As an Equal Opportunity Employer, METRO RTA does not discriminate in hiring or in terms and conditions of employment because of an individual's race, creed, color, sex, age, disability, sexual orientation, national origin, or other protected characteristics.

APPLICATION FOR EMPLOYMENT

In order for you to be considered for employment, this application must be filled out **COMPLETELY**. All statements made by applicants for employment on this application form will be checked for accuracy.

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PLEASE PRINT CLEARLY				
Personal Information				
Last Name:	First Name:	Middle Name	e: Today's	Date:
Street Address:		City:	State:	Zip Code:
		•		•
Home Phone:	Cell Phone:		Email Address:	
In order to verify education and employ	ment history, please include	any other names you	u have used:	
Are you a United States Citizen or lega the U. S.? Yes No	lly eligible to work in	METRO RTA complies with ORC 173 and OAC 173-9-01 for direct care positions. As a result, during the selection		
		process you may be	e asked if you h	ave ever been convicted
(If hired, you must furnish, on you appropriate documents that validation				nesty, drugs or violence, on sealed, expunged or
eligible to work in the United States		or any felony that has not been sealed, expunged or statutorily eradicated. Answering yes to this inquiry will		
		not be an absolute l	bar to an offer o	f employment.
				your driver's license has
Are you 18 or over? Yes No		ever been revoked, last four years, and		moving violations in the iver's abstract.
		,	•	
Have you been previously interviewed	or employed by METRO RT	TA? Yes No)	
If Yes, list date(s) and job title(s):				
Do you have any relatives currently wo		Yes No		
If Yes, list names and relationship to yo	ou.			
Position applying for:	Salary Desired:	Date Availab	le:	
Are you willing to work split shifts?	Are you willing to w	ork Are von wil	ling to work	Are you willing to work
The job mining to work spire smits:	Saturdays?		days?	Overtime?
Yes No	Yes No	Yes	No	Yes No
		- 1		

How did you learn of the	is job opening?			
Education (Mus	t be Verified)			
Na	ame and Location:	# Years Completed:	Major Area of Study:	Degree/Diploma:
High School or GED:				
College:				
Technical or Certificate Programs:				
Other:				
Employment His	story Please provide the g with the most recent. P	he following information lease attach an additional	for <u>all</u> of your previous emplor page if necessary. Do NOT	oyers for the say "see attached resume'
Employer:	Dates Em	ployed:	Job Title:	
	From	To		
Address:				
Telephone:		Job Duties:		
Salary/Pay Start:	Finish:			
Reason for Leaving:				
May we contact your cu	rrent employer prior to	an offer of employment	? Yes No	
Employer:	Dates Em	ployed:	Job Title:	
	From	To		
Address:	<u>I</u>			
Telephone:		Job Duties:		
Salary/ Pay Start:	Finish:			
Reason for Leaving:				

REMINDER : Please provide information for all of your previous employers for the past 20 years , beginning with the most recent. Please attach an additional page if necessary. Do NOT say "see attached resume".				
Employer:	Dates Employed:		Job Title:	
	From To			
Address:				
Telephone:		Job Duties:		
Salary/ Pay Start: Finis	sh·			
24.4.27/ 24.9/ 24.10.	,·			
Reason for Leaving:				
F1	D-4 F11		L.I. Tal.	
Employer:	Dates Employed:		Job Title:	
	From	To		
Address:				
Telephone:		Job Duties:		
Salary/Pay Start: Finish	h:			
Reason for Leaving:				
<u> </u>				
Employer:	Dates Employed:		Job Title:	
	Г	Т.		
	From	To		
Address:				
T. 1. 1		1157		
Telephone:		Job Duties:		
Salary/ Pay Start: Finis	sh:			
Reason for Leaving:				
Reason for Leaving.				

Have you ever be	een discharged or fired from a	job? YesNo		
f yes, please exp	plain what occurred:			
	nalifications for the type of emkills, special training, volunted		Ç.	
Please list any sp	pecial awards, honors, scholars	hips, or offices held.		
		•		
Reference Please list name		her non-family members wh	no can comment directly on your ab	ilities:
Name	Address	Phone #	Relationship/Occupation	Years Known
	-	-	-	
Driver's Licer	nse Number:	State:	Expiration Date :	
	n in any traffic accidents in the			
If yes, expla	ain:			

I hereby authorize METRO RTA to investigate my background, references, employment records, education, and other matters related to my suitability for employment. I authorize persons, schools, my current/previous employers, and any organizations contacted by METRO RTA, to release any information regarding this application for employment, and I release all persons, schools, employers and organizations of any and all claims for providing such information.

I understand that the statements on this form and any additional materials are subject to verification, and I authorize METRO to investigate my character, reputation, personal characteristics, drivers' record, criminal record, and professional references. I understand that this investigation may not be completed prior to my starting work, and that any job offer will be conditioned upon successful completion of the above investigation. I agree to a fingerprint background check for employment purposes.

I agree to submit to a post-offer pre-employment physical, including, but not limited to, drug and alcohol screening. I give METRO permission to use the results in the employment process.

I understand that filling out this form does not obligate METRO RTA to hire me. I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge, and I understand that nothing in this application or conveyed during any interview (if granted), is intended to create a promise of employment or any contractual rights. I understand that if I am employed, false statements or any omissions on this application shall be considered sufficient cause for dismissal, regardless of the time elapsed before discovery.

I understand that the employment relationship which may result from my application will be an employment-at-will that may be terminated by either party at any time.

I understand that this Application and related documents may be subject to Public Records Requests.

PRINTED APPLICANT NAME:	DATE:
APPLICANT SIGNATURE:	METRO USE ONLY (TIME AND DATE)

I understand that checking here and typing my name into BOTH boxes constitutes a legal signature confirming that I acknowledge and agree to the terms detailed above.

Applications are only accepted for specific positions during posted dates, and may be submitted

by mail: METRO RTA

Attn: H.R. Recruiting 416 Kenmore Blvd. Akron, OH 44301

by fax: 216-937-0190

by email: HRrecruits@akronmetro.org

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