



Transit Authority of Central Kentucky

1209 N. Dixie Ave.

Elizabethtown, KY 42701

Phone: (270) 765-2612 Fax: (270) 234-0116

Employment Application

APPLICANT INFORMATION

Today's Date: _____

Position Applied For: _____ Date Available: _____ Desired Salary: \$ _____

Full Legal Name: _____ Last First Middle SSN#: _____ - _____ - _____

Home Address: _____ Street Address Apt. /Unit # City State Zip

Mailing Address: (if different from above) _____ Street Address Apt. /Unit # City State Zip

Home: () _____ Cell: () _____ E-mail Address: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No
Have you ever worked for this company? Yes No If yes, note date & program: _____
Are you related to any current employee? Yes No If yes, note name & relationship to you? _____
Have you ever been convicted of a felony? Yes No If yes, explain: _____

Do you have a valid driver's license & access to vehicle? Yes No
If yes, state license # & expiration date: _____

EDUCATION

High School: _____ Address: _____ From: _____ To: _____ Did you graduate? Yes No

Other: _____ Address: _____ From: _____ To: _____ Did you graduate? Yes No Degree: _____

College: _____ Address: _____ From: _____ To: _____ Did you graduate? Yes No Degree: _____

NOTE: MUST BE ABLE TO PROVIDE COPY OF GED/DIPLOMA/DEGREE

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____ Company: _____ Phone: () _____ Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

PREVIOUS EMPLOYMENT

Employer: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Date of Employment: _____ To _____ Reason Leaving: _____

Full Time Part Time - If Part Time, Hours per week _____

May we contact your previous supervisor for a reference? Yes No

Employer: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Date of Employment: _____ To _____ Reason Leaving: _____

Full Time Part Time - If Part Time, Hours per week _____

May we contact your previous supervisor for a reference? Yes No

Employer: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

Date of Employment: _____ To _____ Reason Leaving: _____

Full Time Part Time - If Part Time, Hours per week _____

May we contact your previous supervisor for a reference? Yes No

MILITARY SERVICE

Branch: _____ Phone: () _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Please list technical skills, clerical skills, trade skills, etc. relevant to the position. Include relevant computer systems/software of which you have working knowledge; note level of proficiency (basic, intermediate, & expert)

EQUAL OPPORTUNITY EMPLOYER

Transit Authority of Central Kentucky is an Equal Opportunity Employer. The agency does not discriminate on the basis of race, sex, color, religion, national origin, age, marital status, political or union affiliation, sexual orientation, disability, or veteran status in providing services or employment opportunities pursuant to Title VI Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the American Disabilities Act (ADA) of 1990.

PRE-EMPLOYMENT REQUIREMENTS

As part of our pre-employment process, you will be subject to a pre-employment drug screening performed by an authorized collection site as determined by an agency designee. For some positions a medical examination, such a DOT physical is required. These examinations are arranged during your training and performed by an agency-designated medical site. The expense of this examination will be paid by the agency. If a pre-employment medical examination is required, it will be stated in the recruitment advertising.

By applying for a specific job, you acknowledge your understanding and agreement that failure to successfully complete a pre-employment medical examination or pre-employment drug screening will result in rescinding the employment offer and / or terminating your employment.

Signature: _____

DISCLAIMER AND SIGNATURE

I certify all answers to the questions on this application are true and I further understand any false statement and/or omission in this application and all other accompanying documentation will be sufficient grounds for rejection of the application or grounds for termination of employment. I understand I must provide information related to my identity and employability prior to my employment.

Signature: _____

STATEMENT (Please read this statement carefully before signing this application):

I understand employment with Transit Authority of Central Kentucky is "at-will." I or TACK may terminate my employment at any time or for any reason consistent with applicable state or federal laws.

I authorize TACK to conduct a thorough background investigation of my work and personal history and verify all data given on this application and during interviews. I hereby release TACK and its representatives or agents from any liability resulting from such an investigation. I authorize all individuals, schools, and firms named above to provide any requested information and release them from all liability for providing the requested information.

Signature of Applicant: _____ **Date Signed:** _____



**TRANSIT AUTHORITY OF CENTRAL KENTUCKY
PRE-EMPLOYMENT INFORMATION SHEET**

| LAST NAME | MAIDEN NAME | FIRST NAME | MIDDLE |
|-----------|-------------|------------|--------|
| | | | |

| ADDRESS | CITY | STATE | ZIP |
|---------|------|-------|-----|
| | | | |

| TELEPHONE | AVAILABLE TO WORK |
|---------------------------------|---|
| Home phone | Date available <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| Cell Phone | |
| Number of Hours per Week: _____ | |

| KENTUCKY LICENSE # | EXPIRATION DATE | |
|--------------------|-----------------|------|
| | | |
| | MONTH | YEAR |

| BIRTH DATE | | | RACE | SEX |
|------------|-----|------|------|-----|
| | | | | |
| MONTH | DAY | YEAR | | |

| SOCIAL SECURITY NUMBER | COUNTY ASSIGNMENT | PROGRAM # |
|------------------------|-------------------|-----------|
| | | |

| HIRE DATE | STARTING SALARY | COMMENTS |
|-----------|-----------------|----------|
| | | |

I, _____, have freely provided the above information in pursuit of prospective employment with the Transit Authority of Central Kentucky. I understand there is a pre-employment drug screening and criminal background check. I have disclosed all past criminal offenses - including misdemeanors - as part of my application to TACK. I release TACK, its employees, and any agencies supplying information from liability - if I have not disclosed negative details about my background. If I need any special accommodation to perform my job function at TACK, I understand I must disclose this need in writing at this time.

Signature/Date

Revised 6/2016 H/R



Transit Authority of Central Kentucky

Consent for Background Request

I understand I am being considered for a position to operate a TACK vehicle and possessing a satisfactory driving record and background are conditions of my employment. I agree to allow TACK to check my driving record as well as background prior to hiring me and to check it periodically, thereafter. I further agree to report any license suspensions, serious accidents, traffic offenses, or any other condition to my supervisor immediately which may affect my ability to operate a TACK vehicle after I am hired.

I understand TACK Transportation will use this information for employment purposes only and not furnish this information to a third party without my written consent.

I agree to release TACK Transportation, its employees, and those who supplied the information from any liability for any damage which may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

Print Name

Driver's License Number

State of License

Date of Birth

Signature

Date

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability to associate with Northcentral MS EPA ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me from HireRight.

Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company, agency including but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Agency does not sell or otherwise provide any of the information found in its background investigations to any party other than the company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to agency. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. Seq. I agree that this authorization shall remain valid for the duration of my association with Company. I certify that the information contained on this Authorization form is true and correct and that my application or association may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

Prospective Employer: _____ Job Title Applying for: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used: _____ Years Used: _____

Current Address: _____ City: _____ State: _____ Zip code: _____

County: _____ Years Used: _____

Former Address: _____ City: _____ State: _____ Zip code: _____

(If current address is less than 7 years)

County: _____ Years Used: _____

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender: _____ *Race: _____

For CA, MN OK Residents Only: Please provide me with a copy of my background report Yes: No: For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by agency. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Agency's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Agency has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnished proper identification.

*Providing year of birth, gender information, and race is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Please note that nothing herein shall be construed as legal advice.