



901 East Byrd Street, Suite 1120, Richmond, Virginia 23219  
Telephone 804-523-3300 – [www.rmtaonline.org](http://www.rmtaonline.org) – Fax 804-523-3333

Thank you for your interest in employment opportunities with the Richmond Metropolitan Transportation 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 availability sheet and return both to us.

#### **Toll Collection Attendant (part-time) – Requirements:**

- **RMTA part-time TCAs work an average of 20-28 hours per week.** Shifts cover rush hour traffic Monday-Friday. Weekend shifts are mandatory for part-time TCAs. Please refer to the attached availability sheet.
- High school diploma or equivalent is required; strong math skills preferred.
- Experience working with customer transactions involving money OR any equivalent combination of education and experience.
- Excellent customer service skills, preferably in a fast-paced environment.
- 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 and Downtown Expressway.
- Accessible by phone.
- Must successfully pass a drug screen and criminal background check, and maintain satisfactory record after employment.

#### **The RMTA offers:**

- Starting pay rate: **\$15.00** per hour.
- Double pay for working on the following seven core holidays: New Year's Day; Martin Luther King, Jr. 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.

# Application for Employment

## Richmond Metropolitan Transportation Authority

(Please Print)

901 E. BYRD STREET, SUITE 1120, RICHMOND, VA 23219 \* FAX (804) 523-3333

Position(s) Applied For:			Date:		
How Did You Learn About Us? <input type="checkbox"/> Sign on Toll Booths <input type="checkbox"/> Friend or relative (Name) _____					
<input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Job Fair ( _____ ) <input type="checkbox"/> Other: _____					
Last Name		First Name		Middle Name	
Any Former Names (including Maiden):					
Address	Number	Street	City	State	Zip Code
Contact Information (indicate preference for communication)					
Home:		Cell:		Email:	

Are any of your relatives currently employed by the RMTA?  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

School Name and Location	High School				Undergraduate College/University				Graduate/Professional			
	9	10	11	12	1	2	3	4	1	2	3	4
Years Completed												
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 Number	Business	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 RMTA, 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 RMTA, as they may be issued or amended, and that such policies and procedures may be issued or amended at the discretion of the RMTA without prior notice. I further understand, agree and acknowledge that nothing contained in the policies and procedures of the RMTA as issued and or amended constitute a contract of employment.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Supplemental Employment History Form

Name: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

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TCA Name: \_\_\_\_\_ Date: \_\_\_\_\_

## TOLL COLLECTION ATTENDANT AVAILABILITY SHEET

Listed below are the shifts/hours that a TCA may be scheduled to work. You may be scheduled for any block of time during the selected day and time period.

Please place a check mark in the appropriate box indicating your availability for that time period.

Work Hours	Sat	Sun	Mon	Tues	Wed	Thurs	Fri
6:15 am to 10:15am							
6:15 am to 1:45 pm							
6:30 am to 2:00 pm							
1:30 pm to 6:30 pm							
1:30 pm to 9:15 pm							
*6:15 am to 6:30 pm							

**\* Note this is a 12hr TCA shift.**

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

- Total Maximum hours request per week: \_\_\_\_\_
- Maximum number of days per week: \_\_\_\_\_

