Thank you for requesting an application for employment with the Richmond Metropolitan Authority. We always accept applications for current or anticipated part-time Toll Collection Attendant (TCA) positions. Please take a few minutes to review the information below. If you meet the requirements listed, please complete the enclosed application and the available shift sheet and return both to us, using the envelope provided.

Toll Collection Attendant (part-time) – Requirements:

- RMA's part-time shifts are 5:45 am - 9:45 am, 6:30 am – 10:30 am, 2:45 pm - 6:45 pm, 2:30 pm - 6:30 pm, and 6:30 pm -11 pm; the days vary. On Saturday and Sunday, there are two, eight hour shifts available: 6:45 am – 3:15 pm and 2:45 pm – 11:15 pm. Part-time TCAs are required to work 1 weekend shift each weekend.
- High school diploma preferred, strong math skills and experience working with customer transactions involving money OR any equivalent combination of education and experience.
- Excellent customer service skills.
- Commitment to maintaining an excellent attendance record; absences in excess of number allowed will result in termination.
- Physical requirements - ability to walk across traffic lanes; climb steps of steep grade; carry a cash tray of 30 pounds.
- Reliable transportation to all of our toll facilities - Powhite Parkway, Downtown Expressway, and Boulevard Bridge.
- Accessible by phone.
- Must successfully pass a drug screen and criminal background check, and maintain satisfactory record after employment.

The RMA offers:

- Starting pay rate: $10.82 per hour. After successful completion of the 90-day probationary period, hourly rate will increase to $11.13.
- Double pay for working on the following six core holidays: New Years Day; Memorial Day; Fourth of July; Labor Day; Thanksgiving Day; and Christmas Day.
- A stable, year-round employment opportunity.
- Eligibility for membership in the Virginia Credit Union.
- If full-time Toll Collection Attendant positions become available, part-time TCA's are eligible to apply for employment. The best qualified candidates are selected based upon their attendance and job performance record. Full-time positions offer competitive benefits including fully paid retirement, health insurance, life insurance, vacation and sick leave, voluntary tax deferred retirement savings, and tuition reimbursement.

Application for Employment

(Please Print)

Richmond Metropolitan Authority

919 E. MAIN STREET, SUITE 600, RICHMOND, VA 23219

Position(s) Applied For:	Date:

How Did You Learn About Us? ☐Sign on Toll Booths ☐Jobline ☐Friend or relative

☐Newspaper Advertisement ☐Job Fair (_____) Other:

Last Name	First Name	Middle Name
Any Former Names (including Maiden):		
Address Number Street	City	State Zip Code
Telephone Number(s) Where You Can Be Reached Home: Office: Cell:		

Have you ever been convicted of a: felony? ☐ Yes (Year:_____) ☐ No misdemeanor? ☐ Yes (Year:_____) ☐ No

If yes, please explain_____

(A conviction does not automatically eliminate you from employment consideration. The nature of the offense and when it occurred may be considered).

Are any of your relatives currently employed by the RMA? ☐Yes ☐No

If yes, who?_____

Have you ever been employed with us before? ☐Yes ☐No

If yes, when and in what capacity?_____

Are you lawfully authorized to work in the United States? ☐Yes ☐No

Are you currently employed? ☐Yes ☐No

May we contact your present employer? ☐Yes ☐No

On what date would you be available for work? _____

EDUCATION

	High School				Undergraduate College/University				Graduate/ Professional			
School Name and Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Did you Graduate?												
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra-curricular activities												

EMPLOYMENT

PLEASE LIST ALL EMPLOYMENT STARTING WITH PRESENT OR MOST RECENT EMPLOYER. USE SUPPLEMENTAL SHEET, IF NECESSARY, TO ACCOUNT FOR ALL OF YOUR WORK EXPERIENCE.

From	To	Employer	Telephone
Job Title		Address	
Supervisor		Describe the nature of work performed and job responsibilities:	
Starting Rate/Salary			
Ending Rate/Salary			
Reason for Leaving		Your name when employed (if different)	
From	To	Employer	Telephone
Job Title		Address	
Supervisor		Describe the nature of work performed and job responsibilities	
Starting Rate/Salary			
Ending Rate/Salary			
Reason for Leaving		Your name when employed (if different)	

REFERENCES

List the names of three persons **not related to you,** whom you have known at least one year.

Name Address & Phone NumberBusiness Years Acquainted

1._____

2._____

3._____

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application are grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my present and previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that as a precondition to my employment with the RMA, I will be required to undergo a criminal history record check, a drug test, and may be required to undergo a Division of Motor Vehicle driving record check. I hereby authorize and consent to the foregoing inquiries and tests and consent to giving a urine sample for such testing. I further acknowledge and understand that the outcome of such inquiries and tests may result in my rejection for employment or disciplinary action.

I understand, agree and acknowledge that, if hired, my employment is at will for an indefinite period, and may be terminated at any time without any prior notice, and with or without cause. I further understand, agree, and acknowledge that my employment is subject to the policies and procedures of the RMA, as they may be issued or amended, and that such policies and procedures may be issued or amended at the discretion of the RMA without prior notice. I further understand, agree and acknowledge that nothing contained in the policies and procedures of the RMA as issued and or amended constitute a contract of employment.

Date_____ Signature_____

Supplemental Employment History Form

Name:_____Page _____ of _____

From	To	Employer	Telephone
Job Title		Address	
Supervisor		Describe the nature of work performed and job responsibilities:	
Starting Rate/Salary			
Ending Rate/Salary			
Reason for Leaving		Your name when employed (if different)	
From	To	Employer	Telephone
Job Title		Address	
Supervisor		Describe the nature of work performed and job responsibilities	
Starting Rate/Salary			
Ending Rate/Salary			
Reason for Leaving		Your name when employed (if different)	
From	To	Employer	Telephone
Job Title		Address	
Supervisor		Describe the nature of work performed and job responsibilities:	
Starting Rate/Salary			
Ending Rate/Salary			
Reason for Leaving		Your name when employed (if different)	
From	To	Employer	Telephone
Job Title		Address	
Supervisor		Describe the nature of work performed and job responsibilities	
Starting Rate/Salary			
Ending Rate/Salary			
Reason for Leaving		Your name when employed (if different)	

Applicant Name:_____ **Date:**_____

PART TIME TOLL COLLECTION ATTENDANTS
AVAILABLE SHIFTS AND DAYS

Below is a list of available shifts and days that a part time toll collection attendant may be scheduled. Please place a check mark in the appropriate box indicating whether you are or are not available for that particular shift.

****All part-time employees must work one weekend shift every weekend.**

	Available	Not Available
6:30 am to 10:30 am	☐	☐
5:45 am to 9:45 am	☐	☐
2:45 pm to 6:45 pm	☐	☐
2:30 pm to 6:30 pm	☐	☐
6:30 pm to 11:00 pm	☐	☐
6:45 am to 3:15 pm (weekend shift)	☐	☐
2:45 pm to 11:15 pm (weekend shift)	☐	☐
Saturdays**	☐	☐
Sundays**	☐	☐

****All part-time employees must work one weekend shift <u>every</u> <u>weekend</u>.**

Please comment below on any commitments that would conflict with work scheduling:

_____

_____

_____

_____