

Regional Coordinated Area Transportation System

Employment Application

An Equal Opportunity Employer

Applicant Information

Full Name:		Date:	
<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:			
<i>Street Address</i>		<i>Apartment/Unit #</i>	
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Phone: ()	Phone: ()	E-mail Address:	
Date Available:	Social Security No.:	Desired Salary: \$	
Position Applied for:	Circle One: Full Time Part Time No Preference		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been in the Military Service?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give type of discharge
Have you ever worked for RCSAA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when and what position?
Can you travel if the job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been convicted of an offense against the law other than a minor traffic violation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain fully on another sheet of paper
<small>(A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)</small>			

Education

High School:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
College:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:
Other:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree:

Professional References

Please list three professional references that are NOT related to you (No family members or personal friends)

Full Name:	Relationship:
Company:	Phone: ()
Address:	
Full Name:	Relationship:
Company:	Phone: ()
Address:	
Full Name:	Relationship:
Company:	Phone: ()
Address:	

Previous Employment

Beginning with your present or most recent job, describe in detail ALL work experiences, using a separate section for each position. List all jobs you have held, including periods of unemployment and military service as well as internships, volunteer and summer work. Use additional continuation sheets if necessary. Be sure to indicate whether employment was full-time or part-time, and if part-time, state the average number of hours worked per week. Incomplete information will result in the disqualification of your application. **DO NOT DEFER TO RESUME.**

Company:	Phone: ()
Address:	Supervisor:
Job Title:	Starting Salary: \$ Ending Salary: \$
Responsibilities:	

From:	To:	Reason for Leaving:
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	hrs per week # You supervised
May we contact your previous supervisor for a reference?		YES NO <input type="checkbox"/> <input type="checkbox"/>

Company:	Phone: ()
Address:	Supervisor:
Job Title:	Starting Salary: \$ Ending Salary: \$
Responsibilities:	

From:	To:	Reason for Leaving:
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	hrs per week # You supervised
May we contact your previous supervisor for a reference?		YES NO <input type="checkbox"/> <input type="checkbox"/>

Company:	Phone: ()
Address:	Supervisor:
Job Title:	Starting Salary: \$ Ending Salary: \$
Responsibilities:	

From:	To:	Reason for Leaving:
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	hrs per week # You supervised
May we contact your previous supervisor for a reference?		YES NO <input type="checkbox"/> <input type="checkbox"/>

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

Disclaimer and Signature

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that a statewide background check of my driving and criminal records will be conducted prior to employment. I permit RCSAA to conduct a police and court records investigation of my background. I also understand that as a condition of my employment, I will be required to furnish documentation verifying my identity and eligibility to work in the United States.

I understand I will be required to successfully pass a drug screening examination prior to employment. I hereby consent to a pre- and/or post-employment drug screening as a condition of employment, as well as random drug screenings during employment as required by RCSAA Personnel Policies. I also understand that if I refuse to consent, I will be removed from further consideration for employment. I understand that submission to such testing is a condition of employment with RCSAA and disciplinary action, up to and including discharge, may result for violating RCSAA's Drug and Alcohol Policy. Further, I give my consent to the release of my test results to authorized RCSAA management for appropriate review.

I understand that as a condition of my employment at RCSAA I must agree to sign an "Agreement of Confidentiality". I agree to abide by the Agreement in its entirety and I also understand that this agreement will be kept in my personnel file indefinitely.

Further, I understand that RCSAA is an at-will employer and that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed by the employer and employee in writing. Also, in consideration of my employment, I agree to conform to the rules and regulations of RCSAA, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Agency or myself. I understand that no manager or representative of RCSAA other than the Executive Director or President of the Agency, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand, also, that I am required to abide by all rules and regulations of the employer.

I have read, understand and, by my signature, consent to these standards.

Signature: _____ **Date:** _____

Please see the attached "Voluntary Self Identification Form"

If it has not been provided to you, please ask for one

Supplement to RCSAA/RCATS Driver Application

APPLICANT INFORMATION

NAME AS IT APPEARS ON DRIVER'S LICENSE:		
STATE ISSUED:		
LICENSE NO.	TYPE/CLASS	EXPIRATION DATE

DRIVING EXPERIENCE:

TYPE OF VEHICLE OPERATED	DATES	
	FROM	TO
Automobile		
Van		
Bus		
Straight Truck		
Tractor/Trailer Combination		
Other:		

ACCIDENT RECORD FOR PAST 3 YEARS (Please include date of accident, cause of accident, fatalities, injuries, and physical damage incurred in accident)

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (Other than parking violations)

LOCATION, CITY & STATE	Date	Charge	Penalty

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? If yes, why?

Has your license, permit, or privilege ever been suspended or revoked? If yes, why?

Supplement to RCSAA /RCATS Driver Application

**MOTOR VEHICLE REPORT (MVR) CHECK
CONSENT AGREEMENT**

As a prerequisite to employment with Randolph County Senior Adults Association, Inc. Regional Coordinated Area Transportation System (RCSAA/RCATS) as a vehicle operator or other job classification, I hereby agree to allow RCSAA/RCATS to obtain a written copy of my current Motor Vehicle Record (MVR). I understand that this MVR report may be used to determine eligibility as a vehicle operator for RCSAA/RCATS.

I further understand that RCSAA/RCATS will not disclose or release any personal information contained in this MVR report except as provided in the Federal Driver's Privacy Protection Act and the North Carolina General Statute 20.43.1. The North Carolina General Statute prohibits the re-sale or re-disclosure of personal information for bulk surveys, marketing, or solicitation.

Applicant's Signature

Date



**Randolph County Senior
Adults Association, Inc.**

Voluntary Self Identification Form

**Age, Gender, Ethnicity, Race,
Disabled and Veteran Status**

RCSAA is a 501(c)3 non-profit and is also considered a government contractor (due to federal funding) subject to affirmative action requirements. In order to fulfill our reporting obligations, we request your voluntary completion of the information below. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact upon your consideration for employment with RCSAA. If you do not self-identify, identification will be made by visual or other judgmental factors pursuant to your affirmative action reporting requirements. The information will not be maintained with your application, or if hired, your personnel file.

NAME:	CITIZENSHIP Are you a United States Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	GENDER <input type="checkbox"/> Male
DATE OF BIRTH:	Do you have citizenship in any other country? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Female

ETHNICITY

Hispanic/Latino A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race

Not Hispanic/Latino

RACE	RACE IDENTIFICATION
White (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Europe, the Middle East, or North America
Black or African American (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the Black racial groups of Africa
Native-Hawaiian or other Pacific Islander (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
Asian (not Hispanic or Latino)	<input type="checkbox"/> 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)	<input type="checkbox"/> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> All persons who identify with more than one of the above five races.

VETERAN STATUS
Using the definitions as stated in following attachment, please check the box of boxes below to identify yourself in as many covered veterans categories as apply.

YES NO Disabled Veteran

YES NO Other Protected Veteran

YES NO Three – Year Recently Separated Veteran (Enter Discharge or Release Date: _____)

YES NO Armed Forces Service Medal Veteran

DISABILITY
A "disabled individual" means any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, has a record of such impairment, or is regarded as having such impairment.

Using the definition as stated above, please check the box below to identify yourself as a disabled individual.

YES NO

Non-Participation: I have read the above statement and I have chosen not to complete this form.
Please check box if applicable.

Signature _____

Date _____

Randolph County Senior Adults Association, Inc.

Disabled and Veteran Self-Identification Questionnaire

RCSAA is a 501(c)3 non-profit and is also considered a federal contractor (due to federal funding) subject to Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans Readjustment Act of 1974 (VEVRAA), as amended. Section 503 prohibits job discrimination because of disability by employers holding federal contracts or subcontracts and requires such employers to take affirmative action to employ and advance in employment qualified individuals with disabilities who, with or without reasonable accommodation, can perform the essential functions of a job. VEVRAA requires government contractors to take affirmative action to employ and advance in employment qualified special disabled veterans and qualified disabled veterans, veterans of the Vietnam era, other protected veterans, one-year recently separated veterans, three-year recently separated veterans, and Armed Forces service medal veterans. This invitation to self-identify refers to such veterans as "covered veterans".

If you have a disability or are a covered veteran and would like to participate in our affirmative action program, please complete the form on the reverse side of this document or contact RCSAA's Human Resources office. Our developing affirmative action program will contain policies and procedures that assure compliance with Section 503 and VEVRAA obligations. You may inform us of your desire to benefit under the affirmative action program now or at any time in the future. **Whether you choose to so identify is voluntary on your part.**

This employer also is subject to the Americans with Disabilities Act (ADA). Consistent with the ADA, this employer's policy is to provide reasonable accommodations to any individual with a disability who needs such an accommodation to complete the job application process or to perform the job in question. If you need such an accommodation, you may request it at any time by contacting RCSAA's Human Resources office or your supervisor. Making a request for an accommodation will not subject you to any adverse treatment.

Disclosure of your status as an individual with a disability or covered veteran is voluntary. Choosing not to provide this information will not subject you to any adverse treatment. Information you submit concerning your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work duties of individuals with disabilities or special disabled veterans, and regarding necessary accommodations, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the Rehabilitation Act, VEVRAA, or the Americans with Disabilities Act, may be informed. The information provided will be used only in ways that are consistent with Section 503 of the Rehabilitation Act, VEVRAA, and the ADA.

Definitions:

Disabled Veteran means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Three-Year Recently Separated Veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61Fed Reg 1209).

Supplement to RCSAA /RCATS Driver Application

Procedures for Transportation Workplace Drug and Alcohol Testing Programs Part 40, Subpart A, Section 40.25 (j)

As the employer, you must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DDDDOT agency drug and alcohol testing rules during the past two years.

I, _____, as an job applicant for a DOT
(Please Print First, MI, and Last Name)

regulated safety-sensitive job function with the Randolph County Senior Adults Association, Inc, Regional Coordinated Area Transportation System, do hereby certify that I _____ HAVE or _____ HAVE NOT tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which I was applying for a safety-sensitive transportation position covered by DOT agency drug and alcohol testing rules during the past two years.

Signed _____ Date _____
(Signature of Applicant)