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

HR Use Only:

Applicant #: _____

Payment #: _____

025-26-N BNIA Aircraft Rescue Firefighter Cover Sheet

Last Name:	
First Name:	
Middle Name:	
Social Security Number:	
Birthdate:	
Phone Number:	
Street Address:	
City:	
State:	
Postal Code:	
Email Address:	
Ethnicity: *Check the single box that applies*	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American, Non-Hispanic ☐ Hispanic or Latino ☐ Native Hawaiian or Other Pacific Islander ☐ White, Non-Hispanic ☐ Two or More Races: All persons who identify with more than one of the above five 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 nfta.com/careers/fire

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

EMPLOYMENT APPLICATION

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. All people with disabilities are encouraged to apply.

Completed applications may be:

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

Date of Application:	**Job Code (For HR Use Only)**
Job Applying For:	Job Number:

PERSONAL

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? ☐ Yes ☐ 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? ☐ Yes ☐ No If no, do you have a work permit? ☐ Yes ☐ No	Are you authorized to work in the United States? ☐ Yes ☐ No

Were you previously employed by the NFTA or Metro?
☐ Yes ☐ 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

EDUCATION

Do you have a high school diploma? ☐ Yes ☐ No

Do you have a GED? ☐ Yes ☐ No

Level	Name of School City, State	Number of years attended	Did you graduate	Degree/Certificate Attained
High School/GED			☐ Yes ☐ No	
College/Graduate/Other			☐ Yes ☐ 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

_____

_____

_____

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 ☐ Yes ☐ No
Excel ☐ Yes ☐ No
Power Point ☐ Yes ☐ No
Access ☐ Yes ☐ No

What is your typing speed? _____ wpm

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

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. Completing this form is voluntary, and we hope that you will choose to do so. Your answers are confidential and no one making a hiring decision will see them. Your decision to complete this form and your answers will not harm you in any way.

Name (optional)	Gender ☐ Male ☐ Female ☐ X

How did you learn of this position:

☐ NFTA or Metro Employee ☐ Job Fair-Specify _____

☐ Employment Referral Agency ☐ Internet-Specify _____

☐ NFTA Website ☐ Other-Specify _____

Federal Ethnicity Categories

☐ 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.

☐ 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.

☐ Black or African American, Non-Hispanic: A person having origins in any of the black racial groups of Africa.

☐ 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."

☐ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

☐ White, Non-Hispanic: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ Two or More Races: All persons who identify with more than one of the above five races.

Definition:

An individual with a disability: A person who (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.).

Please check one of the boxes below

☐ Yes, I have a disability, or have had one in the past

☐ No, I do not have a disability and have not had one in the past

☐ I do not want to answer

**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.

FOR APPLICANTS OF AIRCRAFT RESCURE FIREFIGHTER 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 FIRE 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