THE

GREATER NEW HAVEN TRANSIT DISTRICT



EMPLOYMENT APPLICATION

An Affirmative Action/Equal Opportunity Employer That Values Diversity

PERSONAL INFORMATION:

First	Middle Initial		Last	
Street	City	State	Zip Code	
Telephone	Do	o you require a	work permit? YES 🗌 NO 🗌	
Are you a U.S. Citizen or ar	n alien who has the legal ri	ght to remain	and work in the U.S.?	
YES 🗆 NO 🗀 (proof of lawf	ul work status is required if	you are extend	ed a job offer)	
Are you fully able to perfo without a reasonable acco	•	-	ı have applied, with or	
If no, please describe any t accommodation:		•	with or without reasonable	
EMPLOYMENT DESIRED:				
Position(s) applied for:		_ Date you ca	n start:	
Have you ever worked for	Greater New Haven Transi	t District?	YES \Box NO \Box	
If yes, When?	Reason for	leaving:		
State names of relatives/fr	iends employed by GNHT	D:		
State names of relatives/fr	iends serving on the GNH ⁻	TD Board		
EDUCATION:				
Highest Grade Completed:				
Name and location of scho	ols attended:			
List all licenses, vocational	or trade training and cert	ficates:		

REFERENCES: List three (3) references other than relatives

1. Name	Address	Phone #	0	ccupation	Years known
2. Name	Address	Phone #	0	ccupation	Years known
3. Name	Address	Phone #	0	ccupation	Years known
EMPL	OYMENT HISTORY: **		L <u>NOT</u> SERVE	AS A SUBS	TITUTE **
EMPLOYER 1					
Name & Addr	ess of Employer			Supervis	or
Job Title	From	То	Salary	Start	Ending
Briefly describ	e your job duties & w	ork experience			
Reason for lea	ving:				
EMPLOYER 2					
Name & Addr	ess of Employer			Supervis	or
Job Title	From	То	Salary	Start	Ending
Briefly describe your job duties & work experience					
Reason for lea	ving:				
EMPLOYER 3					
Name & Addr	ess of Employer			Supervis	or
Job Title	From	То	Salary	Start	Ending
Briefly describe your job duties & work experience					
	ving:				

IMPORTANT: BACKGROUND SCREENING WILL BE CONDUCTED IF A CONDITIONAL OFFER OF EMPLOYMENT IS MADE

APPLICANT'S STATEMENT AND AUTHORIZATION

I understand that my employment may be terminated with or without notice,	at any t	time, at
either my option or that of Greater New Haven Transit District.		

I understand that no management representative has any authority to enter into any employment agreement, contrary to the foregoing, without written approval of the District.

Applicants of driving positions must provide proof of a valid Connecticut Drivers License with a Public Service endorsement accompanied by a current Department of Transportation Medical Card.

All driving positions are subject to a motor vehicle background check. I understand that any offer of employment is conditioned upon receipt of satisfactory references, satisfactory background checks, and satisfactory completion of all applicable testing.

How did	you hear	about this	position?
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□ Indeed.com

□ Monster.com

□ CareerBuilder.com

□ Zip Recruiter

□ Employee referral

□ Other: _____

Date:_____ Applicant's Signature:_____

Received by Human Resources and entered into EEOC:______

Greater New Haven Transit District is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.

EEO-1 Self-Identification Form

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

(If also a federal contractor/subcontractor – add this clause): As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

(PLEASE PRINT)			Deter	
			Date:	
Position(s) Applied	For			
Referral Sources:	AdvertisementEmployment Ag		□ Relative □ Walk-In mpany Website □ Other	
	FIRST	MIDDLE	Phone ()	
Address	STREET	CITY	STATE	ZIP CODE
If you wish to be ide	ntified, please sign be	EEO-1 Sur	•	
		Signed:		
Check one:	□ Male □ F	emale	{Please Finish Survey on	Back of Page}

EEO-1 Survey (Continued)

Ethnicity:

Are you Hispanic or Latino?

- \Box No, I am **not Hispanic or Latino.**
- ☐ Yes, I am **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race – IMPORTANT - Only complete this section if you checked "No, I am not Hispanic or Latino" in the Ethnicity section above:

What is your race? Select **ONE** of the following categorie(s):

□ White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

□ Black or African American – A person having origins in any of the Black racial groups of Africa.

- American Indian/Alaskan Native A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian– 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.
- □ Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

 \Box **Two or More Races** – All persons who identify with more than one of the above five <u>races</u>.

(If federal contractor/subcontractor with affirmative action obligations – add the following section) Check if the following is applicable:

- □ Veteran As defined under one or more of the following:
 - served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
 - was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
 - who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
 - one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open:	☐ Yes	🗌 No	
Position(s) Considered For:			Date