

Transit Management of Charlotte, Inc.
(An EEO/ADA/Affirmative Action Employer)
Employment Application

Human Resources Department
 3145 South Tryon Street
 Charlotte, NC 28217
 Phone: (704) 336-4065

Requisition Number: _____ Date: _____
 Position Applying For: _____

All information in this job application will be treated in a confidential manner. Please answer all questions as completely as possible. The use of this application does not indicate that there are positions open; nor does it obligate you to TMC, Inc.

NAME: _____
 LAST FIRST MIDDLE
 ADDRESS: _____
 STREET OR P.O. BOX

 CITY STATE ZIP
 PHONE: () _____ ALTERNATE PHONE: () _____
 EMAIL: _____

<i>How did you find out about this position?</i>	
Walk-In	<input type="checkbox"/>
Newspaper Ad	<input type="checkbox"/>
Magazine/Publication	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Employee Referral	<input type="checkbox"/>
Employment Security Commission	<input type="checkbox"/>
Other, _____	<input type="checkbox"/>

FOR USE BY HUMAN RESOURCES DEPARTMENT ONLY	
(This portion is <u>ONLY</u> used when hired; it <u>DOES NOT</u> effect your eligibility for employment)	
Assessment Date: _____	Driver's License: <input type="checkbox"/>
People Sense Score: _____	Motor Vehicle Report: <input type="checkbox"/>
Driving Sense Score: _____	Background Check: <input type="checkbox"/>
Reading Test Score: _____	Physical: <input type="checkbox"/>
CDL: Class: _____ Endorsements: _____	Drug Screen: <input type="checkbox"/>
Permit: <input type="checkbox"/>	Employment Verifications: <input type="checkbox"/>
Interview Date: _____	
Interviewed By: _____	
Disposition: _____	

EDUCATION

Highest level completed: 1 2 3 4 5 6 7 8 9 10 11 12 / GED / College 1 2 3 4 / Graduate 1 2 3 4

Schools	Name and Location	Dates Attended	Graduate?	Degree
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate or Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
US Armed Forces? If yes, Branch _____ Rank _____ Dates of Service _____				

List any Professional Registrations/Licenses/Certifications:

List any training, classes or workshops you attended that are related to the position applied for:

List all equipment (office, trade, or heavy diesel) that you operate proficiently:

PERSONAL INFORMATION

Are you related by blood, marriage or adoption to a TMC, Inc. employee? Yes No
 If yes, please provide name and relationship _____

Have you ever worked for TMC, Inc/CATS or any preceding operator of CTS/City Coach Line Service? Yes No
 If yes, provide dates and position held _____

Have you ever applied with TMC, Inc/CATS? Yes No
 If yes, when? _____

Have you ever used another name other than the one shown on this application? Yes No
 (include maiden, nicknames or assumed names) If yes, explain _____

Have you ever tested positive or refused to test within the past two years on any DOT pre-employment drug or alcohol test administered by a DOT covered employer? Yes No

Can you provide verification of your legal right to work in the United States? Yes No

Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes No

IN CASE OF AN EMERGENCY

Primary Contact: _____ Relationship: _____

Primary Address: _____

Phone Number: _____

List below your work history for the past 10 years starting with your current position, include any military service, self employment or periods of unemployment. Attach a separate sheet if needed.

Current/Last Position Held

Employer: _____

Employer's Address: _____

Job Title: _____

Duties: _____

Reason for leaving: _____

Covered by DOT regulations? Yes No

From: _____ To: _____

Starting Salary: _____

Current/Last Salary: _____

Supervisor's Name: _____

Employer's Phone: _____

Next Most Recent Position Held

Employer: _____

Employer's Address: _____

Job Title: _____

Duties: _____

Reason for leaving: _____

Covered by DOT regulations? Yes No

From: _____ To: _____

Starting Salary: _____

Current/Last Salary: _____

Supervisor's Name: _____

Employer's Phone: _____

Next Most Recent Position Held

Employer: _____

Employer's Address: _____

Job Title: _____

Duties: _____

Reason for leaving: _____

Covered by DOT regulations? Yes No

From: _____ To: _____

Starting Salary: _____

Current/Last Salary: _____

Supervisor's Name: _____

Employer's Phone: _____

Next Most Recent Position Held

Employer: _____

Employer's Address: _____

Job Title: _____

Duties: _____

Reason for leaving: _____

Covered by DOT regulations? Yes No

From: _____ To: _____

Starting Salary: _____

Current/Last Salary: _____

Supervisor's Name: _____

Employer's Phone: _____

Next Most Recent Position Held

Employer: _____

Employer's Address: _____

Job Title: _____

Duties: _____

Reason for leaving: _____

Covered by DOT regulations? Yes No

From: _____ To: _____

Starting Salary: _____

Current/Last Salary: _____

Supervisor's Name: _____

Employer's Phone: _____

Next Most Recent Position Held

Employer: _____

Employer's Address: _____

Job Title: _____

Duties: _____

Reason for leaving: _____

Covered by DOT regulations? Yes No

From: _____ To: _____

Starting Salary: _____

Current/Last Salary: _____

Supervisor's Name: _____

Employer's Phone: _____

DRUG FREE WORKPLACE

It is Transit Management of Charlotte's (TMC) goal to ensure a safe and healthy work environment and to provide a safe transit system for the public. Per TMC's Drug and Alcohol Policy, any employee who holds a safety sensitive position or an applicant for such position is covered under this policy. TMC requires Alcohol/Drug test for:

Pre-Employment Random Return to Duty	Reasonable Suspicion Follow-Up	Return to Work Post-Accident
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DOT-FTA regulated individuals will be tested for the following five (5) drugs:

Amphetamines Opiates	Cocaine (including crack) Phencyclidine (PCP)	Marijuana
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TMC prohibits the unlawful manufacture, distribution, possession, or use of a controlled substance and/or alcohol in the workplace. Any employee found in violation of the TMC Drug and Alcohol Policy or who receives a positive test for alcohol or prohibited drug(s) or who refuses to take a test will be immediately removed from duty and subject to discharge. Applicants who receive a positive test or refuse to take a test will not be hired and will not be eligible to reapply for five (5) years for any position with TMC.

As a condition of employment under the TMC contract, employees must abide by the policy and notify the employer if they are convicted of a criminal drug offense occurring in the workplace within five days after the conviction.

TERMS OF EMPLOYMENT

I, the undersigned, state that all information given by me in this application is true and complete to the best of my knowledge.

I authorize TMC, Inc. to verify such information and to contact any reference or licensing agency given by me, should I be offered employment or be employed by TMC, Inc. I also agree that:

1. My employment shall be in accordance with the terms of:
 - A. This job application
 - B. TMC, Inc policies, rules and regulations and any amendments thereto
 - C. Any applicable labor agreement
 - D. DOT/ICC regulations adopted by TMC, Inc.

The Company shall have the right to amend, modify or revoke its rules and regulations at any time. I will familiarize myself promptly with such rules and regulations and will abide and be bound by the rules and regulations now in effect or hereafter.

2. My employment may be terminated by TMC, Inc at any time during probationary period without advance notice. Its only obligation will be to pay wages or salary earned by me prior to date of termination. Failure to abide by Company rules or falsification of any information given by me in this application will entitle TMC, Inc to terminate my employment during my tenure.
3. I agree that active employment will only be contingent upon successful completion of all placement considerations, including physical requirements and drug testing.
4. I understand that neither this document nor any other offer of employment constitutes an employment contract, unless a specific document to that effect is executed by the Employer and myself in writing.
5. I understand that TMC, Inc will assess and reserve the "management right" to make the final decision as to whether a former employee qualifies for rehire consideration. However, an employee can file an appeal for reinstatement via the established grievance process(es).
6. I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation and/or concealment of facts are sufficient grounds for either denial of employment by TMC, Inc. or termination following employment.

SIGNATURE: _____ DATE: _____

DISCLOSURE STATEMENT

By this document, I disclose to Transit Management of Charlotte, Inc. that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during employment. Please sign below to signify receipt of the foregoing disclosure.

APPLICANTS SIGNATURE: _____

PRINT NAME: _____

DATE: _____

APPLICANTS AUTHORIZATION FOR RELEASE OF INFORMATION

Please read carefully before signing:

I hereby authorize former employers to provide to Transit Management of Charlotte, Inc. any information regarding my employment with them. I also authorize former employers and/or their designees to provide the aforementioned organization or their agent any and all information concerning me or my work performance. I also authorize personal references, other persons, companies, corporations, credit bureaus, schools, motor vehicle bureaus, military services and law enforcement agencies to furnish to Transit Management of Charlotte, Inc. any information and records they may have concerning me including criminal background. In authorizing this investigation, I hereby release those individuals and/or companies who are parties thereto from any and all liabilities/responsibilities and damage resulting from and/or arising out of such investigation by TMC, Inc.

Transit Management of Charlotte, Inc. (TMC) is an agency of the Charlotte Area Transit System (CATS) and is bound by FTA and DOT Regulations regarding the employee's Commercial Driver's License (CDL), DOT Physicals and other medical examination compliances. It is the employee's responsibility to be complaint. However, the company does periodically conduct audits to assist the employee in monitoring his/her ability and compliance for "fitness for duty." As a condition of employment, you must agree to a release on information allowing TMC, Inc. access to all company funded medical records such as DOT Physicals, Worker's Compensation and other company mandated examinations.

This authorization, in original or copy form shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable period of time.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

Signature of Application

Print Name

Date

Birth Name

Social Security Number

Date of Birth

Driver's License Number

State of Issuance

Voluntary Self Identification Form

(Applicants only)

As a Federal contractor or sub-contractor, our company is required to solicit the race and gender of all applicants for positions with our company. The information requested below is used by **Transit Management of Charlotte (TMC)** only as it relates to our Affirmative Action plan. **YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH OUR COMPANY.** If you do choose to answer these questions, any information supplied by you on this form will not affect your chances of obtaining a position with our company, which is an equal employment opportunity employer.

EQUAL OPPORTUNITY INFORMATION

Transit Management of Charlotte, Inc. does not discriminate based on race, sex, color, creed, religion, natural origin, age or disability. The information requested below is voluntary and will no way affect you as an applicant. Its purpose is to see how well our recruitment efforts are reaching all segments of the population.

Name: _____

Date: _____

DATE OF BIRTH: ____/____/____

Sex: _____ Male _____ Female

Ethnicity:
_____ Hispanic or Latino

Race: If not Hispanic or Latino, please choose one of the following:

_____ American Indian or Alaskan Native (Not Hispanic or Latino)

_____ Asian (Not Hispanic or Latino)

_____ Black/African American (Not Hispanic or Latino)

_____ Native Hawaiian/Pacific Islander (Not Hispanic or Latino)

_____ White/Caucasian (Not Hispanic or Latino)

_____ Two or more races (Not Hispanic or Latino)

_____ I do not wish to supply this information at this time

Definitions of race and ethnicity categories:

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - 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) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above races.