



**MISSION STATEMENT** The Luzerne County Transportation Authority (LCTA), through the operation of fixed route and shared ride divisions, seeks to provide high quality affordable public transportation services that are safe, reliable, useful, accessible and efficient. To this end, members of the Board of Directors and all employees shall conduct themselves in a professional manner; work to ensure the safety and security of passengers; seek new opportunities to improve and/or expand services; and coordinate public transit services with other agencies, organizations, and transit providers.

**LCTA is an ADA and EEO employer. Bilingual applicants, and persons representing all aspects of diversity are encouraged to apply.**

Name (last, first, middle)		Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No		How were you referred to LCTA?	
Address		Home Phone		Does LCTA employ any of your family members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State Of Birth		City State Zip		E-Mail Address	
In Case Of Emergency, Notify – Name:		Citizen of U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Emergency Phone	
For what position are you applying?		Date avail for work?		Minimum rate per/hr.?	
Which days are you available to work? <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No		Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Administrative <input type="checkbox"/> Administrative Asst. <input type="checkbox"/> Exec. Admin. Asst. <input type="checkbox"/> Legal Secretary <input type="checkbox"/> Paralegal <input type="checkbox"/> Medical Office <input type="checkbox"/> Warehouse/logistics <input type="checkbox"/> Dictograph/transcripts <input type="checkbox"/> Office Manager		<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Power Point <input type="checkbox"/> Access <input type="checkbox"/> Data Entry <input type="checkbox"/> MS Publisher <input type="checkbox"/> Word Perfect <input type="checkbox"/> Outlook		<input type="checkbox"/> Brakes <input type="checkbox"/> Transmissions <input type="checkbox"/> Drive Train <input type="checkbox"/> Diesel <input type="checkbox"/> Motors <input type="checkbox"/> Tires <input type="checkbox"/> Inspections	
<input type="checkbox"/> Mechanic <input type="checkbox"/> Building Repair <input type="checkbox"/> Machinery Rep <input type="checkbox"/> Floor Care <input type="checkbox"/> Landscaping <input type="checkbox"/> Lawn Care <input type="checkbox"/> Hotel Cleaning <input type="checkbox"/> Janitorial		<input type="checkbox"/> License State _____ <input type="checkbox"/> CDL A <input type="checkbox"/> CDL B <input type="checkbox"/> CDL C <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Delivery Truck <input type="checkbox"/> Delivery Van <input type="checkbox"/> Automatic Trans <input type="checkbox"/> Manual Trans/clutch		<input type="checkbox"/> Driver <input type="checkbox"/> Cashier <input type="checkbox"/> Telemarketing <input type="checkbox"/> Receptionist <input type="checkbox"/> Mail Room <input type="checkbox"/> Customer Service <input type="checkbox"/> Sales <input type="checkbox"/> Call Center <input type="checkbox"/> Retail <input type="checkbox"/> Customer	
Will you travel? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>THIS ORGANIZATION PARTICIPATES IN E-VERIFY.</b>		Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you possess a current and valid PA Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Driver's License Info		<b>Commercial Driver Certification of Compliance</b> Drivers of commercial vehicles shall hold only one (1) driver's license. Drivers of commercial vehicles must report all moving violations (both in personal and company vehicles) to LCTA. Notification must be made within 30 days of convictions. Drivers of commercial vehicles must notify LCTA if their license has been suspended, revoked or cancelled. Notice must be before the end of the day following such loss of privilege. Persons seeking employment as a commercial vehicle driver must notify the prospective employer of any previous employment as a commercial driver for the previous 10 years.	
Class _____ Endorsements _____		Have you ever had any license, permit or endorsement revoked? Yes _____ No _____ Why? _____		<b>APPLICANT SIGNATURE:</b>	
List any traffic convictions (except parking tickets) for the last 3 years:		<b>(NEEDED FOR DRIVER APPLICANTS ONLY)</b>			

Previous Employment From	Name of Employer	Address or Phone	Supervisor	Pay/Hr.	Position	Reason for leaving
To						
<b>Education</b>	<b>Name of School</b>	<b>Degree</b>	<b>Year Grad</b>	<b>List General References</b>		
High School				1		
College				2		
Other				3		

### **EMPLOYMENT POLICIES & PROCEDURES**

#### **TITLE VI POLICY PLAN**

No person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. All employees of the LCTA are expected to consider, respect, and observe this policy in their daily work and duties. If a citizen approaches you with a question or complaint, direct them to the Human Resources Office. In all dealings with citizens, use courtesy titles such as Mr. Mrs. Ms or Miss to address them without regard to race, color, or national origin.

#### **PROHIBITION OF HARASSMENT**

It is LCTA policy that all employment relationships shall be conducted in an environment that is not hostile or offensive. Harassment based on an individual's age, race, creed, color, religion, national origin, sex, sexual orientation, disability, or marital status, or any other basis prohibited by applicable local, state, or federal law will not be tolerated at LCTA. Harassment includes, but is not limited to: Verbal harassment, such as making a joke or comment that refers to a certain ethnic group, race, sex, nationality, age, disability, sexual preference, religion or belief, epithets, derogatory comments, vulgar or profane words and expressions, or slurs; Physical harassment, such as assault and blocking, impairing or otherwise physically interfering with an individual's normal work or movement; Visual forms of harassment, such as derogatory posters, cartoons or drawings; or Sexual harassment, such as unwelcome sexual advances or requests for sexual favors; verbal, visual or physical conduct of a sexual nature, such as name calling, obscene jokes, sexually suggestive comments or insulting sounds; graphic or verbal comments of a sexual nature about a person's anatomy; or displaying at work sexually suggestive objects, posters, drawings or pictures.

If you believe that you have been subject to harassment by a supervisor, management official, fellow employee, customer, client, vendor or any other person in connection with your employment at LCTA, you should immediately bring the matter to the attention of your supervisor or human resources. All complaints of harassment will be investigated promptly and, where necessary, corrective action will be taken. Any investigation of such complaints will be treated as confidentially as possible. No employee will be punished or suffer any adverse employment action as a result of bringing any good faith harassment complaint to the Authority's attention.

Any supervisor, agent, or other employee who is found to have engaged in harassment or retaliation against an employee for exercising rights protected by this policy will be subject to appropriate discipline, up to and including discharge.

**BACKGROUND CHECK**

In considering my application for employment, LCTA may verify the information set forth on this application and obtain additional information relating to my background. I hereby authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies, govt. agencies, and/or any other entity deemed necessary by LCTA to release and supply any and all information concerning my background. Your employment of me may be terminated at any time without any liability to me except for wages and salary as have been earned by me at the date of such termination. I understand that this application will remain current for 30 days.

**“AT WILL” EMPLOYMENT**

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements to the contrary to the foregoing express language are valid unless they are in writing and signed by the employer’s Executive Director. I understand that employment is “AT WILL”, and I am free to resign at any time, with or without cause, and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be limited by any collective bargaining agreement or as required by law.

**PROOF OF IDENTITY**

I understand that if I am hired I will be required to provide proof of identity and legal authority to work in the United States and Federal Immigration law require me to complete an I9 form.

**PHYSICAL**

As a condition of employment with the LCTA I agree to a complete physical examination, which includes testing for substance abuse. The results are confidential and will be revealed to authorized LCTA personnel only. All testing is at LCTA’s expense and the Dept. of Transportation guidelines will be strictly followed.

**PROBATION**

All new employees shall be on probation for a period of sixty (60) working days from the date of employment. By mutual agreement the probationary period may be extended. Such probationary period shall constitute a trial period during which the Authority is to judge the ability, competency, fitness and other qualifications of the new employees to do the work for which they are employed. During such period, the company may discharge the employee at any time and it’s right to do so shall not be questioned, nor shall the Union assert or present any grievance on behalf of such new employee because of any matter or occurrence whatsoever falling within such probationary period.

I hereby certify that all of the information provided on this application is true and correct. I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment, or if employed my dismissal. I agree that I may be subject to a criminal background check, and drug/alcohol testing as described above, and I give my permission to LCTA to share such information, including I-9 forms, as they deem necessary within the scope of my employment. I hereby acknowledge and agree to the LCTA Policies as set forth in this application including the Title VI Plan. I understand that failure to comply with these policies and procedures will result in disciplinary action up to and including immediate termination.

I certify that I have read, fully understand and accept all of the terms and conditions stated in the policies and procedures in this application.

	<b>Date</b>
<b>Applicant Signature</b>	

# Information and Records Request

Applicant Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

**I hereby authorize you to provide/release any and all of my records which are maintained by your institution/agency/company requested by the Luzerne County Transportation Authority (LCTA) or its representatives. Records include but are not limited to: employment history, personnel file, criminal records, driving history, child abuse history records.**

**In doing so, I will hold harmless you and your company and all parties relying upon this authorization from any and all liability and obligations connected with the submission of this information to the Luzerne County Transportation Authority.**

**APPLICANTS SIGNATURE :** \_\_\_\_\_ **DATE :** \_\_\_\_\_

Dear :  
 The above named individual has applied for employment through our office and has given you as a reference. We would appreciate if you would provide the information requested. Please be assured that any information you supply will be held in the strictest confidence.

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Rate of pay: \_\_\_\_\_ hourly: \_\_\_\_\_ weekly: \_\_\_\_\_ annually: \_\_\_\_\_  
 Reason for separation: Discharged \_\_\_\_\_ Layoff \_\_\_\_\_ Quit \_\_\_\_\_ Other \_\_\_\_\_

Is applicant eligible for rehire? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Comments: \_\_\_\_\_

	Very Good	Good	Average	Poor	Very Poor
Job Knowledge					
Punctuality					
Attitude					
Productivity					
Overall Ability					

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions regarding this applicant or reference check please call the LCTA  
**Please return to LCTA 315 Northampton Street, Kingston, PA 18704**



**INVITATION TO SELF-IDENTIFY**  
**PLEASE ANSWER THE FOLLOWING QUESTIONS**

I wish to self-identify: (Please sign and complete the survey.) *Signature:* \_\_\_\_\_

I **Do Not** wish to self-identify: (Please sign and return survey.) *Signature:* \_\_\_\_\_

**EEO-4 Survey**

**Check one:**     Male             Female

**Section I. Race/Ethnicity\***

Your employer is required to record and report certain nondiscrimination and affirmative action statistics. The state invites employees to voluntarily self-identify their race/ethnicity. This information will be used according to the provisions of applicable federal laws, executive orders and regulations, including those requiring the information to be summarized and reported to the federal government for civil rights enforcement purposes. All race/ethnicity information is collected and reported in five EEO-4 categories: (A) Asian or Pacific Islander, (B) Black, (H) Hispanic, (I) American Indian or Alaskan Native, (W) White, established by the federal government.

If you choose to voluntarily self-identify, please mark the one box describing the race/ethnicity with which you identify:

\_\_\_(A) Asian or Pacific Islander: All persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.

- \_\_\_ (AB) Asian or Pacific Islander, Black
- \_\_\_ (AH) Asian or Pacific Islander, Hispanic
- \_\_\_ (AI) Asian or Pacific Islander, American Indian or Alaskan Native
- \_\_\_ (AW) Asian or Pacific Islander, White

\_\_\_(B) Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.

- \_\_\_ (BA) Black, Asian or Pacific Islander
- \_\_\_ (BH) Black, Hispanic
- \_\_\_ (BI) Black, American Indian or Alaskan Native
- \_\_\_ (BW) Black, White

\_\_\_(C) Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

- \_\_\_ (HA) Hispanic, Asian or Pacific Islander
- \_\_\_ (HB) Hispanic, Black
- \_\_\_ (HI) Hispanic, American Indian or Alaskan Native
- \_\_\_ (HW) Hispanic, White

\_\_\_(D) American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

- \_\_\_ (IA) American Indian or Alaskan Native, Asian or Pacific Islander
- \_\_\_ (IB) American Indian or Black
- \_\_\_ (IH) American Indian, Hispanic
- \_\_\_ (IW) American Indian, White

- \_\_\_(E) White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa or the Middle East
  - (WA) White, Asian or Pacific Islander
  - (WB) White, Black
  - (WH) White, Hispanic
  - (WI) White, American Indian

\*If you choose not to self-identify your race/ethnicity, the federal government requires the employer to determine this information by visual survey and/or other available information.

**For agency HR use only:**

- \_\_\_ AV (Asian or Pacific Islander-Visual assessment)
- \_\_\_ BV (Black -Visual assessment)
- \_\_\_ HV (Hispanic-Visual assessment)
- \_\_\_ IV (American Indian or Alaskan Native-Visual assessment)
- \_\_\_ WV (White-Visual assessment)
- \_\_\_ Male
- \_\_\_ Female

**Section II: \*\*Disability**       Yes       No

(Any requests for accommodation for a current or future disability must go through your supervisor and human resources.)

**Section III: \*\*Are you a Veteran of the United States Military Armed Forces**       Yes       No

(Declaring you are a veteran on this form does not satisfy your obligation to declare veteran status in future employment applications, if you wish to receive veteran's preference points.)

**\*\*Providing this information is voluntary.**

*This form may be destroyed after the information on this form is entered into the Personnel Database.*



**CONFIDENTIAL**

# **SAFETY-SENSITIVE EMPLOYMENT APPLICATION SUPPLEMENT**

## **Previous U.S. Department of Transportation Drug and Alcohol Testing Disclosure**

\_\_\_\_\_  
**Applicant First Name, Middle Initial, Last Name**

\_\_\_\_\_  
**ID#, DL # or SSN**

1. Have you ever participated in U.S. DOT-regulated drug and alcohol testing with a previous employer? *(Check one)*

**Yes** \_\_\_\_\_ *(If yes, complete #2 and #3)*

**No** \_\_\_\_\_ *(If No, skip to #3)*

2. In the last two years, have you ever: *(Check one for each question)*

a) Tested positive (0.04 or greater) for alcohol?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

b) Had a verified positive drug test result?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

d) Violated any other DOT drug and alcohol testing regulation within the last two years?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

3. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation employment covered by DOT agency drug and alcohol testing rules in the last two years?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

a) If you responded "YES" to any of the above questions, please provide documentation of your successful completion of DOT return-to-duty-requirements. If you do not have this information, please explain why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

*"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*Your application will not be considered for employment of a covered safety-sensitive position unless this form is completed and signed/dated.*





## PRE-EMPLOYMENT DOT DRUG & ALCOHOL TESTING ACKNOWLEDGEMENT

I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive job duties and functions as defined by 49 CFR Part 655, as amended, I must submit to a DOT urine drug test and DOT breath alcohol test under the authority of the U.S. Department of Transportation, Federal Transit Administration (FTA). I acknowledge and understand that my employment is contingent on the passing of the aforementioned drug and alcohol test, and I will not be assigned to perform a safety sensitive function unless both my urine and breath alcohol tests have a verified negative result. This acknowledgment applies to both new hires into a covered safety-sensitive position, and current employees being transferred or promoted from a non-safety sensitive position to a covered safety-sensitive position.

---

Signature of Applicant

Date

---

Print Name

Date

*(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgement is completed and signed/dated.)*