

DATE OF APPLICATION _____

(Please print in ink)

Name – Last	First	Middle	Position(s) Applied for:
Present Street Address			Home Phone ()
City	County	State	Zip
			Business or Message Phone ()



Paducah Area Transit System
Paducah Transit Authority

EMPLOYMENT APPLICATION

Personnel Department

850 Harrison Street
Paducah, KY 42001
(270) 444-8700
FAX (270) 444-8633

Prospective employees will receive consideration without discrimination because of race, color, religion, sex, age, national origin, disability or other protected status.

Notice to Prospective Applicants:

- I. The Paducah Transit Authority participates in the **“Work Ethics Certificate”** program for high school and post-secondary graduates.

Are you a work Ethics Program graduate _____ Yes _____ No

PERSONAL DATA

Are you legally eligible for employment in the USA? Proof of citizenship or immigration status will be required in employed.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been employed by PATS, including temporary/seasonal work? If yes, give positions and dates:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does anyone in your immediate family work for PATS? If yes, list name(s) and relationships and department(s):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a felony as an adult (18 or over) within the past 10 years? If yes, explain, including date(s): Conviction will not necessarily disqualify an applicant from employment.	Yes <input type="checkbox"/> No <input type="checkbox"/>

POSITION INTEREST

Type of employment desires <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary/Seasonal	Date available for work Mo/Yr	If job requires, can you work <input type="checkbox"/> Overtime <input type="checkbox"/> Shift work
Position(s) desired	Pay expected	
Do you meet the minimum age requirement for the position(s) applied for	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you physically capable of performing the job for which you are applying?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you any disability which prevents you from performing certain duties or tasks? If yes, describe limitations and you may be accommodated if necessary:	Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION

SCHOOL	High	Vocational/Technical	College	Graduate/Professional
Name And Address				
Highest Grade Completed (Check one) <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diploma/Degree/Major field of study				
If you did not graduate from High School have you obtained a GED? Verification of Diploma or GED will be required if employed.				

List any additional courses of study or training (include honors or certificates achieved), also knowledge or skills that would be helpful in the desired job area.

Employment Experience – Please give accurate and complete employment history beginning with present or most recent employer include temporary seasonal, job related military service assignments and volunteer activities. If needed use extra sheet of paper. You may exclude organizations which indicate race, color, religion, sex, national origin, disability or other protected status.

Name and address of Company and Type of Business	From		To		Pay		Reason for Leaving
	Mo	Yr	Mo	Yr	Start	Last	
State job title and describe your work							
Supervisor							
Telephone ()							

Name and address of Company and Type of Business	From		To		Pay		Reason for Leaving
	Mo	Yr	Mo	Yr	Start	Last	
State job title and describe your work							
Supervisor							
Telephone ()							

Name and address of Company and Type of Business	From		To		Pay		Reason for Leaving
	Mo	Yr	Mo	Yr	Start	Last	
State job title and describe your work							
Supervisor							
Telephone ()							

Name and address of Company and Type of Business	From		To		Pay		Reason for Leaving
	Mo	Yr	Mo	Yr	Start	Last	
State job title and describe your work							
Supervisor							
Telephone ()							

Name and address of Company and Type of Business	From		To		Pay		Reason for Leaving
	Mo	Yr	Mo	Yr	Start	Last	
State job title and describe your work							
Supervisor							
Telephone ()							

May we call your present employer?

Yes No

REFERENCES

List three persons you have known at least one year (Not former employers or relatives)		
Name and Occupation	Address	Phone Number

OTHER INFORMATION

Have you ever been dismissed from employment or asked to resign? If yes, explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had any supervisory experience? If yes, explain:		Yes <input type="checkbox"/> No <input type="checkbox"/>
List office, shop or motorized equipment you can operate, including computer experience, WPM typing.		
Valid Driver's License If yes, give license number	Yes <input type="checkbox"/> No <input type="checkbox"/>	Commercial Driver's License State _____ Expiration Date _____
Have you ever been bonded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ever refused bond? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain:		
How did you learn about the jobs for which you are applying?		
List professional trade, business, or civic activities and offices held. You may exclude memberships which would reveal sex, race, religion, national origin, age, disability, or other protected status.		

APPLICANT AGREEMENT PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigations of all matters in this application including driver's license, criminal, and credit record and agree that, if in the judgment of PATS any misrepresentation has been made by me herein or the results of such investigation are not satisfactory, any offer of employment made by PATS may be withdrawn, or my employment with PATS terminated immediately without obligation or liability to me other than for payment, at the rate agreed upon, for actual services rendered if I have been employed.

I hereby authorized any person or organization whose name I have given as a reference, or by whom I have been previously employed, to furnish PATS any information they may have concerning me, whether on record or not, and I hereby release all such persons and organizations from any claims for damages, or otherwise, by reason of furnishing such information and records. I also authorize PATS to release any information on this application or any records they may have on me if requested by and subsequent employer or accredited investigative officer.

I agree, if employed to become acquainted with and abide by all the applicable rules, regulations, and policies of PATS. I further authorize any physician who has ever examined or treated me to give a complete record of his findings and opinions. I agree to a physical examination by a physician designated by PATS.

The Transit Authority complies with the Drug Free work Place Act of 1988 and does not allow possession or use of drugs/alcohol on PATS property. Employees must present themselves for work free from influence of any such substance. If you feel you will be unable to comply with this policy please do not submit this application. You will be given a drug test prior to employment.

I understand that this application is the property of the Transit Authority and that it is not a contract of employment.

CHECK YOUR ANSWERS ON THIS APPLICATION CAREFULLY BEFORE SIGNING.

Signature _____ Date _____

Paducah Transit Authority
APPLICANT ACKNOWLEDGEMENT OF DRUG TEST REQUIREMENTS

I understand that as a part of my application for employment, I must successfully complete a USDOT drug test as required by 49 CFR Part 655. I understand that a negative test result is required before I will be considered for hire. I also understand that I will be subject to Drug and Alcohol Testing provisions of 49 CFR parts 40 and 655 throughout my period of employment in a USDOT/FTA/FMCSA safety-sensitive position.

Signature of Applicant

Date

Printed Name

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

FTA Requirement (49 CFR Part 40.25j)

Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer that you have applied for but did not obtain safety-sensitive transportation work covered by DOT drug and alcohol testing rules within the past two years?

_____ Yes

_____ No

FCRA COMPLIANCE

STEPS TO APPLICANT SCREENING

The Fair Credit Reporting Act (FCRA)

In September 1997, amendments were made to the federal Fair Credit Reporting Act (FCRA) specific to the use of consumer reports. As stated in the FCRA, consumer reports include not just credit reports, but driving records, employment reference checks, and criminal court records. For this reason, the FCRA amendments have created several necessary changes for employers in regard to the pre-employment screening aspect of the hiring process. Though these changes initially seemed overwhelming to many employers, ADP has simplified this process for our customers. In fact, ADP Screening and Selection Services from Avert has been recognized as the compliance leader in the pre-employment screening industry. Therefore, we are pleased to provide you with a simple, easy-to-implement guideline to the application process.

1. Inform the applicant and obtain permission to order reports.

The law requires you to have the applicant sign a Notice and Disclosure Form* and ADP recommends you have the applicant sign a Standard Release Authorization Form.*

2. Provide the applicant with the appropriate documents.

ADP suggests you provide the applicant with two documents related to step 2.

First, make a copy of the signed Notice and Disclosure Form for your records and provide the original to the applicant.

Second, provide the applicant with a copy of the "Summary of Your Rights" document.*

Once steps 1 & 2 have been completed, then you're ready to order reports from ADP.

3. Notify the applicant.

If your reason for not hiring the applicant is based on information provided in an ADP report, order the Adverse Action service from ADP Screening and Selection Services. ADP will handle all correspondence needed for you to be compliant with the FCRA regulations, including applicant disputes related to consumer reports supplied by ADP.

QUESTIONS?

For more information, call ADP Screening and Selection Services at 888-606-7869 and request the "Fair Credit Reporting Act - Balancing Individual Rights and the Employer's Need to Know," a whitepaper series co-authored by ADP Screening and Selection Services from Avert and Robert Wolin, Attorney, Baker & Hostetler, LLP.

**ADP offers these forms to customers at no additional fee.*



Screening and
Selection Services

from Avert

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identify theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:
ADP Screening and Selection Services
301 Remington Street
Fort Collins, Colorado 80524
800/367-5933

Applicant's Name: _____
(Please Print)

Applicant's Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____

Give copy with Summary of Rights to applicant. Retain a copy for your files.