



<b>HR Use Only:</b>	
Applicant #:	_____
Payment #:	_____



**Please mail to:**  
 NFTA-Human Resource Department  
 181 Ellicott Street  
 Buffalo, NY 14203  
 (716) 855-6500

**Cover Sheet Job # 012-23-N Transit Police Officer**

Last Name:	
First Name:	
Middle Name:	
Social Security:	
Birthdate:	
Phone Number:	
Street Address:	
City:	
State:	
Postal Code:	
Ethnicity: <i>Check the box that applies</i>	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American, Non-Hispanic <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Two or More Races: All persons who identify with more than one of the above six races.
Gender:	
How did you learn of this position?	

**Application Checklist:**

- \$25 Certified check, money order, or personal check made payable to the NFTA
  - This fully completed cover sheet
  - Fully completed NFTA application

For more information regarding the upcoming exam and a copy of the exam study guide, please visit <https://www.nfta.com/police/exam>



Thank you for your interest in a position with the Niagara Frontier Transportation Authority (NFTA), or its wholly owned subsidiary, Niagara Frontier Transit Metro System, Inc. ("Metro"). NFTA and Metro are equal opportunity employers with policies of non-discrimination on the basis of legally protected characteristics.

Date of Application:		<b>Job Code (For HR Use Only)</b>	
Job Applying For:		Job Number:	
<b>PERSONAL</b>			
Name (First, Middle, Last)			
Is additional information relative to a change of name, use of an assumed name, or nickname necessary to allow a check of your work records? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain _____			
Address (Number, Street)		City, State, Zip	
Previous Address (if less than 7 years at current address)		City, State, Zip	
Cell Phone	Home Phone	Email Address	
Date you are available for work	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you previously employed by the NFTA or Metro? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state dates of employment and position(s) held:			
List any friends or relatives working for the NFTA or Metro:			
1. _____ Name Relationship			
2. _____ Name Relationship			

**Completed Applications may be:**

**Emailed to:** Application.intake@nfta.com

**Mailed or physically dropped off to:** Attn: Human Resources, Niagara Frontier Transportation Authority, 181 Ellicott Street Buffalo, NY 14203

**EDUCATION**

Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Level	Name of School City, State	Number of years attended	Did you graduate	Degree/Certificate Attained
High School/GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Graduate/Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**MILITARY EXPERIENCE**

Have you ever served in the U.S. Military?  Yes  No

If yes, what branch? _____  Dates of duty _____ to _____  Rank at discharge _____	Please describe duties; include training and schools completed _____ _____ _____
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**DRIVER'S LICENSE**

Do you possess a valid NYS Driver's License?  Yes.  No **License number** \_\_\_\_\_ **Class** \_\_\_\_\_

Do you have a CDL?  Yes  No **or** CDL Permit?  Yes  No

Have you had a driver's license in any state other than NY in the past 3 years?  Yes  No  
If yes, where? \_\_\_\_\_

Have you been convicted of any moving violations in **any state** in the past 10 years?  Yes  No.  
If yes, please give details: \_\_\_\_\_

How many years experience do you have driving:

- a personal vehicle \_\_\_\_\_ years
- a commercial vehicle \_\_\_\_\_ years
- a passenger bus or heavy truck \_\_\_\_\_ years
- a light truck or van \_\_\_\_\_ years

**COMPLETE THIS SECTION IF YOU ARE SEEKING A CLERICAL POSITION**

Are you familiar with: Microsoft Word <input type="checkbox"/> Yes <input type="checkbox"/> No Excel <input type="checkbox"/> Yes <input type="checkbox"/> No Power Point <input type="checkbox"/> Yes <input type="checkbox"/> No Access <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your typing speed? _____ wpm
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**ALL APPLICANTS**

Have you ever been terminated or asked to resign from any employer?  Yes  No

If yes, please explain \_\_\_\_\_

**EMPLOYMENT HISTORY**

List all of your employment for the **past 10 years**. Begin with your current or most recent employer. Attach additional paper if necessary.

Name of Employer	Date From	To
Address	City, State	Zip
Position Held	Duties	
Supervisor's Name and Title	Phone Number	Reason for Leaving

Is this company still in business?  Yes  No      May we contact this employer?  Yes  No

Name of Employer	Date From	To
Address	City, State	Zip
Position Held	Duties	
Supervisor's Name and Title	Phone Number	Reason for Leaving

Is this company still in business?  Yes  No      May we contact this employer?  Yes  No

Name of Employer	Date From	To
Address	City, State	Zip
Position Held	Duties	
Supervisor's Name and Title	Phone Number	Reason for Leaving

Is this company still in business?  Yes  No      May we contact this employer?  Yes  No

**PROFESSIONAL REFERENCES**

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship
Name	Address	Phone	Relationship



**FOR APPLICANTS OF TRANSIT POLICE OFFICER POSITIONS ONLY**

**AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

I, \_\_\_\_\_ do hereby authorize full release and disclosure of any and all records concerning myself to the NIAGARA FRONTIER TRANSPORTATION AUTHORITY and its appointed agent(s), whether said records are public, private or confidential in nature.

The intent of this authorization is to give my consent for full and complete disclosure of records from educational institutions, financial or credit institutions (including records of deposits, withdrawals, and balances of checking and savings accounts and loans); records of commercial or retail credit agencies (including credit ratings); medical and psychiatric treatments and consultations, including psychological testing or evaluation; hospital; clinics; private practitioners; U.S. Armed Forces clinics and hospitals; U.S. Veterans Administration; public utility companies; employment and pre-employment records (including any and all background investigations, efficiency ratings, complaints or grievances against me, and salary records); any other financial statements and records, wherever filed; records of complaints, arrests, trial and/or convictions for alleged or actual violations of the law (including criminal and traffic records, complaints of a civil nature made by or against me in any case I presently have, or have had an interest).

The intent of this authorization is to provide full and free access to my background history for the specific purpose of pursuing a background investigation which may provide pertinent data for the NIAGARA FRONTIER TRANSPORTATION AUTHORITY to consider in determining my suitability for employment with the NIAGARA FRONTIER TRANSPORTATION AUTHORITY POLICE DEPARTMENT, and the identification of the sources of information enumerated above is not intended to deny access to records not specifically identified.

I understand that any information obtained during this investigation may be released by the NIAGARA FRONTIER TRANSPORTATION AUTHORITY to professional offices/individuals inside and outside of the Authority who are involved in the evaluation and hiring process. All such information shall be held in the strictest confidence and will not be released to any other parties without the express approval of the Applicant, or in response to a lawful court order or subpoena or in the defense of any lawsuit concerning my application for selection for or rejection from employment.

I understand that information obtained by this investigation, developed directly or indirectly, in whole or in part, from this release will be considered in determining my suitability for employment by the NIAGARA FRONTIER TRANSPORTATION AUTHORITY. A copy of this release form will be considered valid, even though the copy does not contain an original of my signature.

I hereby release all parties furnishing information under this Authorization from any and all liability for damages that may result from furnishing such information to, or the use or disclosure of such information by, the NIAGARA FRONTIER TRANSPORTATION AUTHORITY and its officers and agents.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED



Niagara Frontier Transportation Authority | 181 Ellicott Street, Buffalo, NY 14203 | (716) 855-6500 | nfta.com

## VOLUNTARY SELF-IDENTIFICATION FORM

The Niagara Frontier Transportation Authority, and its wholly owned subsidiary, Niagara Frontier Transit Metro System, Inc. (“Metro”), are equal opportunity employers with policies of non-discrimination on the basis of legally protected characteristics.

The NFTA and Metro comply with federal and state regulations pertaining to affirmative action, equal opportunity, and non-discrimination. The following information is requested for periodic state and federal government reporting only and will be kept confidential. Providing this information is voluntary, and will not subject the applicant to adverse treatment. Completed Voluntary Self-Identification Forms are maintained separate from the employment application.

Name (optional)	Gender    Male    Female    X
Position applied for	Department
How did you learn of this position: <input type="checkbox"/> NFTA or Metro Employee <input type="checkbox"/> Job Fair-Specify _____ <input type="checkbox"/> Employment Referral Agency <input type="checkbox"/> Internet-Specify _____ <input type="checkbox"/> NFTA Website <input type="checkbox"/> Other-Specify _____	
<b>Federal Ethnicity Categories</b>	
<input type="checkbox"/> American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> 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.	
<input type="checkbox"/> Black or African American, Non-Hispanic: A person having origins in any of the black racial groups of Africa.	
<input type="checkbox"/> Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands	
<input type="checkbox"/> White, Non-Hispanic: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
<input type="checkbox"/> Two or More Races: All persons who identify with more than one of the above five races.	

\*\*Have you ever been convicted of a criminal offense?     Yes     No  
 If yes, specify: date of conviction (s); disposition (s); court(s)

\*\* A criminal conviction is not an absolute bar to employment with the NFTA or Metro, but will be considered with regard to the job for which you are applying, and the reasonableness of the risk presented.