

Central Arkansas Transit Authority Application Process and Instructions

Please Read Carefully

The Process

Any single step in the process may result in disqualification. Applicants who perform the best overall will be offered employment. Depending on the position applied for the selection process may consist of any or all of the following

1. Application Review
2. Written Test
3. Driving Record Review
4. Panel Interview
5. Criminal Record Check
6. Work Reference Check
7. Medical Evaluation/Drug Screen
8. Ability to obtain CDL

Persons needing accommodation under the American's with Disability Act for any part of the application process should contact CATA Human Resources at 501-375-6717. A minimum of two workdays notice prior to the need for accommodations is required.

Probationary Period

All new employees are hired with a 90 day probationary period. Some benefits may not begin until after the probationary period ends.

Employment Eligibility

CATA hires only people eligible to work in the United States. Employees are required to complete an I-9 form and provide documentation within three (3) days of hire.

Instructions

1. Your application must be complete and legible, this includes all separate forms for background checks, Driver's License checks, and pre-employment consent forms. **Incomplete and illegible applications will not be considered.**
2. You must provide a complete work history or a history of at least 10 years.
3. If you held a previous DOT safety sensitive position, you must complete the DOT Safety Sensitive Position Form
4. Everything in this application must be true. Any facts or statements you make on your application or during the selection process which later may prove to be false, may result in disqualification and/or termination.

I do hereby certify that I have read the information on this sheet and fully understand its contents.

Date: _____ Signature: _____



Employment Application

Please Read Carefully: An incomplete or illegible application may jeopardize your employment opportunity. Giving false information on this application may result in disqualification or termination in the event you are hired.

The active status of this application is six months. In the event you are not employed within six months hereof, you must reapply or your application will not be considered for employment purposes.

Last Name	First	MI	Position Applied For	Requisition No.	Today's Date
Address			Home Phone	Message Phone	Work Phone
City		State	Zip Code	()	()
Social Security Number			Date Available	Referred by:	

Education and Training

Name of School	Location	Dates (from/to)	Degree	Major
High School				
College				
Other				
Other				

Please Check The Appropriate Box

Yes No Are you legally eligible to work in the United States? Yes No Do you have a valid Arkansas Driver's License?
 Yes No Do you have a valid CDL? Yes No Are you over 21 years of age?
 Yes No Can you perform the essential duties of the job for which you are applying with or without reasonable accommodation? Yes No Have you ever worked for Central Arkansas Transit? If Yes, Please list dates of previous employment.
 Dates: _____

Yes No Have you ever been convicted of a felony?

Yes No Have you ever been convicted of a traffic violation? If yes, please explain _____

If required by the job can you work: Saturday, Sunday or night work? Yes No Overtime? Yes No Split Shifts? Yes No

References: Do not list relatives or employers

Name	Address	Phone

Please list other names used where previously employed: _____

SEE REVERSE SIDE

Work Experience: Specifically list and describe all of your work experience for the last 10 years, starting with your most recent experience.

From: mo/yr	To: mo/yr	Name of Company	Title	Salary
Address		City	State	Zip
Supervisor			Phone ()	
Duties/Responsibilities				
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From: mo/yr	To: mo/yr	Name of Company	Title	Salary
Address		City	State	Zip
Supervisor			Phone ()	
Duties/Responsibilities				
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From: mo/yr	To: mo/yr	Name of Company	Title	Salary
Address		City	State	Zip
Supervisor			Phone ()	
Duties/Responsibilities				
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From: mo/yr	To: mo/yr	Name of Company	Title	Salary
Address		City	State	Zip
Supervisor			Phone ()	
Duties/Responsibilities				
Reason for Leaving			May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please Read Carefully Before Signing:

I understand that completion of this application does not indicate that there are any positions open and does not in any way obligate Central Arkansas Transit. I authorize Central Arkansas Transit to investigate and verify all statements contained in this application. It is understood and agreed that any misrepresentations by me in this application will be sufficient cause for cancellation of the application and/or separation from Central Arkansas Transit service if I am employed. I understand that Central Arkansas Transit is an Equal Opportunity Employer and that it does not discriminate against applicants or employees on the basis of race, creed, color, national origin, age or sex. I understand that appointment to a position with Central Arkansas Transit is on a TRIAL BASIS FOR 90 DAYS and that termination during that period may be made without further reason or prejudice to the employee's reputation.

Applicant's Signature _____ Date: _____

Central Arkansas Transit Authority

Background Verification Disclosure

As part of the employment process, Central Arkansas Transit Authority, (The Company”), may obtain a Consumer Report and/or Investigative Consumer Report. The Fair Credit Reporting Act (FCRA), as amended by the Consumer Reporting Act of 1996 requires that we advise you that for the purposes of employment only, a Consumer Report may be made which may include information about your character, general reputation, personal characteristics, or mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided, in the event the Report contains information regarding your character, general reputation, personal characteristics, or mode of living.

Authorization and Release

During the application process and at any time during any subsequent employment, I hereby authorize Central Arkansas Transit Authority to procure a Consumer Report, which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

Applicant/Employee Name and Signature

Date

_____/_____/_____
Social Security Number

Date of Birth

Central Arkansas Transit Authority

Notification of Pre-employment Drug and Alcohol Testing

The FTA (Federal Transit Administration) regulations require that all applicants for employment in a safety-sensitive position or individuals being transferred into a safety sensitive must be given pre-employment drug and alcohol tests. Applicants may not be hired or employees may not be assigned to a safety-sensitive function unless they pass the tests.

The purpose of pre-employment testing is to identify applicants who have consumed a prohibited drug in the recent past or who may have problems with the misuse of alcohol. This behavior has the potential to impact the workplace and may present an unacceptable safety risk to the employee, co-workers, passengers, and the general public. Pre-employment testing identifies applicants who could bring a drug or alcohol problem into Central Arkansas Transit Authority.

If hired, I further understand that I will be part of Central Arkansas Transit Authority's ongoing drug/alcohol misuse testing program which includes random, reasonable suspicion, post accident and return to duty testing.

YOUR APPLICATION FOR EMPLOYMENT WILL BE CONSIDERED INCOMPLETE IF THIS NOTICE IS NOT SIGNED AND DATED.

I have read the above notice concerning pre-employment drug and alcohol testing requirements, and acknowledge that I understand that I will be tested for drugs and alcohol.

Date

Applicant's Signature

Applicant's Name (printed)

Central Arkansas Transit Authority
Arkansas Driver's Records Release Form

I, _____ DO HEREBY AUTHORIZE THE OFFICE
OF DRIVER SERVICES TO RELEASE MY:

XX EMPLOYMENT/COMMERCIAL RECORD

TO: **CENTRAL ARKANSAS TRANSIT AUTHORITY**

THIS RELEASE SHALL REMAIN IN FULL FORCE AND EFFECT FOR THE NEXT FIVE
(5) YEARS, UNLESS A FORMAL WITHDRAWAL IS FILED BY ME.

SIGNATURE : _____

DATE OF BIRTH: _____

ARKANSAS DRIVER'S LICENSE #: _____

TODAY'S DATE: _____

DOT Safety Sensitive Position
Applicant Consent/Request for Information from Previous Employer

Applicant: List previous DOT employers for the last two (2) years. Complete a separate release for each employer. Complete address and phone numbers are required.

I _____
First M.I. Last Social Security Number

Hereby authorize that:

Previous Employer _____

Address _____ Phone: _____

Dates of Employment: From _____ To _____ Fax: _____

Release all information regarding my employment as well as previous drug and alcohol testing information in compliance with Federal Regulation 49 CFR part 40.25. I further agree to hold harmless any previous employers as listed in addition to the foregoing prospective employer, its Directors, employees, agents, or volunteers for any damages, loss of employment, or any negative outcome that may result from such disclosure. This consent is subject to revocation any time. However, such revocation does not apply to disclosures made prior to notice. This authorization expires without express revocation 60 Days from the date below. I understand I have the right to inspect and copy any written information disclosed

Please furnish all information to:

Central Arkansas Transit Authority
901 Maple Street
North Little Rock, AR 72114
Phone: 501-375-6717
Fax: 501-375-6812

Signed: _____ Date: _____

Previous Employer Section

Previous employer must supply the following information regarding the above named individual during the past two years while employed to perform DOT covered safety sensitive functions.

- | | | |
|---|------------------------------|-----------------------------|
| Alcohol tests with a result of 0.04 or higher alcohol concentration ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Verified positive drug test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refusal to be tested (including verified adulterated or substituted test results)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other violations of DOT agency drug and alcohol testing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did a previous employer report a drug or alcohol rule violation to you ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If the answer is "yes" to any of the above, did the employee complete the return-to-duty process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signed: _____ Date: _____

(Signature of individual supplying information)

Affirmative Action Voluntary Information

We request your voluntary completion of the following questionnaire to be used for the purpose of monitoring the success of our Affirmative Action Plan. This is not part of your official application for employment and is considered confidential information and will be kept in a separate file from the employment application. It will not be used in the interview process or to discriminate against or show preference in the hiring decision.

Central Arkansas Transit considers applicants for all positions without regard to race, color, religion, gender, age, veteran status or any other legally protected status.

Applicant Information

Name: _____ Birth Date: _____

Position Applied For: _____

Are you a citizen of the United States? Yes No

What is your gender? Male Female

Please check your ethnic Group:

White (not of
Hispanic origin)

African
American

Hispanic
Native

American/Alaskan
Native

Asian/Pacific
Islander

Veterans Information

Do you qualify as a Vietnam Era Veteran? (Any veteran of the armed services who served on active duty for at least 181 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged honorable or released from active duty by reason of service related disability.) Yes No

Are you considered a disabled veteran by the U. S. Veterans Administration? (Any person entitles to compensation by the Veteran's Administration for a disability rated at 30 percent or more, or who was discharged or released from active duty by reason of service-related disability.) Yes No

Information Regarding Disabilities

Do you wish to declare yourself as mentally or physically disabled as defined by the Americans with Disabilities Act? (Any person who has a physical or mental impairment which substantially limits one or more major life activities.) Yes No

Referral Survey:

Please indicate how you learned of the position which you are applying:

CATA Employee Web Site Walk-in Phone Inquiry

Add on or inside Bus Newspaper Which one? _____

Other (Specify _____)