



1096 Broad Street, Summersville, WV 26651
Telephone: (304) 872-5872 / FAX: (304) 872-5877

APPLICATION FOR EMPLOYMENT

The Mountain Transit Authority will not discriminate against any employee or prospective employee because of race, color, religion, sex, national origin, age, disability, or political affiliation.

Position(s) Applying For: ☐ Driver ☐ Staff ☐ Maintenance ☐ Dispatcher

Name: _____
Last First Middle Initial

Address: _____
Street/P.O. Box City State Zip Code

Home Phone: _____ Cell Phone: _____

Last 4 Digits of Social Security #: _____

EDUCATION (Check Last Year Completed):

High School ☐ 1 ☐ 2 ☐ 3 ☐ 4

College ☐ 1 ☐ 2 ☐ 3 ☐ 4

NAME & ADDRESS OF SCHOOLS ATTENDED:

1. _____
2. _____
3. _____

FORMER EMPLOYERS (List last 3 employers, starting with the most recent one first):

Employer: _____

Address: _____

Telephone: _____ Dates Employed: _____

Job Title: _____ Salary/Hourly Rate: _____

Supervisor's Name & Title: _____

Job Description: _____

Reason for leaving: _____

Employer: _____

Address: _____

Telephone: _____ Dates Employed: _____

Job Title: _____ Salary/Hourly Rate: _____

Supervisor's Name & Title: _____

Job Description: _____

Reason for leaving: _____

Employer: _____

Address: _____

Telephone: _____ Dates Employed: _____

Job Title: _____ Salary/Hourly Rate: _____

Supervisor's Name & Title: _____

Job Description: _____

Reason for leaving: _____

REFERENCES: Give below the names of three (3) persons not related to you whom you have known at least one (1) year.

1. _____
Name Address & Phone Years Acquainted

2. _____
Name Address & Phone Years Acquainted

3. _____
Name Address & Phone Years Acquainted

Commercial Driver's License Number? _____

Do you have a Passenger Endorsement? _____

Have you ever been refused a CDL? _____

If so, give details: _____

Have you had more than three (3) points taken off of your license/CDL in the past 7 years: _____

If so, give details: _____

Have you ever been arrested for driving while intoxicated? _____ If so, give details:

How many years of professional driving experience? _____

(List former employers for whom you drove professionally for the past 10 years:

1. _____

2. _____

3. _____

4. _____

Have you fulfilled your military obligations? ☐ yes ☐ no ☐ N/A

Branch _____ Rank _____

Do you pledge yourself, if employed, and during your employment, to comply with the company's rules and regulations now in existence, or which may hereafter be established? _____

Do you grant the company permission to investigate any references you have given? _____

Do you agree that if you are employed by MTA, MTA shall thereafter at any time and from time to time have the right to require a medical examination by a company physician of your physical and mental condition, to include (but not limited to) x-ray examination and laboratory tests, and that it shall further be a condition of your employment that you be mentally and physically qualified (as determined by medical examination) to perform the designated duties of your position? _____

Do you give Mountain Transit Authority permission to investigate your DMV record? _____

Do you give MTA permission to conduct a background check, which may include a review of sex offender registries and criminal history records? _____

In part consideration for my employment, I agree to return upon demand, or on severing my connection with this company, all company property then in my possession, and whenever requested, to make and verify an affidavit containing a full and truthful statement of any and all accidents, dismissals, assaults, etc., of which I may have knowledge.

If given an opportunity, I agree to work on a trial basis for the probationary period of six (6) weeks and, if retained at the end thereof, to work faithfully thereafter and give my best efforts in the interest of the MTA. I agree to operate any type of coach that MTA may request me to operate.

(Operators must provide themselves with a standard watch upon entering employment with MTA).

I HEREBY WARRANT THAT THE FOREGOING ANSWERS ARE TRUE IN EVERY PARTICULAR, AND I FURTHER AGREE TO RESIGN IMMEDIATELY FROM THE EMPLOY OF THE MTA SHOULD ANY ONE OF MY STATEMENTS OR ANSWERS ON THIS APPLICATION BE FOUND UNTRUE, OR SHOULD MY PAST RECORD, UPON EXAMINATION BY THE COMPANY, PROVE UNSATISFACTORY.

Date

Applicant's signature

(You can use the back of this application to provide any additional information).

CONFIDENTIAL
SAFETY-SENSITIVE EMPLOYEE APPLICATION
SUPPLEMENT

Previous US Department of Transportation Drug and Alcohol Testing

Applicant First Name, Middle Initial, Last Name

_____,
Social Security Number

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?

Yes _____ (if yes, complete #1 and #2) **No** _____ (if no, skip to #2)

1. In the last two years, have you ever:

a) Tested positive (0.04 or greater) for alcohol?

☐ Yes ☐ No

b) Had a verified positive drug test result?

☐ Yes ☐ No

c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?

☐ Yes ☐ No

d) Violated any other DOT drug or alcohol testing regulation within the last two years?

☐ Yes ☐ No

2. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?

☐ Yes ☐ No

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: _____

(Use additional pages as necessary)

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."

Signed

Date