

Date \_\_\_\_\_

**Rochester Genesee Regional Transportation Authority**

**APPLICATION FOR EMPLOYMENT**

(PLEASE PRINT CLEARLY)



Subsidiary You're Applying For: (Circle all that apply)

- Regional Transit Service
- Lift Line
- Seneca Transit Service
- Batavia Bus Service
- Livingston Transportation Service
- Wayne Transportation Service
- Orleans Transit Service
- Wyoming Transit Service

Position You're Applying For: (Check all that apply)

- Bus Operator
- Administrative
- Mechanic
- Other

Position you are applying for: \_\_\_\_\_

Are you available:  Part-Time  Full-Time  Days  Evenings  Split Shift

**PERSONAL**

Name: \_\_\_\_\_  
LASTFIRSTMIDDLE

Email Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
NO.STREET

How long lived here? \_\_\_\_\_ Year(s) Month (circle one)

Previous Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
NO.STREET

How long lived here? \_\_\_\_\_ Year(s) Month (circle one)

Have you filed an application with our company before?  Yes  No If yes, give date: \_\_\_\_\_

Have you worked for this company before?  Yes  No If yes, when: \_\_\_\_\_

N.Y. State Motorist ID No.: \_\_\_\_\_ Do you have a CDL?  Yes  No or CDL Permit?  Yes  No

Have you had a driver's license from any state other than New York in the past three years?  Yes  No

If yes, where? \_\_\_\_\_

- 
- 

Is any additional information relative to change of name, use of an assumed name or nickname necessary to enable a check on your work record?  Yes  No If yes, please explain: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

Were you referred by a current employee? \_\_\_\_\_

Do you have any relatives (other than spouse) employed at this company?  Yes  No If yes, give names: \_\_\_\_\_

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



<b>2</b>	COMPANY NAME	TELEPHONE (     )
	STREET ADDRESS                      CITY/STATE/ZIP	DATES (MONTH & YEAR)  FROM:                                      TO:
	JOB TITLE/POSITION	PAY RATE  START: \$                                      END: \$
	NAME OF SUPERVISOR	REASON FOR LEAVING:
	WERE YOU DISCHARGED OR ASKED TO LEAVE? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>3</b>	COMPANY NAME	TELEPHONE (     )
	STREET ADDRESS                      CITY/STATE/ZIP	DATES (MONTH & YEAR)  FROM:                                      TO:
	JOB TITLE/POSITION	PAY RATE  START: \$                                      END: \$
	NAME OF SUPERVISOR	REASON FOR LEAVING:
	WERE YOU DISCHARGED OR ASKED TO LEAVE? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>4</b>	COMPANY NAME	TELEPHONE (     )
	STREET ADDRESS                      CITY/STATE/ZIP	DATES (MONTH & YEAR)  FROM:                                      TO:
	JOB TITLE/POSITION	PAY RATE  START: \$                                      END: \$
	NAME OF SUPERVISOR	REASON FOR LEAVING:
	WERE YOU DISCHARGED OR ASKED TO LEAVE? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>5</b>	COMPANY NAME	TELEPHONE (     )
	STREET ADDRESS                      CITY/STATE/ZIP	DATES (MONTH & YEAR)  FROM:                                      TO:
	JOB TITLE/POSITION	PAY RATE  START: \$                                      END: \$
	NAME OF SUPERVISOR	REASON FOR LEAVING:
	WERE YOU DISCHARGED OR ASKED TO LEAVE? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**COMPLETE THIS SECTION ONLY IF A DRIVER'S LICENSE IS REQUIRED FOR THE POSITION YOU ARE SEEKING.**

Have you been convicted of any moving violations in the last 10 years? (speeding, red light, seat belt, etc.) or any other which caused a fine and/or points on your license?  Yes  No

If yes, list date(s) and charge(s):

Date(s)	Charge(s)

**PLEASE REVIEW YOUR APPLICATION. ALL QUESTIONS MUST BE ANSWERED COMPLETELY AND TRUTHFULLY. AN INCOMPLETE APPLICATION MAY BE SUBJECT TO NO FURTHER EMPLOYMENT CONSIDERATION.**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, false statements on this application will be considered sufficient cause for dismissal.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_



ROCHESTER GENESEE REGIONAL TRANSPORTATION AUTHORITY

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

- 1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I-A.

New Employer Name: Rochester Genesee Regional Transportation Authority

Address: 1372 East Main Street

Rochester, NY 14609

Phone #: (585) 654-0200 Fax #: (585) 654-0293

Designated Employer Representative: \_\_\_\_\_

I-B.

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES NO
2. Did the employee have verified positive drug tests? YES NO
3. Did the employee refuse to be tested? YES NO
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES NO
5. Did a previous employer report a drug and alcohol rule violation to you? YES NO
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A YES NO

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

Please fax completed form back to (585) 654-0293



## REFERENCE RELEASE

All information provided by me as part of my application for employment is accurate and true to the best of my knowledge. I understand and agree that any misrepresentation or omission of information by me may result in my rejection from employment, or, if hired, in my discharge.

I understand and agree that as part of its evaluation of my suitability for employment, RGRTA (RTS) should receive freely information and opinions about my educational background, previous work experience and work-related qualifications, behavior and character. I therefore knowingly and voluntarily authorize and consent to the disclosure of information and opinions concerning me by the educational institutions I have attended, their agents and employees, my current and former employers, their agents and employees, and other individuals including personal and professional references to RGRTA (RTS). I consent specifically to the release of information and opinions about me contained in the files of the educational institutions I have attended, the personnel files of my current and former employers and to the release of any other information and opinions by my current and former educators and employers about my education or work.

I understand that the information and opinions concerning me disclosed to RGRTA (RTS) may include both favorable and unfavorable material. I knowingly and voluntarily release each of my current and former educators and employers, RGRTA (RTS), and their respective agents and employees, and all other individuals and entities providing information, from all claims and liabilities, including but not limited to claims for defamation, retaliation, discrimination, damages, costs, and attorney's fees, which have arisen or may arise in the future related to the information and opinions provided to RGRTA (RTS).

I understand that my execution of this Authorization and Release is a condition of my being considered for employment by RGRTA (RTS). My execution of this Agreement and Release is for the benefit of RGRTA (RTS), my former educators and employers, and to assure that they are free to disclose information and opinions about me. I intend that a copy of this Authorization and Release be as valid as the original.

Applicant Name \_\_\_\_\_ Social Security Number        -        -

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Applicant Acknowledgement of New York Correction  
Law- Article 23-A

By signing this form you (the applicant) are acknowledging receiving a copy of NYS Article 23-A Correction Law as it pertains to company background checking for criminal offenses.

Please note that by signing this does not indicate that you are disqualified as an applicant for any position.

X

---

Applicant signature of receipt and date:



NEW YORK CORRECTION LAW  
ARTICLE 23-A

**LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY  
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES**

**Section 750. Definitions.**

**751. Applicability.**

**752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.**

**753. Factors to be considered concerning a previous criminal conviction; presumption.**

**754. Written statement upon denial of license or employment.**

**755. Enforcement.**

**§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings:

- (1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.
- (2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.
- (3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.
- (4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.
- (5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

**§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

**§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the



individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

- (1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or
- (2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

**§753. Factors to be considered concerning a previous criminal conviction;**

**presumption.** 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

- (a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
- (b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
- (c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
- (d) The time which has elapsed since the occurrence of the criminal offense or offenses.
- (e) The age of the person at the time of occurrence of the criminal offense or offenses.
- (f) The seriousness of the offense or offenses.
- (g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
- (h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

**§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

**§755. Enforcement.** 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules. 2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

**RBA STAFFING REFERENCE CHECKING  
AUTHORIZATION OF DISCLOSURE**



All information provided by me as part of my application for employment is accurate and true to the best of my knowledge. I understand and agree that any misrepresentation or omission of information by me may result in my rejection from employment or, if hired, in my discharge.

I understand and agree that as part of its evaluation of my suitability for employment, **Rochester Genesee Regional Transit Authority (RGRTA)** should receive freely information and opinions about my educational background, previous work experience and work-related qualifications, behavior and character.

I therefore, knowingly and voluntarily, authorize and consent to the disclosure of information and opinions concerning me contained in files of the educational institutions I have attended, personnel files of my current and former employers and other individuals including personal and professional references to RBA Staffing acting on behalf of **(RGRTA)**.

I consent specifically to the release of any information and opinions by my current and former educators and employers about my education or work by their agents and employees to RBA Staffing acting on behalf of **(RGRTA)**. I also authorize RBA Staffing to access financial and credit records available through credit agencies or bureaus, criminal background inquiries, public records and public record databases and driving records. I also authorize and consent to the disclosure by RBA Staffing to **(RGRTA)** of any information and opinions it obtains about me. I understand that if I would like additional information about the investigation that may be done by RBA Staffing, I should contact RBA Staffing, 150 State St., Rochester, New York 14614, in writing.

This authorization, in original or copy shall be valid for this and any future reports and updates that may be requested. These reports may be attained at any time after the receipt of my authorization if I am hired by **(RGRTA)**, throughout my employment. I intend that a copy of this Authorization be as valid as the original.

I also understand that the information I provide regarding my date of birth will be used for the sole purpose of gathering the above mentioned information correctly, and will not be used to discriminate against me in violation of any law.

<b>Applicant Name PRINTED (First Name, MI, Last Name)</b>	<b>Social Security Number</b>	
<b>Other Last Names/Alias/AKA's used in last 7 years</b>	<b>Applicants Date of Birth</b>	<b>Date</b>

Please list all **counties** that you have lived in within the last seven (7) years including the current one.

<b>County (or City if unknown)</b>	<b>State</b>	<b>Years of Residency</b>	
		From:	To:
		From:	To:
		From:	To:
		From:	To:

*For internal use only:*  
 Article 25-380-J: \_\_\_\_over \_\_\_\_under  
 State of Residency \_\_\_\_\_

\_\_\_\_\_

Applicant Signature

**RBA STAFFING REFERENCE CHECKING  
RELEASE OF CLAIMS**



I understand that the information and opinions concerning me disclosed to RBA Staffing, and from RBA Staffing to **(RGRTA)** may include both favorable and unfavorable material. I knowingly and voluntarily release each of my current and former educators and employers, RBA Staffing, and their respective agents and employees, and all other individuals and entities providing information, from any and all claims and liabilities, including but not limited to claims for defamation, retaliation, discrimination, damages, costs and attorneys fees, which have arisen or may arise in the future related to the information and opinions provided to RBA Staffing and from RBA Staffing to **(RGRTA)**.

I understand that my execution of this Release is a condition of my being considered for employment by **(RGRTA)**. My execution of this Release is for the benefit of **(RGRTA)**, my former educators and employers, and RBA Staffing, and to assure that they are free to disclose information and opinions about me.

I intend that a copy of this Release be as valid as the original.

---

Applicant Name PRINTED

---

Applicant Signature

---

Social Security Number

---

Date



**Rochester Genesee Regional Transportation Authority  
Voluntary Self-Identification Data Form**

Dear Applicant:

We recently received your resume for consideration. As part of our compliance with federal regulations we are providing you this Self-Identification form for completion.

As an applicant the information requested below is strictly **voluntary**. Your assistance in completing this form will help the Authority fulfill reporting obligations to comply with various government regulations. This information is **not accessible** by hiring managers.

<b>Position Applied For:</b> _____				
<b>Name:</b> _____		<b>Address:</b> _____		
<b>Gender:</b>	_____ Female	_____ Male		
<b>Ethnicity:</b> Please choose <b>one</b> :				
_____ American Indian/Alaskan Native	_____ Asian	_____ Two or more ethnicities		
_____ Black/African American	_____ Hispanic/Latino	(Not Hispanic or Latino)		
_____ Native Hawaiian/Other Pacific Islander	_____ White/Caucasian			
<b>How did you hear about this position?</b>				
___Newspaper	___Company Employee	___Professional Publication	___Job Fair	___Placement Office
___Website	___Other _____			

*Those hired who decline to self-identify in the first box above may be identified by the Rochester Regional Transit using visual observation as permitted by Federal Law.*

Please send this form directly to:  
RGRTA  
1372 East Main Street  
Rochester, NY 14609  
Or email to [rts.jobs@rgrta.com](mailto:rts.jobs@rgrta.com)