900 Public Safety Boulevard
Dover, DE 19901-4503
(302) 739-3278, Option 5

Delaware Transit Corporation

119 Lower Beech Street, Suite 100
Wilmington, DE 19805-4440
(302) 577-3278, Option 5

Source Code _____

APPLICATION FOR EMPLOYMENT

The Delaware Transit Corporation is an equal opportunity employer and service provider. We consider applicants for all positions without regard to race, color, religion, sex/gender identity, national origin, marital or veteran status, age, disability, pregnancy, political opinion or affiliation. We are an Equal Opportunity Employer.

PLEASE PRINT CLEARLY

Date: _____

Position Applied For (Title): _____

Name _____
Last **First** **Middle**

_____
Street Address

_____
City **State** **Zip Code**

E-mail Address: _____

Home Phone: _____ **Business Phone:** _____

Cell Phone: _____ **May we call you at work?** ☐ Yes ☐ No

Driver's License Number: _____ **State:** _____ **Type:** _____ **Expiration:**_____

How did you hear about this employment opportunity?
Newspaper ☐ Job fair ☐ Website ☐ Friend ☐ Other ☐ Specify:_____
Check the types of employment you will accept: Full Time ☐ Part Time ☐ Shift Work ☐ Temporary ☐

Check county(s) in which you will accept work: New Castle ☐ Kent ☐ Sussex ☐

1. Have you ever filed an application with us before? Yes ☐ No ☐ Date: _____
2. Have you ever filed an application with us before with a different name? Yes ☐ No ☐ Date: _____
3. Have you ever been employed with us before? Yes ☐ No ☐ Date: _____
4. Are you currently employed? Yes ☐ No ☐
5. When would you be available for work? _____

EDUCATION/TRAINING

Have you graduated from high school or passed the G.E.D.? ☐ Yes ☐ No

Have you attended vocational and/or business school? ☐ Yes ☐ No

Did you attend college, universities, or other technical schools beyond high school? ☐ Yes ☐ No

List education beyond high school:

School Name	Location	Major/Minor	Type of Degree Received

Please list currently valid certification of professional or vocational competence/licenses and expiration date.

License/Certification Registration Type	Issued by/Number	Expiration Date

Other Job-Related Training:

Course Title	Training Provider

EMPLOYMENT HISTORY

Beginning with your current or most recent position, state your employment history. A resume does not substitute for this section of the application. If you need more space, please use a separate sheet of paper. This section ***must be completed.***

Job Title:		
Employer Name:		
Employer Address:		
Supervisor Name	Supervisor Title	Supervisor Telephone
Hours per Week:	Dates Employed (MM/DD/YYYY)	From: To:
Reason for Leaving:		
DESCRIBE YOUR DUTIES		

Job Title:		
Employer Name:		
Employer Address:		
Supervisor Name	Supervisor Title	Supervisor Telephone
Hours per Week:	Dates Employed (MM/DD/YYYY)	From: To:
Reason for Leaving:		
DESCRIBE YOUR DUTIES		

Job Title:		
Employer Name:		
Employer Address:		
Supervisor Name	Supervisor Title	Supervisor Telephone
Hours per Week:	Dates Employed (MM/DD/YYYY)	From: To:
Reason for Leaving:		
DESCRIBE YOUR DUTIES		

JOB REQUIREMENTS

Please describe how your education, training, and experience meet the Job Requirements and Preferred Qualification as described in the Job Announcement.

Use additional pages if needed.

APPLICANT RELEASE OF EMPLOYMENT INFORMATION

I **certify** that all of the statements on this application and any other documents submitted in connection with the employment process are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I **understand** and **acknowledge** that any misstatements or omission of material facts in the application and selection processes will result in disqualification, withdrawal of employment offer, or termination of employment.

I **authorize** employers with whom I am currently or previously employed and other references to verify and release information to the Delaware Transit Corporation for the purpose of conducting employment references. Such inquiries may include information as to my character, work habits, performance, education, and experiences, along with reasons for termination from previous employers.

I **understand** that if I am not currently employed by DTC, I will be required to pass a drug screen at the company's expense. Additionally, if I am new to a position requiring a CDL, I will be required to pass a drug screen and a physical provided at the company's expense by the company's designated physician in accordance with Federal/State laws.

In connection with my application for employment, I **understand** that information from various federal, state and other agencies which maintain records relating to my driving, criminal, civil and other experiences may be required after the contingent job offer. If this information is required, I will be requested to sign a release authorizing the investigation. If I am applying for a position requiring a CDL, I will be required to authorize release of my driving record, alcohol/drug testing results from previous employers, and provide my valid CDL license or CDL permit to be photocopied.

I **understand** that this application shall be considered active for a period of not more than one year. I **understand** that unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

I **understand** that direct deposit of paychecks is required for all new employees. I **understand** I am required to abide by all rules and regulations of the employer.

My signature indicates that I **certify** I have read and **understand** the conditions of employment as stated above.

The entire application must be completed for consideration.

_____ _____

Signature Date

Accommodations are available for applicants with disabilities in all phases of the application and employment process. To request an accommodation, applicants may call (302) 760-2891. TDD users should call the Delaware Relay Service Number 1-800-232-5460 for assistance.

EMPLOYEE RIGHTS AND RESPONSIBILITIES
UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement
FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements
Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections
During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements
Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition
A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave
An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave
Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities
Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities
Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers
FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement
An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.

For additional information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627
WWW.WAGEHOUR.DOL.GOV

U.S. Wage and Hour Division

U.S. Department of Labor | Employment Standards Administration | Wage and Hour Division

WHD Publication 1420 Revised January 2009

Delaware Transit Corporation (DTC) Equal Employment Opportunity Information

The employer (DTC) 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 or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may 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.

Please check the appropriate box below and fill in the information requested:

Race and Ethnicity

☐ Hispanic or Latino
☐ White
☐ Black/African American
☐ Native Hawaiian or Other Pacific Islander
☐ Asian
☐ American Indian or Alaska native
☐ Two or More races (Not Hispanic or Latino) - Please list the single racial/ethnic group above with which you closely identify:

_____

Gender: Male ☐ Female ☐

Date of Birth: _____

☐ I choose not to give this information

Position applied for: _____

Application Date: _____

Employment Hotline

(302) 577-3278 Option 5 or (302) 739-3278 Option 5

The following positions require a Commercial Driver's License (CDL) Class A with Passenger Endorsement and No Air Brake Restriction or permit or a CDL-Class B with Passenger Endorsement and No Air Brake Restriction or permit.

Auto Technician	General Service
Bus Cleaner	Mechanic
Dispatcher/Relief Supervisor	Mechanic Helper
Fixed Route Operator	Service Technician
Fleet & Equipment Foreman	Street Supervisor

Paratransit Specialist positions require a Commercial Driver's License (CDL) Class C with Passenger Endorsement or permit.

Applicants for these positions who do not possess a valid CDL or CDL permit will not be considered for employment.