



## APPLICATION FOR EMPLOYMENT

The City of Williamsport & River Valley Transit is an Affirmative Action and Equal Opportunity employer. Various federal, state and local laws prohibit discrimination based on race, color, religion, sex, age, national origin, disability or veteran's status. It is the policy of the City of Williamsport & River Valley Transit to comply fully with applicable law, and information requested on this application will not be used for any purpose prohibited by law.

**(PLEASE PRINT)**

**APPLICANT INFORMATION**

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Other Names used: \_\_\_\_\_  
(Please list any other names in which you have been known by)

Address: \_\_\_\_\_  
Number & Street City State Zip

Home Phone : (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Area Code

E-mail Address: \_\_\_\_\_

Are you legally eligible for employment in the United States? .....  Yes  No  
(Proof of U.S. citizenship or immigration status will be required if hired.)

Are you 18 years or older? .....  Yes  No  
(If hired you may be asked to furnish a work permit)

**EMPLOYMENT DESIRED**

Position(s) applied for: \_\_\_\_\_ Date you can Start: \_\_\_\_\_

Status desired:  Full-time  Part-time  Seasonal Shifts you can work:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Have you filed an application here before? .....  Yes  No  
 If YES, indicate date: \_\_\_\_\_

Have you been employed here before? .....  Yes  No  
 If YES, indicate dates: From: \_\_\_\_\_ To \_\_\_\_\_

Are you on layoff and subject to recall? .....  Yes  No

Can you travel if the job requires it? .....  Yes  No

Do you have any relative working here? .....  Yes  No  
 If YES, List Name(s): \_\_\_\_\_

Were you refer by a current City employee? .....  Yes  No  
 If YES, List Name(s): \_\_\_\_\_

Are you a veteran of the U. S Military Service? .....  Yes  No  
 If YES, List Branch \_\_\_\_\_

Do you have a valid vehicle operator's license? .....  Yes  No  
(Proof of license may be required if hired, dependent upon position.)



**EDUCATION**

	ELEMENTARY	HIGH SCHOOL	COLLEGE	GRADUATE/ PROFESSIONAL
SCHOOL NAME & CITY				
YEARS COMPLETED				
DIPLOMA OR DEGREE	N/A			
COURSE OF STUDY	N/A			

Have you completed any specialized trainings, courses or activities which directly pertinent to this position? If yes, please describe:

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**EMPLOYMENT HISTORY**

List each job held. Start with your current or most recent job including military service. If you have not worked, include any volunteer activities, but exclude groups that indicate race, color, religion, sex or national origin. If you need additional space, please attach a separate sheet of paper.

Employer
Address
Telephone No.
Job Title
Supervisor
Work Performed

Dates Employed:	From _____
	To _____
Hourly Rate or Salary:	Starting _____
	Ending _____
Reason for Leaving:	

Employer
Address
Telephone No.
Job Title
Supervisor
Work Performed

Dates Employed:	From _____
	To _____
Hourly Rate or Salary:	Starting _____
	Ending _____
Reason for Leaving:	



**CITY OF WILLIAMSPORT & RIVER VALLEY TRANSIT**  
 Williamsport City Hall, 245 West Fourth Street, Williamsport, PA 17701 ▪ (570) 327-7571



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Dates Employed:	From _____
	To _____
Hourly Rate or Salary:	Starting _____
	Ending _____
Reason for Leaving:	

May we contact above employers?       Yes     No

Please explain any gaps in work history:

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Have you ever been terminated from employment or asked to resign by an employer?     Yes     No

Summarize any special skills or qualifications acquired from previous employment or experience, which would be applicable to this position:

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## REFERENCES

List name, phone number, type of relationship (ex. Supervisor, co-worker, etc.) and years know for three references not related to you.

Name	Phone/E-Mail	Relationship	Years Known

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## STATEMENT

I certify that the information provided herein is true and complete to the best of my knowledge.

I authorize investigation by the City of Williamsport & River Valley Transit of all information and references contained in this Application for Employment as may be necessary in arriving at a decision concerning my employment. I hereby release the City of Williamsport & River Valley Transit, its agents and representatives, from any and all liability for such investigation and all previous employers, companies/corporations, organizations, and other persons for cooperating with such investigation. If my position is non-union, I acknowledge and agree that my employment shall be at-will. This means I may terminate my employment at any time, for any reason, and the City of Williamsport & River Valley Transit may terminate my employment at any time, for any reason whatsoever.

In the event of employment, I understand that any false or misleading information, statements, or representations given in my application or interview(s) will result in my discharge at any time. I also understand that I am required to abide by all policies, procedures, rules, and regulations of the City of Williamsport & River Valley Transit.

SIGNATURE OF APPLICANT:	DATE:
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**VOLUNTARY**  
**Self-Identification Questionnaire**

In order to evaluate and improve our recruiting process and to respond to federal record keeping and reporting requirements, we invite you to answer the following questions. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. Data which you provide shall be kept strictly confidential and separate from all other personnel records.

**Gender:** \_\_\_ MALE \_\_\_ FEMALE

**Race/Ethnicity: Please check one**

- \_\_\_ Hispanic or Latino
- \_\_\_ White (Not Hispanic or Latino)
- \_\_\_ Black or African American (Not Hispanic or Latino)
- \_\_\_ Asian (Not Hispanic or Latino)
- \_\_\_ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- \_\_\_ American Indian or Alaska Native (Not Hispanic or Latino)
- \_\_\_ Two or More Races (Not Hispanic or Latino)

**Veteran Status: Check all that apply**

- \_\_\_ I am a disabled veteran. †
- \_\_\_ I am a recently separated veteran. †  
 Date of discharge (MM/DD/YY) \_\_\_\_\_
- \_\_\_ I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.
- \_\_\_ I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).

**Disability**

- \_\_\_ I am an individual with a disability.\*
- \_\_\_ I have received the form and decline to provide the requested information.

\* Categories consistent with 41 C.F.R. §60-300 & Form VETS-100A † If you need a definition of these terms, please see below.

**SELF-IDENTIFICATION FORM DEFINITIONS** 1. The term "Disabled Veteran" means – A. a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability; or B. a person who was discharged or released from active duty because of a service-connected disability. 2. The term "Recently Separated Veteran" applies to any veteran during the three -year period beginning on the date of discharge or release from active duty. 3. An "individual with a disability" means any person who (i) has a physical or mental impairment which substantially limits one or more of such person’s major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment.