



Employment Application

3400 Victoria Boulevard, Hampton, VA 23661
 1500 Monticello Avenue, Norfolk, VA 23510
 Phone: (757) 222-6000 Fax: (757) 788-8429 or 757-222-6171
 Job Information Line: (757) 222-6003
 Email: organizationaldevelopment@hrtransit.org
 Web address: gohrt.com

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING

- Answer all questions. Incomplete or illegible applications may be disqualified.
- Falsification or deceptive omissions of requested information will result in application rejection or dismissal from employment.
- Resumes are accepted but do not substitute for an employment application.

(PLEASE PRINT)

Position Applied For										
NAME (First, Middle, Last)										
Address				Apartment #		City		State		Zip
Home Phone		Mobile Phone		Email Address						

PERSONAL INFORMATION

Have you ever applied for a position with HRT (PENTRAN or TRT)? YES NO
 If yes, provide dates _____

Have you ever been employed with HRT (PENTRAN or TRT)? YES NO
 If yes, provide dates and position held _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you currently on "Lay-Off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

Have you served in the U.S. Armed Forces? YES NO

Branch _____ Rank _____ Dates of Service _____ to _____

Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation? (A conviction is not an automatic disqualification to employment. Each case is considered on a individual basis. Failure to disclose or falsify any information shall disqualify an applicant from employment and future employment considerations with HRT.) YES NO
 If yes, please give details _____

If yes, does it relate to your ability to perform the job for which you are applying? YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
 YES NO

Are you available to work: FULL TIME PART TIME TEMPORARY SEASONAL

If Part-time, what hours are you available? _____

On what date would you be available to begin work? _____

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied? YES NO
 If yes, please give details _____

DRIVING HISTORY

Driver's License Class, State and Restrictions _____

Have you ever had your Driver's License revoked or suspended? YES NO

If yes, when? From _____ to _____

If yes, please explain. _____

Do you currently have a Commercial Drivers Permit or License, with the following Requirements?

Class B or higher, P endorsement with air brakes. YES NO

Have you received any moving violations within the last five (5) years? YES NO

If yes, please explain. _____

What driving accidents have you had? (EXPLAIN) _____

EDUCATION

Level	Name and Location of School	Number of Years Attended	Did you Graduate?	Degree Received	Describe Course of Study
High School/GED			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Technical/ Trade School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Undergraduate College/ University			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate/ Professional			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe any honors you have received					
List professional, trade, business or civic activities and offices held. You may exclude memberships, which reveal sex, race, religion, national origin, age, ancestry and disability or other protected status.					

COMPUTER SOFTWARE PROGRAMS, SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

LICENSES

If a license, certificate, or any other authorization to practice a trade or profession is required, complete the following section.

Type of License	License Number	Expiration Date	Granted By (Licensing Board)

EMPLOYMENT RECORD

Start with your most recent job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, sex, national origin, disability or other protected status. If you need additional space, please continue on separate sheet of paper.

Name of Employer		From Date		To Date	
Address/City/State					
Job Title		Starting Salary		Current/Last Salary	
Job Duties and Responsibilities					
Supervisor's Name/Title		Telephone Number			
Reason for Leaving					

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Job Title		Starting Salary		Current/Last Salary	
Job Duties and Responsibilities					
Supervisor's Name/Title		Telephone Number			
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Job Title		Starting Salary		Current/Last Salary	
Job Duties and Responsibilities					
Supervisor's Name/Title		Telephone Number			
Reason for Leaving					

List any periods of unemployment and reason for unemployment

	From	To

APPLICATION STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information (given in my application or interviews) may result in discharge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed six months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationships with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by contract unless such change is specifically acknowledged in writing by an authorized executive of the Company.

I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR USE BY ORGANIZATIONAL DEVELOPMENT DEPARTMENT ONLY		
Application:		
Interview Date _____		
<input type="checkbox"/> Assessment	<input type="checkbox"/> Background Check	<input type="checkbox"/> Motor Vehicle Report
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Social Security Card	<input type="checkbox"/> HS Diploma/GED/College
<input type="checkbox"/> Physical	<input type="checkbox"/> Drug Screen	<input type="checkbox"/> Employment Verification
Reviewer's comments:		

Reviewer's Initials: _____	Date Reviewed: _____	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	



VOLUNTARY APPLICANT AFFIRMATIVE ACTION INFORMATION SHEET

As an Equal Opportunity Employer, we do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by federal, state, or local law. As a federal contractor, we comply with government regulations and affirmative action responsibilities where applicable.

Completion of this data is voluntary and will not affect your opportunity for employment. This information is solely to help us comply with government record keeping, reporting, and other legal requirements and will be kept in a confidential file separate from the Application for Employment. Thank you for your cooperation.

(PLEASE PRINT)

Position Applied For: _____ **Date:** _____

NAME (First, Middle, Last) _____ **Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Referral Source: (Please indicate below how you became aware of this job opportunity)

- | | |
|---|---|
| <input type="checkbox"/> Job Fair _____ | <input type="checkbox"/> Employee Referral _____ |
| <input type="checkbox"/> HRT Website | <input type="checkbox"/> Employment Agency _____ |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Virginia Employment Commission |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Relative _____ |
| <input type="checkbox"/> HRT Bulletin Board | <input type="checkbox"/> Friend _____ |
| <input type="checkbox"/> Newspaper Ad _____ | <input type="checkbox"/> Other _____ |

Gender: Male Female

Race/Ethnicity:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

	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 five races.