



EMPLOYMENT APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER AND A DRUG/SMOKE-FREE WORKPLACE

We consider applicants for all positions without regard to race, color, religion, sex, age, national origin, marital, disability, or any other legally protected status. Applications are valid for six (6) months from the date received. **Applicants with a disability who require accommodation within the application/interview process should direct a request in advance to Human Resources.**

INSTRUCTIONS: *Please print or type all information.* The application must be filled out accurately and completely. Answer all questions. Do not leave an item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment.

Position(s) Applied For		Date of Application
Last Name	First Name	Middle Name
Street Address		
City	State	Zip Code
Home Telephone Number ()	Work Telephone Number (Extension) () Ext.	
Alternate Telephone Number ()	E-mail Address	
How did you learn about us?		
<input type="checkbox"/> SFRTA Website	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Trade Org./School: _____
<input type="checkbox"/> CareerBuilder.com	<input type="checkbox"/> Friend	<input type="checkbox"/> Job Fair: _____
<input type="checkbox"/> Newspaper: _____	<input type="checkbox"/> Relative	<input type="checkbox"/> Agency Referral: _____
<input type="checkbox"/> Internet : _____	<input type="checkbox"/> Current Employee	<input type="checkbox"/> Other: _____

Please Check Appropriate Response

1. If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	7. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date:	8. On what date would you be available for work?
3. Have you been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, give date:	9. Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Shift Work <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Weekends
4. Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

List previous employment history starting with your current or most recent employment. If you held more than one position within the same organization, list each position as a separate period of employment. Please include job-related volunteer, temporary, part-time work, and military experience. List all gaps in work history in spaces provided. Resumes will not be accepted as official applications.

Dates Employed (Month and Year)		Employer: _____ Address: _____ Telephone Number(s): _____
From	To	
Hours per Week: _____		Your Job Title: _____
Starting Salary \$ _____ per _____		Supervisor's Name and Title: _____
Last Salary \$ _____ per _____		Reason for Leaving Position: _____
Specific Duties: _____ _____		
Number of Employees supervised (if applicable): _____		

BETWEEN THESE JOBS (if applicable): Unemployed In School From (mo/yr): _____ To (mo/yr): _____

Dates Employed (Month and Year)		Employer: _____ Address: _____ Telephone Number(s): _____
From	To	
Hours per Week: _____		Your Job Title: _____
Starting Salary \$ _____ per _____		Supervisor's Name and Title: _____
Last Salary \$ _____ per _____		Reason for Leaving Position: _____
Specific Duties: _____ _____		
Number of Employees supervised (if applicable): _____		

BETWEEN THESE JOBS (if applicable): Unemployed In School From (mo/yr): _____ To (mo/yr): _____

Dates Employed (Month and Year)		Employer: _____ Address: _____ Telephone Number(s): _____
From	To	
Hours per Week: _____		Your Job Title: _____
Starting Salary \$ _____ per _____		Supervisor's Name and Title: _____
Last Salary \$ _____ per _____		Reason for Leaving Position: _____
Specific Duties: _____ _____		
Number of Employees supervised (if applicable): _____		

BETWEEN THESE JOBS (if applicable): Unemployed In School From (mo/yr): _____ To (mo/yr): _____

Dates Employed (Month and Year)		Employer: _____ Address: _____ Telephone Number(s): _____
From	To	
Hours per Week: _____		Your Job Title: _____
Starting Salary \$ _____ per _____		Supervisor's Name and Title: _____
Last Salary \$ _____ per _____		Reason for Leaving Position: _____
Specific Duties: _____ _____		
Number of Employees supervised (if applicable): _____		

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

PERSONAL / PROFESSIONAL REFERENCES

1.	<hr/> <i>Name and Job Title</i>	()	<hr/> <i>Telephone Number</i>
	<hr/> <i>Address</i>	<input type="checkbox"/> Personal	<input type="checkbox"/> Professional
2.	<hr/> <i>Name and Job Title</i>	()	<hr/> <i>Telephone Number</i>
	<hr/> <i>Address</i>	<input type="checkbox"/> Personal	<input type="checkbox"/> Professional
3.	<hr/> <i>Name and Job Title</i>	()	<hr/> <i>Telephone Number</i>
	<hr/> <i>Address</i>	<input type="checkbox"/> Personal	<input type="checkbox"/> Professional

APPLICANT'S CERTIFICATION

Please read this statement carefully before signing below:

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the South Florida Regional Transportation Authority is true and correct. I understand that false entries, misrepresentations or material omissions provided on this application and all other information furnished in applying for employment are sufficient cause for dismissal, no matter how long after initial employment they are discovered.

I authorize investigation of all statements contained in this application for employment and all other information I have furnished in applying for employment as may be necessary in arriving at an employment decision. I further authorize release of all past employment records, police records, medical records, educational records, credit records, and other reference information for use by SFRTA in this investigation.

I agree to comply with SFRTA's Rules and Regulations. I understand that such employment will begin with a probationary period of six (6) months from the date of hire. I further understand that my employment and completion of the probationary period will not result in an employment contract.

Subsequent to an offer of employment, I give my voluntary consent to be medically examined and to provide a sample of urine which may be tested for use of drugs and/or controlled substances.

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

Signature of Applicant

Date



South Florida Regional
Transportation Authority

APPLICATION ADDENDUM

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION SURVEY

TO ALL APPLICANTS:

The following information is being gathered by the South Florida Regional Transportation Authority for research, affirmative action, and federal EEO reporting requirements. Please be aware that you are not obligated to complete this form and any information you do provide is voluntary. If you choose not to answer any of the items, you will not be subject to adverse treatment; however we urge you to do so and assure you that this information will not be used to evaluate your application, and will be kept confidential.

VOLUNTARY EEO / AFFIRMATIVE ACTION SURVEY

Last Name	First Name	Middle Name
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Position(s) Applied For	Posting #
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GENDER: Male Female

VETERAN: Yes No If seeking veterans' preference, please complete Veterans' Preference Claim Form.

PERSON WITH DISABILITY: Yes No

RACE / ETHNIC CATEGORIES: (Check One)

<input type="checkbox"/> Hispanic or Latino:	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
<input type="checkbox"/> White (Not Hispanic or Latino):	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
<input type="checkbox"/> Black or African American (Not Hispanic or Latino):	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Two or More Races (Not Hispanic or Latino):	All persons who identify with more than one of the above five races.

HOW DID YOU LEARN OF THIS POSITION:

<input type="checkbox"/> SFRTA Website	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Trade Org./School: _____
<input type="checkbox"/> CareerBuilder.com	<input type="checkbox"/> Friend	<input type="checkbox"/> Job Fair: _____
<input type="checkbox"/> Newspaper: _____	<input type="checkbox"/> Relative	<input type="checkbox"/> Agency Referral: _____
<input type="checkbox"/> Internet : _____	<input type="checkbox"/> Current Employee	<input type="checkbox"/> Other: _____



South Florida Regional Transportation Authority

APPLICATION ADDENDUM
VETERAN'S PREFERENCE FORM

TO ALL APPLICANTS:

Completion of the Veterans' Preference Claim section below is made on a voluntary basis and kept confidential in accordance with the American with Disabilities Act. Listed below are the five Veterans' Preference categories.

VETERANS' PREFERENCE

- 1. A veteran with a compensable service-connected disability who is eligible or receiving compensation, disability retirement benefits, or pension under public laws administered by the Veterans' Affairs and/or Department of Defense, or
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or a spouse of a veteran missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power, or
3. A veteran of any war who has served at least one day or more during wartime era; and who was discharged or separated there under honorable conditions from the Armed Forces. Active-duty for training is not allowable, or
4. An employee in a covered position who leaves employment to serve in the Armed Forces and is separated with an honorable discharge, and is reinstated within one year of the date of separation from the military service is entitled to veterans' preference on their first promotion following reinstatement, or
5. The unmarried widow or widower of a veteran who died of a service-connected disability.

Documentation substantiating your claim must be submitted with this form (DD form 214 (Member-4) or Letter from the Florida Department of Veterans' Affairs or Department of Defense indicating service-connected disability) at the time of application. In addition, applicants claiming categories 1, 2 or 5 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013, F.A.C. Under the State of Florida Veterans' Preference law, preference in appointment shall be given by the State of Florida and its political subdivisions to those persons in categories 1 and 2 and then those in categories 3 and 5. Retired military personnel are eligible.

If any applicant claiming veterans' preference for a vacant position is not selected for the position, they may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employer or within three months of the date the application is filed with the employer if no notice is given.

VETERAN'S PREFERENCE CLAIM

INSTRUCTIONS: Complete ONLY if you are claiming Veterans' Preference. All applicants claiming Veterans' Preference must complete this form and include all supporting documentation.

IF ELIGIBLE, WHICH VETERANS' PREFERENCE CATEGORY ARE YOU CLAIMING? [] 1 [] 2 [] 3 [] 4 [] 5
(Please check 1, 2, 3, 4 or 5 from the Veterans' Preference section above)

BRANCH OF SERVICE

DATE OF ENTRY

DATE OF DISCHARGE

Are you a resident of the State of Florida? [] Yes [] No

Have you ever been employed in a full-time capacity by the State of Florida or any political subdivision of the State to include school districts? [] Yes [] No

CERTIFICATION: I hereby certify that all statements made on this form are true to the best of my knowledge. I realize that should an investigation disclose any misrepresentation, I may be subject to dismissal. Veterans' Preference applies only for the preferred applicant's initial employment by a covered employer. I understand that my Veterans' Preference status may be subject to change in the event that information is obtained which affects my preference determination. Previous employment with a governmental entity within the State of Florida will cause the veterans' preference to expire.

Date: _____

Signature: _____



South Florida Regional Transportation Authority

800 NW 33rd Street, Suite 100
Pompano Beach, FL 33064

EMPLOYEE REFERENCE FORM

Applicant's Last Name	First Name	Middle / Maiden Name
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Position(s) Applied For

RELEASE FOR INFORMATION
(To be completed by Applicant)

With my signature below, I authorize the South Florida Regional Transportation Authority (SFRTA) to contact all previous employers, personal, professional and educational references as listed on my Employment Application. I release any and all individuals or organizations of any liability whatsoever for issuing the requested information.

 Applicant's Signature

Date

EMPLOYEE REFERENCE
(To be completed by reference source.)

Company/Reference Name	Company/Reference Address
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Dates of Employment: _____ to _____
 Job Title at Separation: _____
 Reason for Separation: _____
 Eligible for Rehire: YES NO
 Salary at Separation: _____ per _____

	Rate on Scale of 1-5 <i>(5 being the best)</i>	Remarks
Quality of Work	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	
Work Ethic	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	
Initiative / Motivation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	
Attitude / Personality	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	
Attendance / Tardiness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	
Supervisory Skills	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	
Overall Competency	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	
Other:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A	

Other Comments: _____

 Signature & Title of Person Completing Form

Date

Please return promptly as employment offer may be delayed pending our receipt of this form. Thank you for your cooperation.