



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

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.

DATE OF APPLICATION: _____

NAME: _____ LAST 4 DIGITS OF SOCIAL SECURITY #: _____

Last *First* *Middle*

MAILING ADDRESS _____

P. O. Box OR Number/Street *City* *State* *Zip*

PHYSICAL ADDRESS _____

Number/Street *City* *State* *Zip*

If you have lived at the above address less than 10 years, list prior address. If additional space is needed use the Notes section on the instruction page.

ADDRESS _____

Number/Street *City* *State* *Zip*

PRIMARY PHONE # _____ ALTERNATE PHONE # _____

ARE YOU 21 YEARS OF AGE OR OLDER Yes No IF HIRED, CAN YOU PROVIDE PROOF OF AGE Yes No

WHO REFERRED YOU? _____ PERVIOUS EMPLOYEE? Yes No

POSITION APPLIED FOR:	DATE YOU CAN START:	SALARY EXPECTED:
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HAVE YOU EVER BEEN EMPLOYED BY CPTA Yes No ***IF YES, WHEN?***

EDUCATION				
Circle highest grade completed	1 2 3 4 5 6 7 8	High School 1 2 3 4	Course of Study	Graduate
HIGH SCHOOL:			YES	NO
TECHNICAL SCHOOL:			YES	NO
COLLEGE/UNIVERSITY:			YES	NO

OTHER EDUCATION/TRAINING/SPECIAL SKILLS:

MLITARY EXPERIENCE			
BRANCH OF SERVICE:	DATES SERVED:	RANK AT DISCHARGE:	EDUCATION AND TRAINING:

EMPLOYMENT FOR THE PAST 10 YEARS

EMPLOYER:	ADDRESS:
PHONE NUMBER:	START DATE: END DATE:
TITLE AND DUTIES:	
MAY WE CONTACT?	REASON FOR LEAVING:

EMPLOYER:	ADDRESS:
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PHONE NUMBER:	START DATE:	END DATE:
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TITLE AND DUTIES:

MAY WE CONTACT?	REASON FOR LEAVING:
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EMPLOYER:	ADDRESS:
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PHONE NUMBER:	START DATE:	END DATE:
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TITLE AND DUTIES:

MAY WE CONTACT?	REASON FOR LEAVING:
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OTHER QUALIFICATIONS

DRIVER'S LICENSE	Issuing State	License Number	CLASS	ENDORSEMENT(S)	Date Issued	/	Date Expires

OTHER INFORMATION THAT YOU FEEL WOULD BE APPLICABLE TO THIS APPLICATION:
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TRAINING/CERTIFICATIONS

COURSES/TRAINING:	SPECIAL EQUIPMENT:	YRS OF EXP

CERTIFICATES/CERTIFICATATIONS:

OTHER INFORMATION THAT YOU FEEL WOULD BE APPLICABLE TO THIS APPLICATION:
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REFERENCES

NAME	TITLES	CONTACT INFORMATION

AUTHORIZATION AND ACKNOWLEDGEMENT

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal. I authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I understand and agree that, if hired, I am required to abide by all policies and regulations of this Authority, as permitted by law. If this application is for a position of Transportation Operator - Driver, I certify that the duties, physical, and mental requirements of the job are known to me and/or I have been given a copy of the job description for review and I am capable of fulfilling those compliances with applicable State and/or Federal regulations that are not in conflict with rules concerning Equal Opportunity Employment. Upon Signature and Submission this application becomes the property of Choanoke Public Transportation Authority.

(Original Signature Required) APPLICANT'S SIGNATURE:	DATE:
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CHOANOKE PUBLIC TRANSPORTATION AUTHORITY
Rich Square, NC

The undersigned, _____, hereby authorizes the Agency or nay of its authorized representatives, agents and employees, bearing this Release or a copy thereof, to obtain any information in your files pertaining to the undersigned and his/her employment, education records (including, but not limited to academic achievement, attendance, and disciplinary records), medical records, psychological and psychiatric records, and any record of arrest with police agencies. The undersigned voluntarily consent to the release of such information unon request of the bearer.

Applicant Signature: _____ Date: _____

The individual below has applied for employment with Choanoke Public Transportation Authority. Your name was given as a reference. Please help us give this person fair consideration by answering the questions below

- 1. How long have you known this person? _____ Years.
- 2. Your relationship to this person? (co-worker, teacher, supervisor, acquaintance, etc.) _____
- 3. Has this person ever been in your employment? _____ If yes, in what capacity? _____

If no longer employed, is this person eligible for rehire? _____

- 4. Do you know of any reason, which might make it difficult for this person to succeed as a transportation professional? _____
If so, explain _____

5. Please provide your impression of this person on the characteristics/skills/abilities listed using the scale below:
5 = Exceptional; 4 = Excellent; 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 information about this person as a potential transportation professional on the back of this form. _____

Date _____ Signature _____ Occupation _____

Please return to: CPTA Human Resources, P. O. Box 320, Rich Square, NC 27869
PHONE: (252) 539-2022. FAX: (252) 539-3954

Telephone Verification _____

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.

General Purpose: 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 from 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
 2. 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 13 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: _____