



## RHODE ISLAND PUBLIC TRANSIT AUTHORITY APPLICATION FOR EMPLOYMENT

Please complete this employment application in its entirety. Upon completion, please save this document and email it to [jobs@ripta.com](mailto:jobs@ripta.com). Please include any information you would like to be reviewed for consideration, such as a resume, license information, transcripts, etc.

**Please Note:** *All qualified candidates will be considered, but may not receive an interview. Preference will be given to applicants who meet both the minimum and preferred qualification. Internal RIPTA employees may be considered prior to external candidates.*

 **Please no phone calls regarding receipt of or status of resumes or employment applications** 

### APPLICANT DEMOGRAPHIC INFORMATION

Last Name	First	M.I.	Today's Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		

### POSITION APPLIED FOR (MUST COMPLETE)

### DRIVER'S LICENSE INFORMATION – Must complete all information requested.

Do you have a valid Driver's License?	License Number: _____	License Expiration Date: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	CDL <input type="checkbox"/> Operator's <input type="checkbox"/>	State _____ Class _____ Endorsements _____
Are you authorized to work in the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?	
Do you currently have relatives who work for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/> If so, provide name and relationship: _____	

### REFERRAL SOURCE (PLEASE PROVIDE SPECIFIC SOURCE WHERE APPROPRIATE)

- ☐ WALK IN ☐ JOB POSTING ☐ RIPTA WEBSITE ☐ RIPTA EMPLOYEE ☐ ADVERTISEMENT ☐ JOB FAIR
- ☐ COMMUNITY/STATE AGENCY ☐ OTHER: \_\_\_\_\_

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES – MUST COMPLETE ALL INFORMATION REQUESTED, WITH CONTACT NUMBERS.			
<i>Please list two professional references.</i>			
Full Name		Relationship	
Company		Phone (      )	
Address			
Full Name		Relationship	
Company		Phone (      )	
Address			
PREVIOUS EMPLOYMENT - MUST COMPLETE ALL INFORMATION REQUESTED, WITH CONTACT NUMBERS.			
Company		Phone (      )	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

<b>Military Service</b>		<input type="checkbox"/> <b>Veteran</b>	<input type="checkbox"/> <b>Disabled Veteran</b>	<input type="checkbox"/> <b>Vietnam</b>
Branch		From	To	
Rank at Discharge		Type of Discharge		

## AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

### APPLICATION/EMPLOYEE VOLUNTARY SELF IDENTIFICATION FORM

RIPTA believes that all persons are entitled to equal employment opportunities and does not discriminate against its applicants or employees because of race, sex, religious creed, national origin, ancestry, sexual orientation, genetic information, disability, veteran status, age, or any other protected group status. RIPTA is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations.

To comply with these laws and regulations, RIPTA invites you to voluntarily self-identify your sex, race, and ethnicity. Submission provided on this form 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 right enforcement. When reported, this data will not identify any specific individual.

#### TO BE COMPLETED BY APPLICANT OR EMPLOYEE ONLY

Applicant or Employee

Address       
Number Street City State Zip Code

**NOTE:** When selecting racial/ethnic category, you must select only one of the boxes numbered 1 through 7.

Female ☐

Male ☐

1 – Black or African American (Not Hispanic or Latino) ☐

2 – Hispanic or Latino ☐

3 – American Indian or Alaska Native (Not Hispanic or Latino) ☐

4 – Asian (Not Hispanic or Latino) ☐

5 – White (Not Hispanic or Latino) ☐

6 – Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) ☐

7 – Two or More Races (Not Hispanic or Latino) ☐

Disabled ☐

Veteran ☐

Disabled Veteran ☐

Age: 40 & Over ☐

#### RACIAL/ETHNIC CATEGORIES

- 1 – Black or African American (not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- 2 – Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- 3 – American Indian or Alaska Native (not Hispanic or Latino)** – 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.
- 4 – Asian (not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 5 – White (not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 6 – Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 7 – Two or More Races** – A person who primarily identifies with two or more of the above race/ethnicity categories.

**If you choose to self- identify your status as an individual with a disability or a veteran, the Authority may contact you for additional information and /or documentation.**

☐ **I am voluntarily self-identify as an individual with a disability.**

All persons with a physical or mental impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. A major life activity also includes the operation of a major bodily function, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. A history of such disability, or the belief on the part of others that a person has such a disability, whether it is so or not, also is recognized as a disability by the regulation.

☐ **I am voluntarily self-identifying as a Disabled Veteran. This includes all veterans with service-connected disabilities.**

☐ **I am voluntarily self-identifying as a recently separated veteran.**

***A recently separated veteran is a veteran within 36 months from discharge or release from active duty in the U.S. military, ground, naval or air service.***

## NOTIFICATION & AGREEMENT

All of the information that I have provided on this application is accurate to the best of my knowledge. I authorize the Rhode Island Public Transit Authority to make inquiries to determine my suitability for employment. In signing this application, I understand that my previous and present employers may be asked for information relative to my employment record with them. Further, in connection with this employment application, I understand that the Authority may request information regarding my financial condition, police record and other information which may be considered relevant from any source whether named or unnamed by me. I also understand that the Authority reserves the right at any point in the selection process to request updated information regarding my financial condition, police record and other information which may be considered relevant from any source whether named or un-named by me. I hereby release from all liability or damage those individuals who provide such information.

It is the policy of the company to afford equal opportunity to all employees and applicants without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, pregnancy, sexual orientation, ancestry, or genetic information; and to afford equal opportunities to disabled veterans of the Vietnam era and to individuals with a disability or any other characteristics protected by Federal, State or Local Law.

I fully understand and agree that any section left incomplete on this application; any false, inaccurate and/or misleading statements made by me on this application or by my failure to answer any applicable questions on the application; any false, misleading, or inaccurate information contained on certificates, documents, or other papers which may accompany this application (i.e. misrepresentation of prior employment, education, or training); or any false, misleading or inaccurate information provided during the entire selection process will be sufficient cause for my application being rejected or for my discharge from the Authority at any time after employment.

Please recheck your application and make sure that all questions are answered correctly prior to signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

By signing below, I acknowledge I have read and understand the information outlined within this application for employment with the Rhode Island Public Transit Authority (RIPTA) and agree to its contents.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please note employment applications not signed by the applicant will be considered incomplete and cannot be processed.**

## RIPTA IS AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Rhode Island Public Transit Authority that no employee or applicant for employment will be discriminated against because of race, color, creed, religion, sex, marital status, national origin, sexual orientation, ancestry, age, unfavorable military discharge, gender identity or expression, disability, provided that the individual with the disability is able to perform the essential functions of the job which he/she desires to hold with reasonable accommodation by the authority.