



EMPLOYMENT CENTER INSTRUCTIONS

PLEASE ARRIVE PROMPTLY AT YOUR DESIGNATED TIME

FIREARMS ARE NOT ALLOWED ON THE PREMISES

BUSINESS CASUAL ATTIRE IS REQUIRED AND YOU SHOULD BRING THE FOLLOWING ITEMS (A-I) IF APPLICABLE:

A. ONE ORIGINAL DOCUMENT FROM EACH OF THE TWO GROUPS BELOW:

GROUP#1

- * U.S. BIRTH CERIFICATE
- * VALID U.S PASSPORT
- RESIDENT ALIEN CARD

GROUP #2

- * VALID DRIVERS' LICENSE
- * VALID NON-DRIVERS ID
- * PUBLIC ASSISTANCE ID
- * EMPLOYMENT ID

B. ORIGINAL SOCIAL SECURITY CARD

C. THE LETTER TO CONFIRM YOUR APPOINTMENT

D. BALL POINT PEN (BLUE OR BLACK INK).

E. DRIVERS' LICENSE-VALID NEW YORK STATE

- If you have or had an out of state Drivers' License within the last three years you must bring an abstract/ driver's record with you. This document cannot be more than 30 days old.
- (See Job Description for further information of position with drivers' license requirements.)

F. HIGH SCHOOL DIPLOMA OR G.E.D (IF REQUIRED).

G. IF YOU CLAIMED VETERAN'S CREDITS, BRING IN DD214 (DISCHARGE PAPER).

H. IF YOU CLAIMED DISABILITY CREDITS, BRING IN THE DISABILITY LETTER FROM THE VETERANS ADMINISTRATION.

I. IF YOU CLAIMED LEGACY CREDITS, BRING IN 9/11 LEGACY CREDIT LETTER FROM EITHER THE FDNY OR NYPD.

**This is an All-day process. You must prepare to stay all day.
You may bring something to eat with you.**

Depending upon the title for which you are being considered, a medical assessment may be required. This medical may require the following:

- Vision Testing. If corrective lenses are necessary, bring to the exam.

(If you applied for Conductor or Train Operator and wear contact lenses, glasses are also required.)

- Hearing test. If hearing aids are used, bring to exam.
- Documentation of all medications currently being used.
(If currently on medication, take as prescribed on day of examination.)

Please email, ecreschedule@nyct.com , if you need to reschedule your appointment for another day. Provide your full name, exam number, list numbers and the last four digits of your social security number.

**FOR FURTHER INFORMATION, CALL MTA NYCT EMPLOYMENT OPERATIONS AT (347) 643-7413.
MONDAY-FRIDAY (9:00AM-4:00PM)**

(1) TIME-IN

(2) TO LAB

(3) OUT-OF LAB

DOCUMENT TYPE-2 APPOINTMENT

Name: (LAST) (FIRST) (MI) Today's Date:

Social Security Number - New Title:

Pass No.: Exam No.: List No.: Time Asked to Report:

Telephone No. #1: () E-mail: Print Clearly

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

Permanent Provisional Temporary Non-Competitive Promotion

Reinstatement Demotion TA OA MTA Bus Company SIR

Section 71

Section 73

PLEASE CHECK ALL DOCUMENT INCLUDED IN PACKAGE

- Appointment Notice, Canvass Letter, Pre-Employment Application, Drug Results, Medical Results, Motor Vehicle Abstract, Motor Vehicle License Form, Motor Vehicle Record Release, Court Transcript/Record, Letter / 5 Year Evaluation, PAR /TAM, Resume, Offer Letter/Conditional Email, Background Questionnaire Form, Fingerprint Receipt, I-9 Employment Eligibility, Birth Certificate, US Passport, Employment Authorization Card, Citizenship Papers, License / CDL Permit, Social Security Card, Family Member Disclosure Form, Employee Data Change Form, Dual Employment, Emergency Contact Form, DOT Form, Pending Forms, Retiree/Vet Form (Pink Sheet), HS Dipl. / College Degree, DP-152/153 (Veterans), DD-214 (Discharge Form), Veterans Disability Letter, DP-440 (Vet. Disability Claim), Terms & Conditions (OA/MTA), Deferred Slip, DS-10 & DS-12 (Updates A&B), CPD-B (21 Page Booklet), Acknowledgement (New Employee Info. Package), Other, Liaison's Initials, Checked By: Interviewer

RECALL - FAIL TO REPORT - VERIFICATION

First Phone Call Date: Time: Respondent's Name:

Response: Initials:

2nd Phone Call Date: Time: Respondent's Name:

Response: Initials:

Date Recall Letter Sent: Sent By: (SIGNATURE REQUIRED)

FTR

DRUG SCREENING NOTIFICATION

Name:

Date:

I UNDERSTAND THAT MY APPOINTMENT OR PROMOTION IS SUBJECT TO SATISFACTORY FINDINGS OF A DRUG TEST.

TITLE: _____

EFFECTIVE DATE: _____ LIST NUMBER: _____

(Signature)

PRE-EMPLOYMENT APPLICATION BACKGROUND VERIFICATION QUESTIONNAIRE

Please print information in ink. If additional space is needed, attach a separate sheet of paper.
BE SURE ALL QUESTIONS ARE ANSWERED COMPLETELY.

GENERAL INFORMATION

Last Name	First	MI	Title of Position
Home Address, P.O. Box, Number and Street (Apt. No.)		City and State	
Zip Code			
Social Security Number (List other numbers used.)			Home Telephone
List other names used, i.e. maiden name, nickname, assumed name.			
List your residence(s) in reverse chronological order most recent first for the past 10 years.			
			From Mo/Yr
			To Mo/Yr
			Present

Are you a United States Citizen? Yes No If No, enter type of visa and/or alien registration number: _____

Are you legally eligible to work in the United States? Yes No
(Proof of eligibility documentation will be required at the time of hire as required by law.)

EMPLOYMENT INFORMATION

Start with your present job and work back to the time you left High School including unemployment time. Do not omit any jobs or required information. If you have more jobs than space permits, request additional Employment Information page(s) to list them. Use an employment section for each time period you were unemployed. Where placed by a temporary employment agency or union, specify the name, address and telephone number of both the temporary employment agency or union and the work placements. Indicate those jobs in which you were self-employed by printing "Self-Employed" and the telephone number next to "Supervisor/Telephone". Include any previous NYC Transit, MaBSTOA, SIRTOA, MTA HQ, MTA Bus Company, Long Island Rail Road, Metro-North, Bridges and Tunnel or Capital Construction employment you may have had at ANYTIME.

Dates	Employer's Full Name, Address and Zip Code	Title of Position	Reason For Leaving
From To	(include department name if applicable)		
Mo/Yr Mo/Yr	<hr/> <hr/> <hr/> <hr/> Supervisor/Telephone: _____	Work Hours Per Week: _____	
Mo/Yr Mo/Yr	<hr/> <hr/> <hr/> <hr/> Supervisor/Telephone: _____	Work Hours Per Week: _____	
Mo/Yr Mo/Yr	<hr/> <hr/> <hr/> <hr/> Supervisor/Telephone: _____	Work Hours Per Week: _____	

EMPLOYMENT INFORMATION (continued)

Last Name	First	MI	Social Security Number
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Dates From To	Employer's Full Name, Address and Zip Code (include department name if applicable)	Title of Position	Reason For Leaving
Mo/Yr Mo/Yr	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Supervisor/Telephone:	Work Hours Per Week: _____	
Mo/Yr Mo/Yr	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Supervisor/Telephone:	Work Hours Per Week: _____	
Mo/Yr Mo/Yr	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Supervisor/Telephone:	Work Hours Per Week: _____	
Mo/Yr Mo/Yr	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Supervisor/Telephone:	Work Hours Per Week: _____	
Mo/Yr Mo/Yr	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Supervisor/Telephone:	Work Hours Per Week: _____	
Mo/Yr Mo/Yr	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Supervisor/Telephone:	Work Hours Per Week: _____	
Mo/Yr Mo/Yr	<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Supervisor/Telephone:	Work Hours Per Week: _____	

Signature _____ Date _____

Title of Position _____

MILITARY INFORMATION

1. Have you served in the U.S. Armed Forces? Yes No
If Yes, indicate entry and separation dates.

2. What was your Military Occupational Specialty (MOS)?

3. Were you dishonorably discharged? Yes No
If Yes, explain:

Dishonorable discharges are not an absolute bar to employment. Other factors will effect a final decision.
If hired, your response may be verified.

4. Are you claiming U.S. Armed Forces Veterans Credits for this position? Yes No

EDUCATION INFORMATION

List high school, college, graduate school and special training. Write the full name of diploma/degree (for example, High School Diploma or Bachelor of Arts).

Name and Address	Graduate Degree/Diploma	Course
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Major _____ # of Credits _____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Major _____ # of Credits _____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Major _____ # of Credits _____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Major _____ # of Credits _____

PROFESSIONAL OR TRADE LICENSE INFORMATION

1. List state professional or trade licenses issued, number and expiration date _____

2. Was any license/certification held by you ever suspended, restricted or revoked, or have you ever been censured or disciplined by any licensing or certifying organization? Yes No

(If the answer is yes, specify type of license or certification, action taken, from/to date and the reason below.)

APPLICANT'S STATEMENT

I declare, under penalties of penal law, that I have completed all pages of the Pre-employment Application/Background Verification Questionnaire and that the statements contained therein are to the best of my knowledge and belief, true and correct and that I have not knowingly and willingly made a false statement or given information which I know to be false in connection therewith.

Signature _____ Date _____

*Federal and or State law prohibits discrimination in hiring and employment on the basis of race, color, religion, national origin, sex age or marital status.
No question on this application is intended to secure information used for such discrimination.*

NOTIFICATION / AUTHORIZATION / RELEASE OF INFORMATION

I, _____
(Print Name) authorize release of any records or documents that includes, but is not limited to, employment records, personal documents, education documents and documents relating to my termination of employment to the New York City Transit Authority, Manhattan and Bronx Surface Transit Operating Authority, MTA Bus Company, Staten Island Rapid Transit Operating Authority and/or MTA Business Service Center (hereinafter referred to as the Authority), their officers, agents, employees and servants for the preparation of a report or investigation relating thereto.

The authorization for release of information includes, but is not limited to, matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations and law enforcement agencies to release such information without restriction or qualification to the Authority, and any of its officers, agents, employees and servants. I voluntarily waive all recourse and release the above sources and firms, including the Authority, from liability for complying with this authorization. I understand that any offer of employment from the Authority will be contingent upon the results of a number of factors including this investigation.

Signature _____ Date _____

**MTA New York City Transit
Employment Operations
149 Pierrepont Street
Brooklyn, New York 11201**

**DISCLOSURE AND AUTHORIZATION FOR RELEASE OF
MOTOR VEHICLE RECORD (MVR) INFORMATION**

I authorize New York City Transit Authority, Manhattan and Bronx Surface Transit Operating Authority, MTA Bus Company, SIRTOA and its designated agents and representatives to obtain and review my motor vehicle record (MVR) information. I voluntarily supply the information necessary to obtain driver license information from any state that I have been licensed to drive a motor vehicle and release all parties involved from liability for doing so. This authorization shall be valid in original, fax or copy form and shall serve as an ongoing authorization to procure MVR information on an ongoing basis during my employment so long as I remain in a title or assignment requiring a driver's license.

Fill out the information below so your MVR information can be obtained.
(Please type or print information legibly.)

Full Name: _____
Last Name First Name

Driver License #: _____

License Class: _____ **Issuing State:** _____

Signature

Date

MOTOR VEHICLE LICENSE INFORMATION

PERMANENT PROMOTION
 PROVISIONAL PROMOTION
 TEMPORARY PROMOTION
 PERMANENT APPOINTMENT
 PROVISIONAL APPOINTMENT
 NON-COMPETITIVE

PRINT NAME AS IT APPEARS ON LICENSE	SOCIAL SECURITY NO.	TITLE OF NEW POSITION
ADDRESS, CITY, STATE, ZIP CODE		DATE OF BIRTH (MM/DD/YYYY)

Motorist I.D. Number _____ State _____ Class _____ Expiration Date _____

License Restrictions: Yes _____ No _____ If Yes, note here _____

Indicate the number of years you have possessed a license without any break prior to the present date _____

Was license denied, suspended or revoked? Yes No From _____ To _____
Reason _____

SERIOUS MOVING VIOLATIONS OR ACCIDENT RECORD MAY DISQUALIFY. THEREFORE, LIST BELOW ALL PENDING VIOLATIONS FOR TRAFFIC.

All applicants will be thoroughly investigated. Therefore, any omission or willful misstatement will be cause for disqualification for employment.

NOTE: For out of state (any state other than New York) license holder or any out of state violations, attach abstract of operating record.

(If none, write "None." If you have nothing pending, write "None and Nothing Pending.")

DATE OF VIOLATION	OFFENSE	DISPOSITION AND FINE	COURT AND LOCATION

For further violations (use other side)

Has applicant been involved in an accident during the past three years which resulted in property damage or physical injury? If yes, please explain. Yes No

Explain _____

a) Date of accident _____ b) Location of accident _____

c) Extent of property damage _____

d) Number of individuals injured _____ e) Number of individuals confined to a hospital as a result of the accident _____

f) Was police report filed Yes No

DECLARATION (TO BE COMPLETED BY APPLICANT)

"I declare under penalties of the penal law, that I prepared this form and that the statements contained herein are to the best of my knowledge and belief true and correct and that I have not knowingly and willfully made a false statement or given information which I know to be false in connection herewith."

Date _____ Signature _____

FOR BUS OPERATOR TITLE ONLY. In order to be appointed to the title of Bus Operator you must present evidence that you possess a license valid in the State of New York. You must have had a Drivers License for at least **THREE (3) YEARS** immediately prior to appointment.

FAILURE TO PROVE WITH DOCUMENTS TO THE SATISFACTION OF THE PERSONNEL DEPARTMENT THAT YOU POSSESSED SUCH LICENSE FOR THE REQUIRED PERIOD OF TIME WILL RESULT IN YOUR DISQUALIFICATION AND THE TERMINATION OF YOUR SERVICE.

This appointment is subject to the receipt of a New York State Drivers License, Class B at the end of the training period.



New York City Transit



Bus Company



Staten Island Railway

Date: _____

Print Name: _____

Social Security _____

I am a retiree from _____ New York City/ New York State agency.
Name of agency

I am not a retiree from a New York City/ New York State agency.

X _____
Candidate's Signature

I am a Veteran Yes No

I have claimed Veterans Credits before with a government agency within New York City or New York State.

Agency Name

I have not claimed Veterans Credit before with a government agency within New York City or New York State.

X _____
Candidate's Signature

All Agency Outside Activities and Employment Request

HR-EMP-304



Ethics-001

[This OAR form should only be used by employees or prospective new hires who cannot access the MTA Outside Activity Management System \(OAMS\)](#)

Section 1 - Information and Instructions (Please contact your Corporate Compliance Officer prior to completing this form)

- 1) Employees who wish to engage in an Outside Activity or employment, must complete the All Agency Outside Activities and Employment Request form (OAR) and obtain MTA's approval prior to engaging in an Outside Activity. In addition to completing the OAR, employees in a Policy-Making position, may also be required to complete the **New York State Commission of Ethics and Lobbying in Government ("COELIG") Outside Activity Form**. (See the MTA Code of Ethics or the All Agency Outside Activities and Employment Policy Directive for definitions and additional Information).
- 2) Prospective new hires who wish to continue their outside activity or employment must file an OAR prior to their start date with the MTA. If the request is subsequently denied, the prospective new hire will be required to terminate the activity or employment within two (2) days of receiving a determination or, within a reasonable time frame requested by the prospective new hire with the approval of Corporate Compliance.
- 3) Employees must discuss their request with either supervisor and/or Corporate Compliance prior to completing this form to ensure all required information and supporting documentation are submitted regarding their outside activity/employment. Employees serving in Public-Safety positions and Safety-Sensitive titles must also consult with supervisors and review their Agency procedures for additional requirements or restrictions. Prospective new hires should contact Corporate Compliance with any questions or concerns with their OAR.
- 4) Incomplete OARs after 30 days will be denied by Corporate Compliance; however, Employees may submit a new OAR.
- 5) A Outside Activity Certification will be required at a minimum annually for non-represented employees and at a minimum every three years for represented employees. Certification maybe required more frequently based upon an employee's position.
- 6) Completed OAR forms are to be submitted to Compliance@mtahq.org with your job description. Contact your agency's respective People Department to obtain your job description if you do not have it.

Section 2 - Employee Information

Employee Name	Policy Maker <input type="checkbox"/> Yes <input type="checkbox"/> No Pre-Hire <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Request
Employee Title	BSC ID	Agency ID#(If Applicable)
Agency	Department	
Telephone Number	E-mail Address	
Employee Work Location		
Current Work Schedule (Days)		Current Work Hours

Section 3 - Description of Outside Activity/Employment

Name of Organization	Your Proposed Title/Position	
Organization's Street Address		
City	State	Zipcode
Does the Organization conduct business with any of the following: <input type="checkbox"/> MTA <input type="checkbox"/> MTA Contractor or Subcontractor <input type="checkbox"/> Any MTA Employee <input type="checkbox"/> No Interaction <input type="checkbox"/> Not Sure		
Detail description of activities or responsibilities to be performed by (Attached Separate Sheet if Needed)		

Section 4 - Category of Outside Activity Request (Check all that Apply) * Must complete NYS COELIG Activity Approval Form

<input type="checkbox"/> Annual Compensation of \$5,000 and under	<input type="checkbox"/> Annual Compensation in excess of \$5,000* Est. Annual Amount: \$	<input type="checkbox"/> Business Venture (LLC, PLLC, LTD etc) Est Est. Annual Gross Revenue: \$	<input type="checkbox"/> Corporate Officer or Director* <input type="checkbox"/> Nonprofit Officer or Director	<input type="checkbox"/> Appointed Public Office* <input type="checkbox"/> Elected Public Office*
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Section 5 - Acknowledgement

I attest that to the best of my knowledge, the information disclosed is true and accurate and, does not violate the MTA Code of Ethics or the All Agency Outside Activities and Employment Policy Directive which I have reviewed. Further, the Outside Activity described above will not be conducted on MTA's time or using MTA's resources and will not interfere with the performance of my MTA job responsibilities.

Employee Signature	Date
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Section 6 - Supervisor Review

I have reviewed this OAR to ensure completeness and accuracy including whether the proposed activity would interfere with the employee's MTA responsibilities. Based on my review, I am making the recommendation indicated below.

Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
Print Name	BSC ID	

Section 6A - Additional Agency Reviewer (Optional)

Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Reviewed	Date
Print Name	BSC ID	

Section 6B - Additional Agency Reviewer (Optional)

Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Reviewed	Date
Print Name	BSC ID	

Section 7 - Department Head Review

I have reviewed this OAR with the All Agency Outside Activities and Employment Policy Directive including applicable procedures, rules, and regulations governing employee's conduct to ensure compliance. Based on my review, I make the recommendation indicated below.

Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
Print Name	BSC ID	

Section 8 - Corporate Compliance Review

I have reviewed this OAR with the All Agency Outside Activities and Employment Policy Directive including applicable procedures, rules, and regulations governing employee's conduct to ensure compliance. Based on my review, I make the recommendation indicated below.

Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
Print Name		

Section 9 - Chief Ethics, Risk & Compliance Officer Review (Required for all Policy Makers)

I have reviewed this OAR with the All Agency Outside Activities and Employment Policy Directive including applicable procedures, rules, and regulations governing employee's conduct to ensure compliance. Based on my review, I make the recommendation indicated below.

Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
Print Name		

Date: _____

Applicant Name: _____

Applicant Social Security No.

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Job Title Sought: _____

***** THIS FORM MUST BE COMPLETED IN ITS ENTIRETY ***
MISREPRESENTATION WILL RESULT IN DISQUALIFICATION**

Over the previous two (2) years, did you:

1. Work for any period of time for a U.S. Department of Transportation (DOT) regulated employer? Yes No

2. Test positive or refuse to test on any DOT pre-employment drug or alcohol test administered by a DOT-regulated employer for which you did not obtain DOT-regulated safety-sensitive employment? Yes No

If you answered "Yes" to:

- Question #1 above, please complete the **Release of Information Form** on the next page for **EACH** DOT-regulated employer for whom you worked over the previous two (2) years.

- Question #2 above, please complete the **Release of Information Form** on the next page for **EACH** DOT-regulated employer for whom you applied to work over the previous two (2) years **for which you did not obtain DOT-regulated safety-sensitive employment** due to a positive drug or alcohol test, or for refusing to test on a drug or alcohol test (including a verified adulterated or substituted drug test result).

Note: Employment in any DOT-regulated safety-sensitive position requires anyone with a prior drug/alcohol testing violation to have resolved the violation consistent with the SAP (Substance Abuse Professional) return-to-duty process as specified in Title 49 CFR Part 40, Subpart O regulation. **Failure to resolve a prior violation may result in denial or termination of DOT-regulated safety-sensitive employment.**

X _____
Applicant Signature

Date

Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing

SECTION I: TO BE COMPLETED BY THE APPLICANT

NOTE: You must use one form for each DOT-regulated employer from the previous two years

Please print all information below CLEARLY and sign/date following the information release statement.

Date: _____

Applicant Name: _____ Social Security No.

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Employer Name: _____ Employer Telephone #: _____

Employer Address: _____

Designated Employer Representative (DER) Name (if known): _____

In accordance with Department of Transportation (DOT) Regulation 49 CFR Part 40, Section 40.25, I hereby authorize release of drug and alcohol testing information to MTA New York City Transit from the DOT-regulated employer identified above for the two-year period prior to the signature date below. This includes questions one through six specified in Section II below, including documentation requested. I understand that employment is contingent on this release, and further understand that I will not be hired to perform safety sensitive functions if I refuse to sign below. I further understand that any misrepresentation may result in a denial of my employment application, or, if currently an employee, may result in disciplinary action.

X _____
Applicant Signature Date

SECTION II: TO BE COMPLETED BY THE EMPLOYER AUTHORIZED BY THE ABOVE APPLICANT

In the two years prior to the date of the applicant's signature above, for DOT-regulated testing:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Did the applicant have an alcohol test with a result of 0.04 or higher? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Did the applicant have a drug test verified positive by a Medical Review Officer (MRO)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Did the applicant ever refuse to be tested for drugs or alcohol (including verified adulterated or substituted drug test results)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Did the applicant ever violate DOT agency drug and alcohol testing regulations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Did a previous employer report a drug and alcohol rule violation for the applicant to you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. If you answered "Yes" to any of the above items, did the employee complete the Substance Abuse Professional (SAP) return-to-duty process? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

NOTE: If you answered "Yes" to:

- Question #5 above, you must also provide the **previous employer's report**.
- Question #6 above, you must also provide **return-to-duty documentation** (i.e., SAP contact information, SAP reports, and SAP follow-up testing plan and record of follow-up testing performed).

X _____
Employer Signature Date

Print Name: _____

Title: _____ Telephone Number: _____

Please complete and mail or fax back to: MTA New York City Transit, Attn: Occupational Health Services,
 300 Cadman Plaza, Room 3.300, Brooklyn, NY 11201,
fax: (212) 504-9518



Pre-Placement Acknowledgement/Consent Form – Drug and Alcohol Testing

Job Applicant Social Security Number (last 4):

Job Applicant Full Name: _____

Title Sought: _____

MTA Agency: MTA Headquarters NYCT/MaBSTOA SIR MTA Bus
(please check agency associated to title sought) LIRR MNR B&T C&D

I, _____ hereby acknowledge:
(print name)

- The Metropolitan Transportation Authority (which includes the MTA Police Department) is a New York State public benefit corporation, with subsidiary and affiliate agencies, including New York City Transit (NYCT), Manhattan and Bronx Surface Transit Operating Authority (MaBSTOA), Staten Island Railway (SIR), MTA Bus Company (MTA Bus), the Long Island Rail Road (LIRR), the Metro-North Railroad (MNR), Bridges & Tunnels (B&T), MTA Construction & Development (C&D), and any future subsidiary or affiliated agencies, collectively “MTA agencies.”
- Completion of this document is required for each employment application I submit to an MTA agency.
- I acknowledge that my qualification for employment with an MTA agency:
 - Is contingent upon successfully passing any pre-placement drug testing required by the job title and/or work functions of the title for which I have applied, and
 - Will include a review by the MTA agency of any previous drug and alcohol testing history associated with my prior application for employment or actual employment with any MTA agency, and
 - Requires my consent for MTA agency review of my previous drug and alcohol testing history associated with prior application for employment or actual employment with any MTA agency.
- My consent for MTA agency review of my previous drug and alcohol testing history associated with my prior application for employment or actual employment with an MTA agency is granted effective the date specified below for a period not to exceed ninety (90) calendar days (subject to an extension request by the MTA agency).
- My application for employment with the MTA will not proceed if:
 - I do not successfully pass any pre-placement drug test required for the job title and/or work functions of the title for which I have applied, or
 - I have previously violated a drug and/or alcohol testing requirement of an MTA agency for which I have not yet resolved consistent with the SAP (Substance Abuse Professional) return-to-duty process as specified in U.S. Department of Transportation (DOT) Title 49 CFR Part 40, Subpart O regulation.

Job Candidate Signature: _____

Date: _____