



## **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 CERTIFICATE  
\* VALID U.S PASSPORT  
RESIDENT ALIEN CARD

**GROUP #2**

\* VALID DRIVERS' LICENSE      \* PUBLIC ASSISTANCE ID  
\* VALID NON-DRIVERS 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@nyc.t.com](mailto:ecreschedule@nyc.t.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: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
(LAST) (FIRST) (MI)

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

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

### -----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)

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

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 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.)

**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, SIRTAA, 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 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		Work Hours Per Week: _____	
		Supervisor/Telephone: _____		
Mo/Yr	Mo/Yr		Work Hours Per Week: _____	
		Supervisor/Telephone: _____		
Mo/Yr	Mo/Yr		Work Hours Per Week: _____	
		Supervisor/Telephone: _____		



# 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	<hr/> <hr/> <hr/> <hr/> Supervisor/Telephone:	<hr/> <hr/> <hr/> <hr/> Work Hours Per Week:	
Mo/Yr Mo/Yr	<hr/> <hr/> <hr/> <hr/> Supervisor/Telephone:	<hr/> <hr/> <hr/> <hr/> Work Hours Per Week:	
Mo/Yr Mo/Yr	<hr/> <hr/> <hr/> <hr/> Supervisor/Telephone:	<hr/> <hr/> <hr/> <hr/> Work Hours Per Week:	
Mo/Yr Mo/Yr	<hr/> <hr/> <hr/> <hr/> Supervisor/Telephone:	<hr/> <hr/> <hr/> <hr/> Work Hours Per Week:	
Mo/Yr Mo/Yr	<hr/> <hr/> <hr/> <hr/> Supervisor/Telephone:	<hr/> <hr/> <hr/> <hr/> Work Hours Per Week:	
Mo/Yr Mo/Yr	<hr/> <hr/> <hr/> <hr/> Supervisor/Telephone:	<hr/> <hr/> <hr/> <hr/> Work Hours Per Week:	
Mo/Yr Mo/Yr	<hr/> <hr/> <hr/> <hr/> Supervisor/Telephone:	<hr/> <hr/> <hr/> <hr/> Work Hours Per Week:	

Signature \_\_\_\_\_

Date \_\_\_\_\_

Title of Position \_\_\_\_\_

## MILITARY INFORMATION

<b>1. Have you served in the U.S. Armed Forces?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate entry and separation dates.  	<b>2. What was your Military Occupational Specialty (MOS)?</b>  
<b>3. Were you dishonorably discharged?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:  <div style="border: 1px solid black; padding: 10px; text-align: center; margin: 10px auto; width: 80%;">           Dishonorable discharges are not an absolute bar to employment. Other factors will effect a final decision.            If hired, your response may be verified.         </div>	
<b>4. Are you claiming U.S. Armed Forces Veterans Credits for this position?</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Major <div style="border-bottom: 1px solid black; width: 80%;"></div> # of Credits <div style="border-bottom: 1px solid black; width: 80%;"></div>
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Major <div style="border-bottom: 1px solid black; width: 80%;"></div> # of Credits <div style="border-bottom: 1px solid black; width: 80%;"></div>
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Major <div style="border-bottom: 1px solid black; width: 80%;"></div> # of Credits <div style="border-bottom: 1px solid black; width: 80%;"></div>
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Major <div style="border-bottom: 1px solid black; width: 80%;"></div> # of Credits <div style="border-bottom: 1px solid black; width: 80%;"></div>

## PROFESSIONAL OR TRADE LICENSE INFORMATION

<b>1. List state professional or trade licenses issued, number and expiration date</b> <div style="border-bottom: 1px solid black; width: 80%;"></div>
<b>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?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If the answer is yes, specify type of license or certification, action taken, from/to date and the reason below.) <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>

## 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.*

Last Name	First	MI	Social Security Number

Were you ever terminated, dismissed, removed (not laid off) or disqualified for a position, including public employment?  
If you answer Yes, give full details including dates. ☐ Yes ☐ No

[illegible]

**Signature** \_\_\_\_\_

Date \_\_\_\_\_

**Title of Position**



## 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**



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](mailto: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

**THIS FORM IS FOR MTA NEW YORK CITY TRANSIT, MTA STATEN ISLAND RAILWAY,  
AND MTA BUS COMPANY OFFICIAL USE ONLY**

**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 ☐ LIRR ☐ MNR ☐ B&T ☐ C&D  
associated to title sought)

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: \_\_\_\_\_