



# Hornell Area Transit

132 Thacher Street • Hornell, New York 14843  
Phone (607) 324-7910 • Fax (607) 324-4789 • www.hatrides.com

DATE: \_\_\_\_\_

EMP NO: \_\_\_\_\_

## Employment Application (PRINT ALL ANSWERS CLEARLY)

### INSTRUCTIONS TO APPLICANT

Please **DO NOT** complete this application until you have carefully read and understand the following instructions and information printed on BOTH sides.

#### ALL APPLICANTS

1. Print name and address and answer all questions in own your handwriting. Application MUST be complete to be considered for employment.
2. All questions MUST be answered truthfully, and as completely as possible.
3. Your signature signifies your agreement to abide by the existing rules of this company, and such rules and regulations as may become available.
4. If hired, your continued employment will be based upon your compliance with:
  - a. Company Rules and Regulations
  - b. New York State Motor Vehicle Laws
6. If hired, your employment will be probationary for a minimum period of six months.
7. You will be required to pass a satisfactory physical examination by a competent medical examiner designated by the company according to the appropriate NYS 19-A regulations.
8. **IMPORTANT:** Bus driver applicants must list any previous employment as a commercial driver for the previous 10 years.

#### CERTIFICATION OF ACCURACY OF STATEMENTS

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I authorize a complete reference check. I understand, also, that I am required to abide by all rules and regulations of the Employer. 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 and re-submit.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge an Employee at any time without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I acknowledge I have read, understand and will abide by the above.

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

# RELEASE FOR DRUG AND ALCOHOL TESTING

By my signature below, I voluntarily and knowingly agree to the following:

I agree to submit to blood, urine and/or other tests for drugs which are requested by Hornell Area Transit and the City of Hornell in connection with the processing of my application. I also agree that if I am offered and I accept a position with the Company, I will submit to any physical or medical examinations requested by the Company in order to identify conditions which have a bearing on my job performance. I understand that refusal to submit to any examination requested by the Company is grounds for rejection for employment or immediate discharge, whichever is applicable.

I further understand that if I am applying for a safety-sensitive position, I must successfully complete a USDOT drug test as required by 49CFR parts 653-654. I understand that a negative test result is a condition of employment and is required before I can perform a safety sensitive position.

I understand that any information may be retained by the Company and is exclusively the Company's property. I also understand that the examination will be performed by the medical personnel, clinics or laboratories qualified to do this necessary work. Costs for such examinations will be borne by the Company.

I UNDERSTAND THAT THE USE, MANUFACTURE, OR SALE OF DRUGS OR ALCOHOL, OR CHEMICALS WHICH INTERFERE WITH OR IMPAIR MY ABILITY TO PERFORM THE DUTIES OF THE POSITION I AM APPLYING FOR OR AM HIRED FOR IS GROUNDS FOR AUTOMATIC REJECTION OR IMMEDIATE DISCHARGE.

As part of this application I certify that I have not had a positive pre-employment test result in the past 5 years.

I acknowledge that I have read the above information. I understand the contents read. I will abide by the above notice.

I understand that a copy will be made part of my personnel file if I am offered and accept a job. A copy will be provided to me upon request. Any questions regarding the Substance Abuse policy will be directed to the company's Substance Abuse Compliance Manager or the Director of Human Resources.

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

**Due to the high volume of applications that we receive, applicants will be contacted only if selected for an interview.**

*Thank you for applying with H.A.T.*

## Hornell Area Transit

Business Telephone No: 607-324-7910 Fax No: 607-324-4789  
Hornell Area Transit is sponsored by the City of Hornell

WEBSITE: [www.hatrides.com](http://www.hatrides.com)



As an equal opportunity employer, Hornell Area Transit does not discriminate against any applicant because of race, creed, color, sex, age, disability, national origin, or marital status.



PERSONAL

Name \_\_\_\_\_  
LAST FIRST MIDDLE EMAIL

SSN \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_

Present Address \_\_\_\_\_ How long lived here? \_\_\_\_\_  
No. Street  
City/Town State Zip

Previous Address \_\_\_\_\_ How long lived there? \_\_\_\_\_  
No. Street  
City/Town State Zip

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

Have you previously worked for the City of Hornell or any of its Departments? Yes \_\_\_ No \_\_\_

Department Name \_\_\_\_\_ Position Held \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Reason(s) for leaving \_\_\_\_\_

**Convictions:** Have you ever been convicted of an offense other than minor traffic violations?  Yes  No

If yes, give the arrest date(s), offense(s), name(s) of court(s) and final disposition(s) for **all** convictions below. Offenses include felonies, misdemeanors and violations (except minor traffic violations). A plea of guilty is a conviction even if you were never imprisoned, only paid a fine, were conditionally discharged or received a Certificate of Relief from Disabilities. If you have a Certificate of Relief from Disabilities, you are still required to list the conviction affected, but may add that you have the certificate. You do not have to disclose any material sealed, expunged or set aside under Federal or State law, or juvenile delinquent or youthful offender adjudications. However, if the original charges for an offense were sealed, **but** you were subsequently *convicted on different* charges for the same offense and those charges were not sealed, you must provide the details for the unsealed conviction offense below. Please note that you are not considered a youthful offender just because of your age at the time of the offense. Only a court can determine youthful offender status.

If you are unsure about whether or not you were considered a youthful defender, list the offense(s) below and provide details on a separate sheet of paper.

You can also use that sheet to list additional convictions and provide the arrest date(s), offense(s), name(s) of court(s) and final disposition(s) for those convictions as well. A conviction record will not necessarily exclude you from employment. Factors such as age at the time of the offense, rehabilitation efforts, recency and seriousness of the crime will be taken into account. The relationship between the offense and particular jobs will also be weighed. If you list convictions, you may also state facts in favor of your employment on this application. A false statement or intentional omission of any material fact on this application may cause you to be disqualified, dismissed even following your employment, and may lead to prosecution.

ARREST DATE (mm/dd/yy)	OFFENSE	NAME AND LOCATION OF COURT	SENTENCE AND DATE OF SENTENCE

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, explain \_\_\_\_\_

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

Do you have any relatives employed at this company? Yes \_\_\_ No \_\_\_ Give names: \_\_\_\_\_

If hired, do you have reliable means of transportation to get to work? Yes \_\_\_ No \_\_\_ How? \_\_\_\_\_

Have you ever served in the Armed Forces of the U.S.? Yes \_\_\_ No \_\_\_ If yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ to \_\_\_\_\_

**EDUCATIONAL BACKGROUND**



SCHOOL NAME & ADDRESS		COURSE OF STUDY	NO. OF YRS. COMPLETED	GRADUATED	TYPE OF DIPLOMA OR DEGREE
College				YES NO	
Business or Trade School				YES NO	
High School				YES NO	

**PERSONAL REFERENCES**

LIST AT LEAST 3 references who have personal knowledge of your training, experience and capability.  
**DO NOT USE EMPLOYERS OR RELATIVES.**

Reference Name & Employed by	Mailing Address	City, State, Zip

**EMPLOYMENT HISTORY**

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.  
 Job record **MUST** cover at least **TEN** years. **YOU MUST LIST TIMES NOT WORKING AS WELL.**  
 Use separate sheet of paper if more listings are needed.

COMPANY NAME				TELEPHONE
				( )
ADDRESS NO. STREET	CITY/TOWN	STATE	ZIP	EMPLOYED (STATE MONTH AND YEAR)
				FROM:
				TO:
STATE JOB TITLE / POSITION HELD				WEEKLY PAY
				START:
				LAST:
NAME OF SUPERVISOR				REASON FOR LEAVING
IS COMPANY STILL IN BUSINESS?				MAY WE CONTACT

COMPANY NAME				TELEPHONE ( )
ADDRESS NO. STREET	CITY/TOWN	STATE	ZIP	EMPLOYED (STATE MONTH AND YEAR) FROM: TO:
STATE JOB TITLE / POSITION HELD				WEEKLY PAY START: LAST:
NAME OF SUPERVISOR				REASON FOR LEAVING
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COMPANY NAME				TELEPHONE ( )
ADDRESS NO. STREET	CITY/TOWN	STATE	ZIP	EMPLOYED (STATE MONTH AND YEAR) FROM: TO:
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NAME OF SUPERVISOR				REASON FOR LEAVING
IS COMPANY STILL IN BUSINESS?				MAY WE CONTACT



**Required for all Bus Operator Positions**

Class of Driver's License \_\_\_\_\_ Expiration Date \_\_\_\_\_ Motorist ID Number \_\_\_\_\_

How many years of driving experience do you have driving a personal vehicle? \_\_\_\_\_ years

driving a commercial vehicle? \_\_\_\_\_ years

passenger bus or heavy truck? \_\_\_\_\_ years

light truck or van experience? \_\_\_\_\_ years

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 dates and charges:

DATES	CHARGES

Have you had a driver's license from any state other than New York in the past 3 years? YES \_\_\_\_\_ NO \_\_\_\_\_

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

Have you ever attended a bus driver training course or other such training courses? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, give the name, date, place and duration of the course \_\_\_\_\_

**Are you willing to accept part-time employment?** \_\_\_\_\_

Type of position applying for: \_\_\_\_\_

HOW DID YOU HEAR OF EMPLOYMENT AT HORNELL AREA TRANSIT? \_\_\_\_\_

List any additional information that you feel would help us in evaluating your application. \_\_\_\_\_

**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: \_\_\_\_\_