



County of Lackawanna Transit System (COLTS) North South Road, Scranton, PA 18504
570-346-2061 fax 570-343-3819
An EQUAL OPPORTUNITY EMPLOYER

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application _____ / ____ / ____

Name _____ Social Security # _____ - ____ - ____
Last First Middle

Address _____
Street City State Zip Code

Tel # _____ Other Ph # _____ E-mail Add: _____

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you ever been employed here before? _____ If yes, give dates and positions _____

Are you legally eligible for employment in this country? Yes No

Are you bilingual? Yes No If so, what language(s): _____

Employment desired Full-time Part-time Temporary Educational (Intern). Date available for work _____

Are you able to meet the attendance requirements of the position? Yes No

Do you have any condition which may limit your ability to perform the job applied for? Yes No

If Yes, please explain: _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT, FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION, AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license # _____ State _____ Class _____ Endorsements _____

Have you ever had a license, permit or endorsement suspended or revoked? Yes No

If yes, please provide date(s) and details _____

List any traffic convictions (other than parking tickets) for the past three (3) years: _____

Have you ever been denied/refused employment based on positive drug/alcohol test results? Yes No

If yes, please provide date(s) and details _____

Provide the following information of your past employers, assignments or volunteer activities, starting with the most recent.

Employment History

STARTING JOB TITLE/FINAL JOB TITLE	EMPLOYER	TELEPHONE ()
REASON FOR LEAVING	STREET ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE	CITY	STATE ZIP
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
LENGTH OF EMPLOYMENT BEGIN END		

STARTING JOB TITLE/FINAL JOB TITLE	EMPLOYER	TELEPHONE ()
REASON FOR LEAVING	STREET ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE	CITY	STATE ZIP
MAY WE CONTACT FOR REFERENCE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
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LENGTH OF EMPLOYMENT BEGIN END		

LIST ADDITIONAL EMPLOYERS ON A SEPARATE SHEET

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

Educational Background (if job related)

NAME AND LOCATION	# OF YEARS COMPLETED	DID YOU GRADUATE	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE			
OTHER			

References

NAME	TELEPHONE	# OF YEARS KNOWN

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume' or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be limited by any collective bargaining agreement or as required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Executive Director.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing applicant Statement.

Signature of Applicant _____

Date / /

COUNTY OF LACKAWANNA TRANSIT SYSTEM
SUPPLEMENTAL APPLICATION FORM

As a condition for employment with COLTS you must agree to a complete physical examination, which includes testing for substance abuse. The results of the tests are confidential and will be revealed to authorized COLTS personnel only. All testing is at COLTS expense and the Department of Transportation guidelines will be strictly followed.

Also, by signature below I am authorizing COLTS to perform a background check including, but not limited to, past employers, the Pennsylvania State Police and Federal Authorities. All information gathered in this regard will be kept in the strictest of confidence and made available upon request.

All new full-time employees in any department shall be on probation for a period of ninety (90) working days from the date of employment. By mutual agreement the probationary period may be extended. Such probationary period shall constitute a trial period during which the Company is to judge the ability, competency, fitness and other qualifications of the new employees to do the work for which they are employed. During such period, the company may discharge the employee at any time and its right to do so shall not be questioned, nor shall the Union assert or present any grievance on behalf of such new employee because of any matter or occurrence whatsoever falling within such probationary period.

Applicant's Signature

Date

RESEARCH QUESTIONNAIRE

THIS IS A VOLUNTARY FORM THAT YOU ARE NOT REQUIRED TO COMPLETE.
Your answers will be used for research purposes and to help ensure equal employment opportunities. This information will be kept confidential and will not affect your chances for employment.

Please print.

Name (Optional): _____ Date: _____

Address (Optional): _____

Social Security Number: _____

Male: _____ Female: _____ Veteran: _____

EEO CLASSIFICATION:

_____ WHITE (not of Hispanic Origin)

_____ BLACK (not of Hispanic Origin)

_____ HISPANIC

_____ ASIAN OR PACIFIC ISLANDER

_____ AMERICAN INDIAN OR ALASKAN NATIVE

_____ OTHER (specify) _____

Signature (Optional)