsidiaries



Date _____

**APPLICATION FOR EMPLOYMENT
—NON-MECHANICAL SERVICE WORKER—**

(PRINT ALL ANSWERS CLEARLY)

PERSONAL

Name _____
LAST FIRST MIDDLE

Social Security No. _____ Telephone _____

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

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

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 _____

N.Y. State Motorist ID No. _____

Do you have a CDL? Yes No or CDL Permit? Yes No

Have you had a driver's license from any state other than New York in the past 3 years? Yes No

If yes, where? _____

Have you ever been convicted of any violation of the law other than the traffic violations.

Yes No If yes, give 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.

2	COMPANY NAME	TELEPHONE ()
	ADDRESS NO. STREET CITY/TOWN STATE ZIP	EMPLOYED (STATE MONTH AND YEAR) FROM: TO:
	STATE JOB TITLE / POSITION HELD	WEEKLY PAY START: LAST
	NAME OF SUPERVISOR	REASON FOR LEAVING
	IS COMPANY STILL IN BUSINESS?	

3	COMPANY NAME	TELEPHONE ()
	ADDRESS NO. STREET CITY/TOWN STATE ZIP	EMPLOYED (STATE MONTH AND YEAR) FROM: TO:
	STATE JOB TITLE / POSITION HELD	WEEKLY PAY START: LAST
	NAME OF SUPERVISOR	REASON FOR LEAVING
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	STATE JOB TITLE / POSITION HELD	WEEKLY PAY START: LAST
	NAME OF SUPERVISOR	REASON FOR LEAVING
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	ADDRESS NO. STREET CITY/TOWN STATE ZIP	EMPLOYED (STATE MONTH AND YEAR) FROM: TO:
	STATE JOB TITLE / POSITION HELD	WEEKLY PAY START: LAST
	NAME OF SUPERVISOR	REASON FOR LEAVING
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	STATE JOB TITLE / POSITION HELD	WEEKLY PAY START: LAST
	NAME OF SUPERVISOR	REASON FOR LEAVING
	IS COMPANY STILL IN BUSINESS?	

Have you been convicted of any moving violations in the last 10 years? (Speeding, red light, seat belt, etc.) or any other which caused a fine and/or points on your license?

Yes No

If yes, list dates and charges:

Date	Charge(s)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you ever worked nights? Yes No If so, describe job _____

Have you ever worked outside? Yes No If so, 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 _____