

CHOANOKE PUBLIC TRANSPORTATION AUTHORITY

Post Office Box 320 Rich Square, North Carolina 27869

Phone (252) 539-2022 Lewis C. Hoggard, III Board Chair

Fax (252) 539-3954
Pamela Perry
Executive Director

Dear Applicant:

Thank you for your interest in employment with CPTA. We recruit for the position of Transportation Operator I (PART-TIME Driver) on an ongoing basis. We do not process applications for specific routes or areas; all employees must complete routes as assigned. If we are recruiting for other position(s) at any time, the job description for that position will be attached to the back of this packet.

All applications are kept on active status for one (1) year from the date of submission; during this time as each opening becomes available, applications meeting the position's criteria will be pulled and applicants contacted by phone. Applications will be kept on inactive status for an additional year allowing the applicant to contact us at any time to reactive it without completing a new application. Therefore, once an application is submitted there is no reason to "Check on the status".

In screening applications for drivers we are looking at the type of license the applicant has in comparison to the needs of the transportation to be provided by the open position; as well as the location of the applicant in comparison to when there is a need for transportation.

In this packet you will find an application as well as forms necessary for CPTA to determine if you meet the minimum requirements to be considered for employment.

PLEASE READ THIS LETTER AND THE NEXT PAGE CAREFULLY BEFORE COMPLETING THE APPLICATION.

Do NOT scan, email or fax this packet

Complete all forms and answer all questions on all the forms, front and back where applicable. Any form that is not completed WILL cause your application to be DISQUALIFIED. If a question does not apply to your background /qualifications or you choose not to answer it, please respond "N/A" to indicate that you did not miss the question. Please be sure to list your PHYSICAL and mailing address if they are different.

If you have lived outside of the State of NORTH CAROLINA in the past SEVEN (7) years, you will be required to submit Identity History Summary completed by the FBI. If you would like to obtain the paperwork to request this, please feel free to take one from the tray under the application tray.

Again, thank you for your interest in employment with CPTA and we wish you every success in your search for employment.

Respectfully,

Human Resources Department

INSTRUCTIONS

Read this complete page before completing this application packet. Please follow all instructions exactly as given.

PAGE 1:

Driver Job Description; please read carefully (front and back).

PAGE 2:

The Application, please answer all questions (front and back).

PAGE 3 and 4:

Reference Check Authorization Form, please complete the first two (2) lines ONLY on this page. Print your name in the first space; sign and date below the acknowledgement box. DO NOT have someone complete the rest of the form.

PAGE 5:

"Transit Driver's Disclosure Form," please complete this form through "Today's Date." DO NOT write below the "For Office Use Only" statement.

Each of these forms must be completed for your application to be processed; not completing a form will DISQUALIFY your application. If you have any questions as you complete this packet, please write them in the space below. Please leave your notes/questions in the packet. To keep our application process as up to date and "user friendly" as possible, I need to know what questions are being asked. Please DO NOT ask the receptionist any question. Failure to follow these instructions can also disqualify you as a candidate for employment with CPTA.

NOTES / OHESTIONS

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CHOANOKE PUBLIC TRANSPORTATION AUTHORITY

505 NORTH MAIN ST. P. O. BOX 320 RICH SQUARE, NORTH CAROLINA 27869

Form A101 (Revised 10/28/2021)

EMPLOYMENT APPLICATION

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for positions without regard to race, color religion, sex, national origin, age, marital status or the presence of a medical condition.

				DAT	E OF APP	LICATION:		
NAME:						LAST 4 DIG	ITS OF	
MAILING ADDRESS	Last		First		Middle	SOCIAL SE	CURITY #:	
PHYSICAL	P. O. Box	OR Number/Street		City		State		Zip
ADDRESS	Nati	mber/Street		City		State		Zip
		e above address less t	_		_	additional		-
ADDRESS	M	mber/Street		City		State		Zip
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WHO REFER		100					Yes N	
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APPLIED FOR	2:							
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		ed 12345678	High So	chool 1 2 3 4	Course	of Study	Grad	luate
HIGH SCHOOL							YES	NO
TECHNICAL SO	CHOOL:						YES	NO
COLLEGE/UNI	VERSITY:						YES	NO
OTHER EDU	JCATION/TR	AINING/SPECIAL S	SKILLS:		23.1		*	-
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CHOANOKE PUBLIC TRANSPORTATION AUTHORITY Rich Square, NC

undersigned,	hereby authorizes the Agency or nay of its authorized representations.
oyment, education records (including	se or a copy thereof, to obtain any information in your files pertaining to the undersigned and his g, but not limited to academic achievement, attendance, and disciplinary records), medical record d any record of arrest with police agencies. The undersigned voluntarily consent to the release of
Applicant Signature:	Date:
The individual below has applied as a reference. Please help us gi	d for employment with Choanoke Public Transportation Authority. Your name was give this person fair consideration by answering the questions below
1. How long have you known the 2. Your relationship to this person	is person? Years. on? (co-worker, teacher, supervisor, acquaintance, etc.)
3. Has this person ever been in y	our employment? If yes, in what capacity?
If so, explain5. Please provide your impression	which might make it difficult for this person to succeed as a transportation professional on of this person on the characteristics/skills/abilities listed using the scale below: 3 = Average; 2 = Poor; 1 = Unsatisfactory; N = Not able to observe
Quality of work	Leadership
Initiative	Verbal communication
Resourcefulness	Written communication
Innovative Ability	Supervisory
Organization	Tact
Teamwork	Valuing diversity
Flexibility	Dependability
Judgment	Response to supervision
Character	Teaching/presentation
Integrity	Enthusiasm
7. Please give any additional info form.	ormation about this person as a potential transportation professional on the back of this
DateSignature	
Please return t	to: CPTA Human Resources, P. O. Box 320, Rich Square, NC 27869

FEDERAL DRIVER'S PRIVACY PROTECTION ACT

Enacted by Congress August 24, 1994

Chapter 123, Section 2721 requires that personal information from the Division of Motor Vehicles' records be closed to the public. This refers to photos, social security numbers, driver's license numbers, names, addresses, telephone numbers and medical information.

<u>General Purpose</u>: The Division of Motor Vehicle, any officer, employee or contractor, therefore, shall not knowingly disclose or otherwise make available to any person or entity personal information about any individual obtained by the Division in connection with a motor vehicle record.

Permissible Uses: Personal information SHALL be disclosed for use in connection with matters of:

- A. Motor vehicle or driver safety and theft
- B. Motor vehicle emissions
- C. Motor vehicle product alterations, recalls or advisories
- D. Performance monitoring of motor vehicles and dealers by motor vehicle manufacturers
- E. Removal of non-owner records from the original owners if motor vehicle manufacturers to carry out purpose of the Automobile Information Act, the Motor Vehicle Information and Cost Saving Act, the National Traffic and Motor Safety Act of 1966, the Anti-Car Theft Act of 1992 and the Clean Air Act.

Exceptions:

Personal information MAY be released for the following reasons: (List qualifying number on reverse)

- 1. For use by any government agency, or any private person or entity acting on behalf of a Federal, State, or local agency in carrying out its functions.
- 2. For use in matters of motor vehicle or drivers safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls or advisories, performance monitoring of motor vehicles, motor vehicle part and dealers, motor vehicle market research activities, including survey research, and removal of non-owner records form the original owner records of motor manufacturers.
- 3. For use in the normal course of business by a legitimate business, but only:
 - a. To verify accuracy of personal information
 - b. To obtain correct information, but only for purpose of:
 - 1. Preventing fraud by the individual
 - 2. Pursuing legal remedies against the individual
 - 3. Recovering on a debt or security interest against the individual
- 4. For use in connection with any civil, criminal administrative, or arbitrate proceeding in any Federal, State or local court or agency (includes the execution or enforcement of judgments and orders or court orders)
- 5. For use in research activities and statistical reports
 - a. Personal information **must not** be:
 - 1. Published
 - Re-disclosed
 - 3. Used to contact individuals
- 6. For use by insurance companies in connection with claims investigation, antifraud activities, rating or underwriting.
- 7. For use in providing notice to owners of towed or impounded vehicles
- 8. For use by private investigators or licensed security service
- 9. For use by employer to verify information regarding CDL
- 10. For use in connection with private toll facilities
- 11. For any other use if person has opportunity to refuse disclosure on DMV forms (Prohibited by NC General Statute 20-43.1).
- 12. For bulk surveys, marketing or solicitations (Disclosure must be in accordance with NC General Statute 20-43 1)
- 13. For use by any requester that has obtained written consent of the individual to whom the information pertains.
- 14. For any use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety.

Transit Driver's Disclosure Form

Effective September 13, 1997, all motor vehicle records are subject to the Federal Driver's Privacy Protection Action (FDPPA) and General Statute (GS) 20-43.1. The FDPPA and GS 20-43.1 require that information in the Division of Motor Vehicle Records (MVR) be closed to the public. Personal information from these records may be released to individuals or organizations that qualify under one of the fourteen exceptions listed on the back of this form. These exceptions are summarized statements of permissible uses.				
Name of Driver:				
DL#: State of issue: Phone #:				
Address of Driver:				
By signing this form, you are granting the company access to your personal information under exception number <u>13</u> of the FDPPA and GS 20-43.1.				
Name of company: Choanoke Public Transportation Authority				
Signature of Driver:				
Today's Date:				
APPLICANT STOP HERE FOR OFFICE USE ONLY				
My signature on this document acknowledges that I understand that improper release of information and/or false representation to gain information from DMV'S records is prohibited and is subjected to civil action.				
Name of Company: Choanoke Public Transportation Authority				
Name of Contact/requester:Teleshia Edwards; H.R. Manager				
Date: Phone #:(252) 539-2022 ext. 225				
Signature of Contact Person:				