

ATTACHMENT #14

**NEW YORK MTA
DRIVER'S JOB APPLICATION FILE**

(31 Pages)



PRE-EMPLOYMENT APPLICATION
BACKGROUND VERIFICATION QUESTIONNAIRE

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

GENERAL INFORMATION

Last Name: J. Williams, First: Oshadell, Title of Position: MTA Bus Operator, Home Address: Brooklyn NY 11207, Social Security Number, Home Telephone

List other names used, i.e. maiden name, nicknames, assumed name.

Eric Williams

Table with 3 columns: List your residence(s) in reverse chronological order, From Mo/Yr, To Mo/Yr. Entry: Brooklyn N.Y. 11207, 1970, Present

Are you legally eligible to work in the United States? [X] Yes [] No

Were you ever dismissed, removed or disqualified from a position, including public employment? [] Yes [X] No

EMPLOYMENT INFORMATION

Start with most recent and work backward 10 years including UNEMPLOYED time. Also, INCLUDE ANY PREVIOUS NYC TRANSIT, METRO-NJ, MTA Bus Company, MTA, LIRR, LONG ISLAND BUS OR BRIDGE & TUNNEL employment you may have had at ANYTIME.

Table with 4 columns: Dates (From/To), Employer's Name, Address, Zip, Supervisor's Name, Title of Position, Reason For Leaving, Work Hours Per Week. Entries include Mr. Clifford N Branch SR and Coach USA.

EMPLOYMENT INFORMATION

| Dates | | Employer's Name, Address, Zip, Supervisor's Name | Title of Position | Reason For Leaving |
|-------|-------|--|----------------------------|--------------------|
| From | To | | | |
| MM/YY | MM/YY | | | |
| | | Supervisor/Telephone: | Work Hours Per Week: _____ | |
| MM/YY | MM/YY | | | |
| | | Supervisor/Telephone: | Work Hours Per Week: _____ | |

MILITARY INFORMATION

1. Have you served in the U.S. Armed Forces? Yes No
 If Yes, indicate entry and separation dates.

2. What was your Military Occupational Specialty (MOS)?

3. Were you dishonorably discharged? Yes No
 If Yes, explain:

Dishonorable discharges are not an absolute bar to employment. Other factors will effect a final decision.
 If hired, your response may be verified by fingerprint investigation.

EDUCATION INFORMATION

List high school, college, graduate school and special training.

| Name and Address | Graduate | Degree/Diploma | Course |
|--|--|----------------|-----------------------------------|
| High School Equivalency P.O. Box 7348 Albany, N.Y. 1224-0348 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Ged | Major _____ # of Credits _____ |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Major _____ # of Credits _____ |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Major _____ # of Credits _____ |

PROFESSIONAL OR TRADE LICENSE INFORMATION

1. List state professional or trade license issued, number and expiration date _____

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? Yes No
 (If the answer is yes, specify type of license or certification, action taken, from/to date and reason for action on a separate page.)

APPLICANT'S STATEMENT

I declare, under penalties of the penal law, that I have completed both pages of the PPS 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 1/19/07

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.

MTA BUS COMPANY

I accept appointment as a Bus Operator to the MTA Bus Company.
By accepting this appointment, my name will be removed from the
MaBSTOA Bus Operator list for Exam # 2501.

I understand that I will not be considered for appointment as a
MaBSTOA Bus Operator from Exam # 2501.

Print Name: Ophadell Williams JR

Signature: _____

List #: 6202

Date: 1/26/07

**NOTE: Failure to complete this form will result in a void of your
appointment to the MTA Bus Company.**

New York City Transit

MTABC

NEW YORK CITY TRANSIT AUTHORITY / MANHATTAN AND BRONX SURFACE TRANSIT AUTHORITY / MTA BUS COMPANY

Appointment / Payroll Notice

Run Date 01/29/2007
Run Time 16:56:44

Name: Ophradell Williams Jr.

M
2

Pass Number:

B04627

Address:

Brooklyn NY 11207-

Department:

5200 Mta Bus Company
5231 Service Availability-College Pt

Rule#: RB APPOINT Regional Bus Appointment

Title: CB609 Bus Operator - College Pt 91203

Effective Date: 02/05/2007
Reporting Date: 02/05/2007

List Number: 6202

Date of Birth: 12/14/1970

Exam #: 2501

Social Security:

Federal Tax Code:
State Tax Code:

Veteran Status: N/A

Salary: 16.5000 Per Hour 02/05/2007

Prior Service : N/A

Appointed By: GLWILLI

(1) TIME-IN

(2) TO LAB

(3) OUT-OF LAB

DOCUMENT TYPE-2 APPOINTMENT

Name: Williams Jr Ophadell Today's Date: 11/9/06
 Social Security Number: _____ New Title: MTA BUS OPERATOR
 Pass No.: _____ Exam No.: 2501 List No.: 6202 Time Asked to Report: 7:30
 Telephone No. #1: _____ Telephone No. #2: _____

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

- Permanent Provisional Temporary Non-Competitive Promotion
 Reinstatement TA OA MTA Bus Company Section 71 Section 73

PLEASE COLLATE AND CHECK ALL DOCUMENTS THAT APPLY

- | | | |
|--|--|---|
| <input type="checkbox"/> Canvass Letter | <input type="checkbox"/> Starting Slip | <input type="checkbox"/> CPD-B (21 Page Booklet) |
| <input checked="" type="checkbox"/> Pre-Employment Application | <input type="checkbox"/> Terms & Conditions (OA) | <input type="checkbox"/> HS Dipl. / College Degree |
| <input type="checkbox"/> Drug / Medical Hold | <input type="checkbox"/> Appointment Notice | <input type="checkbox"/> DP-152/153 (Veterans) |
| <input type="checkbox"/> Medical Results | <input type="checkbox"/> DS-10 & DS-12 (Updates A&B) | <input type="checkbox"/> DD-214 (Discharge Form) |
| <input type="checkbox"/> Motor Vehicle Abstract | <input type="checkbox"/> DP-144 (Verification Card) | <input type="checkbox"/> Veterans Disability Letter |
| <input type="checkbox"/> Review Driving Record | <input type="checkbox"/> I-9 Employment Eligibility | <input type="checkbox"/> DP-440 (Vet. Disability Claim) |
| <input type="checkbox"/> Conviction Record | <input type="checkbox"/> US Passport | <input type="checkbox"/> DP-1021 (Dual Employment) |
| <input type="checkbox"/> Court Transcript <u>OK ADP</u> | <input type="checkbox"/> Alien Registration Card | <input type="checkbox"/> G-46 (Review Only) |
| <input type="checkbox"/> Letter / 3 Year Evaluation | <input type="checkbox"/> Citizenship Papers | <input type="checkbox"/> New Employee Info Package* |
| <input type="checkbox"/> PAR (Personnel Action Request) | <input type="checkbox"/> License / CDL Permit | <small>*(Distributed Not Attached)</small> |
| <input type="checkbox"/> Resume | <input type="checkbox"/> Social Security Card | Checked By: <u>OPERATIONS SUPPORT</u> |
| <input type="checkbox"/> Nepotism Document | <input type="checkbox"/> Birth Certificate | |
| <input type="checkbox"/> Automatic Return | <input type="checkbox"/> TAVOA Offer Letter | |
| <input type="checkbox"/> Other _____ | Liaison's Initials _____ | |

RECALL - FAIL TO REPORT - VERIFICATION

First Phone Call Date: 11/07 Time: 1140 Respondent's Name: Ophadell W.
 Response: _____ Initials: RSJ
 2nd Phone Call Date: _____ Time: _____ Respondent's Name: _____
 Response: _____ Initials: _____
 Date Recall Letter Sent: _____ Sent By: _____
(SIGNATURE REQUIRED)

FTR

MTA NYC TRANSIT (1) TIME-IN RECEIVED

MTA NYC TRANSIT (2) TO LAB RECEIVED

MTA NYC TRANSIT (3) OUT-OF LAB RECEIVED

07 JAN 19 AM 9:49

2007 JAN 19 AM 9:49

2007 JAN 19 AM 10:45

HUMAN RESOURCES EMPLOYMENT CENTER

HUMAN RESOURCES EMPLOYMENT CENTER

HUMAN RESOURCES EMPLOYMENT CENTER

DOCUMENT TYPE-2 APPOINTMENT

Name: Williams Jr Ophadell Today's Date: 1/19/07
Social Security Number: _____ New Title: MTA BUS OPERATOR
Pass No.: _____ Exam No.: 2501 List No.: 6202 Time Asked to Report: _____
Telephone No. #1: _____ Telephone No. #2: _____

FOR OFFICE USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

- Permanent
- Provisional
- Temporary
- Non-Competitive
- Promotion
- Reinstatement
- TA
- OA
- MTA Bus Company
- Section 71
- Section 73

PLEASE COLLATE AND CHECK ALL DOCUMENTS THAT APPLY

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Canvass Letter | <input checked="" type="checkbox"/> Starting Slip | <input type="checkbox"/> CPD-B (21 Page Booklet) | |
| <input checked="" type="checkbox"/> Pre-Employment Application | <input type="checkbox"/> Terms & Conditions (OA) | <input type="checkbox"/> HS Dipl. / College Degree | |
| <input type="checkbox"/> Drug / Medical Hold | <input checked="" type="checkbox"/> Appointment Notice | <input type="checkbox"/> DP-152/153 (Veterans) | |
| <input checked="" type="checkbox"/> Medical Results | <input type="checkbox"/> DS-10 & DS-12 (Updates A&B) | <input type="checkbox"/> DD-214 (Discharge Form) | |
| <input type="checkbox"/> Motor Vehicle Abstract | <input type="checkbox"/> DP-144 (Verification Card) | <input type="checkbox"/> Veterans Disability Letter | |
| <input type="checkbox"/> Review Driving Record | <input checked="" type="checkbox"/> I-9 Employment Eligibility | <input type="checkbox"/> DP-440 (Vet. Disability Claim) | |
| <input type="checkbox"/> Conviction Record | <input checked="" type="checkbox"/> US Passport | <input type="checkbox"/> DP-1021 (Dual Employment) | |
| <input type="checkbox"/> Court Transcript | <input type="checkbox"/> Alien Registration Card | <input type="checkbox"/> G-46 (Review Only) | |
| <input type="checkbox"/> Letter / 3 Year Evaluation | <input type="checkbox"/> Citizenship Papers | <input type="checkbox"/> New Employee Info Package* | |
| <input type="checkbox"/> PAR (Personnel Action Request) | <input type="checkbox"/> License / CDL Permit | *(Distributed Not Attached) | |
| <input checked="" type="checkbox"/> Resume | <input checked="" type="checkbox"/> Social Security Card | Checked By: <u>OPERATIONS SUPPORT</u> | |
| <input type="checkbox"/> Nepotism Document | <input checked="" type="checkbox"/> Birth Certificate | | |
| <input type="checkbox"/> Automatic Return | <input type="checkbox"/> TA/OA Offer Letter | | |
| <input type="checkbox"/> Other _____ | Liaison's Initials <u>[Signature]</u> | | |

RECALL - FAIL TO REPORT - VERIFICATION


First Phone Call Date: 1/23/07 Time: 4:29 Respondent's Name: Ophadell Williams Jr
 Response: _____ Initials: R SJ
 2nd Phone Call Date: _____ Time: _____ Respondent's Name: _____
 Response: _____ Initials: _____
 Date Recall Letter Sent: _____ Sent By: _____
 (SIGNATURE REQUIRED)

FTR

(8)



November 03, 2006

 Ophadell Williams Jr
Brooklyn, NY 11207

Exam #: 2501
List #: 6,202.0000
Soc. Sec. #:
Salary: 16.5000 / Hour

Dear Ophadell Williams Jr:

Your name appears on the eligible list of candidates for consideration for employment as an MTA Bus Operator. The MTABC (MTA Bus Company) is an agency of the Metropolitan Transportation Authority. It operates Buses in Yonkers, Queens, Brooklyn, and the Bronx with limited express service into Manhattan. We invite you to our facility at 150 Livingston Street (between Smith Street and Hoyt Street), 5th floor on November 09, 2006 at 07:30 AM to begin the pre-employment selection process. Please arrive promptly at the designated time. Please wear business casual attire.

To obtain a permanent position as a Bus Operator MTA Bus pre-hire with MTABC you must comply with the following requirements:

- Verification of a motor vehicle driver's license valid in New York State for at least three years prior to appointment with no more than four points within the last three years;
- Verification of a Commercial Driver's License Class B with passenger endorsement and no restrictions, or, at a minimum, a Learner's Permit for a Commercial Driver's License Class B with passenger endorsement and no restrictions;
- Successful completion of a drug/alcohol laboratory examination;
- Successful completion of a self-assessment questionnaire;
- Successful completion of a medical examination (after an offer is made); and
- Successful completion of a six-week training program.

This letter is not an offer of employment. Please be advised that you should not resign from your present position until you have received a job offer and a start date.

The starting salary is specified above. Information about the documents you should bring with you are enclosed. You must bring this letter with you when reporting for pre-employment processing.

Thank you and we look forward to seeing you on November 09, 2006.

018

DECLINE



SONIN



MTA New York City Transit
Occupational Health Services

MTA NYC TRAINING
RECEIVED

Medical Qualification

Pre-Employment

Promotion

2007 JAN 26 PM 4:16

Date 1/25/07

Medical Examination of (print name)

PHYSICIAN RESPONSIBLE FOR
EMPLOYMENT CENTER
Phadell Williams

for the position of Bus Operator

List No. _____

REPORT OF EXAMINING PHYSICIAN

Examination of the above shows that he is medically

999
Qualified or Not Qualified

to perform the full duties

Must wear glasses.

YES

NO

Signature of Examining Physician

DRUG SCREENING NOTIFICATION

| | |
|-----------------------------------|----------------------|
| Name: <u>Ophadell Williams Jr</u> | Date: <u>1/19/07</u> |
|-----------------------------------|----------------------|

I UNDERSTAND THAT MY APPOINTMENT OR PROMOTION IS SUBJECT TO SATISFACTORY FINDINGS OF A DRUG TEST.

TITLE: MTA BUS OPERATOR

EFFECTIVE DATE: _____ LIST NUMBER: 2501

(Signature) _____

DRUG SCREENING NOTIFICATION

| | |
|------------------------------------|----------------------|
| Name: <u>Ophadell Williams Jr.</u> | Date: <u>11/9/06</u> |
|------------------------------------|----------------------|

I UNDERSTAND THAT MY APPOINTMENT OR PROMOTION IS SUBJECT TO SATISFACTORY FINDINGS OF A DRUG TEST.

TITLE: MTA BUS OPERATOR

EFFECTIVE DATE: _____ LIST NUMBER: _____

(Signature)

FAILURE TO REPORT ANY AND ALL OUTSTANDING TICKETS RECEIVED IN NEW YORK AND ANY OTHER STATE WILL RESULT IN YOUR DISQUALIFICATION FOR MTA BUS OPERATOR.

DATE: 11/16/06

I, Ophadell Williams Jr

DO NOT HAVE ANY PENDING VIOLATIONS ON MY NYS License
(STATE OF ISSUANCE)

DRIVER'S LICENSE OR ANY OTHER STATE AS OF MY START WORK DATE, WHICH IS _____
(FOR OFFICE USE ONLY)

I HAVE BEEN INFORMED BY _____
(FOR OFFICE USE ONLY/ APPOINTING OFFICER)

THAT IF I SHOULD RECEIVE ANY MOVING VIOLATION AFTER MY APPOINTMENT, I MUST NOTIFY THE NYCT EMPLOYMENT CENTER AT 180 LIVINGSTON STREET IMMEDIATELY.

I FULLY UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN MY TERMINATION AS A BUS OPERATOR.

SIGNATURE

LICENSE NO.

APPOINTING OFFICER

MOTOR VEHICLE LICENSE INFORMATION

PERMANENT PROMOTION
 PROVISIONAL PROMOTION
 TEMPORARY PROMOTION
 PERMANENT APPOINTMENT
 PROVISIONAL APPOINTMENT
 NON-COMPETITIVE

| | | |
|---|--------------------------------|--|
| PRINT NAME AS IT APPEARS ON LICENSE <u>Dorrell Williams Jr</u> | SOCIAL SECURITY NO. _____ | TITLE OF NEW POSITION <u>Bus Operator MTA</u> |
| ADDRESS, CITY, STATE, ZIP CODE <u>BROOKLYN N.Y.</u> | DATE OF BIRTH (MM/YY) _____ | |

Motorist I.D. Number _____ State NY Class B Expiration Date _____

License Restrictions: Yes _____ No X If Yes, note here _____

Indicate the number of years you have possessed a license without any break prior to the present date _____

Was license denied, suspended or revoked? Yes No From 12/28/1996 To 11/06/2003
 Reason Child Support

SERIOUS MOVING VIOLATIONS OR ACCIDENT RECORD MAY DISQUALIFY. THEREFORE, LIST BELOW ALL PENDING VIOLATIONS AND ALL CONVICTIONS FOR TRAFFIC VIOLATIONS (EXCEPT PARKING).
 All applicants will be thoroughly investigated. Therefore, any omission or willful misstatement will be cause for disqualification for employment.

NOTE: For out of state (any state other than New York) license holder or any out of state violations, attach abstract of operating record. Please list convictions not appearing on abstract of operating record below.

(If none, write "None." If you have nothing pending, write "None and Nothing Pending.")

| DATE OF VIOLATION | OFFENSE | DATE OF CONVICTION | DISPOSITION AND FINE | COURT AND LOCATION |
|-------------------|---------|--------------------|----------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

For further violations (use other side)

Has applicant been involved in an accident during the past three years which resulted in property damage or physical injury? If yes, please explain. Yes No

Explain I WAS driving A coach USA Bus and A Grey SUV

hit my Right side there was no damage to the bus only the mirror

a) Date of accident 1/07 b) Location of accident New Jersey

c) Extent of property damage 400 dollars

d) Number of individuals injured 0 e) Number of individuals confined to a hospital as a result of the accident 0

f) Was police report filed Yes No

"I declare under penalty of the perjury that I prepared this form and that the statements contained herein are to the best of my knowledge and belief true and correct and that I have not knowingly and willfully made a false statement or given information which I know to be false in connection herewith."

Date 1/19/07 Signature _____

FOR BUS OPERATOR TITLE ONLY. In order to be appointed to the title of Bus Operator you must present evidence that you possess a license valid in the State of New York. You must have had a Drivers License for at least THREE (3) YEARS immediately prior to appointment.

FAILURE TO PROVE WITH DOCUMENTS TO THE SATISFACTION OF THE PERSONNEL DEPARTMENT THAT YOU POSSESSED SUCH LICENSE FOR THE REQUIRED PERIOD OF TIME WILL RESULT IN YOUR DISQUALIFICATION AND THE TERMINATION OF YOUR SERVICE.

This appointment is subject to the receipt of a New York State Drivers License, Class B at the end of the training period.

FAILURE TO REPORT ANY AND ALL OUTSTANDING TICKETS RECEIVED IN NEW YORK AND ANY OTHER STATE WILL RESULT IN YOUR DISQUALIFICATION FOR MTA BUS OPERATOR.

DATE: 1/19/07

I, Chadell Williams Jr

DO NOT HAVE ANY PENDING VIOLATIONS ON MY NYS
(STATE OF ISSUANCE)

DRIVER'S LICENSE OR ANY OTHER STATE AS OF MY START WORK DATE, WHICH IS 2/5/07
(FOR OFFICE USE ONLY)

I HAVE BEEN INFORMED BY _____
(FOR OFFICE USE ONLY/ APPOINTING OFFICER)

THAT IF I SHOULD RECEIVE ANY MOVING VIOLATION AFTER MY APPOINTMENT, I MUST NOTIFY THE NYCT EMPLOYMENT CENTER AT 180 LIVINGSTON STREET IMMEDIATELY.

I FULLY UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN MY TERMINATION AS A BUS OPERATOR.

Chadell Williams Jr
SIGNATURE

APPOINTING OFFICER

(REV. 3/06)

MEDICAL NOTIFICATION

Name:

Ophadell Williams JR

Date:

1/25/09

If the Medical Department was unable to complete your examination for any reason, you are considered to be on "Medical Hold."

You must clear this medical hold ASAP, and if a position is still available, you may be considered for appointment. In the mean time, a position will not be held for you.

If you are not appointed to a NYCT position, your name will be removed from the list and you may request restoration to the list at the New York City Department of Citywide Administrative Services.

MaBSTOA and MTA Bus Company candidates who are not appointed should contact NYC Transit's Employment Center.

(Applicant Signature)

(Employment Representative)

NEPOTISM

FOR HUMAN RESOURCES USE ONLY

Pass Number 604527
New Dept. Bus
New Title Asst

Ophardt Williams Jr

NAME (CANDIDATE)

SOCIAL SECURITY NUMBER

Do you have a relative or a member in your household employed at New York City Transit, MTA Bus Company, Metropolitan Transportation Authority, Long Island Railroad, Long Island Bus or Bridges & Tunnels?

Yes

No

If yes, please identify the individual(s) to prevent any potential conflict of interest.

| Last Name, First | MI | Name of MTA Agency | Work Address | Relationship | Job Title |
|------------------|----|--------------------|--------------|--------------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Signature _____

Date 1/25/07

EMERGENCY CONTACT FORM

Applicant

| | | | |
|------|----------------------|------------------------|--|
| Name | Ophadell Williams JR | Social Security Number | |
|------|----------------------|------------------------|--|

Primary Contact Person

| | | | |
|---------------------|-----------------|--------------|--------|
| Name | YVETTE PORTER | Relationship | Mother |
| Home Address | City and State | Zip | |
| Brooklyn N.Y. 11207 | | | |
| Telephone No. 1 | Telephone No. 2 | | |

Secondary Contact Person

| | | | |
|---------------------|------------------------|--------------|------|
| Name | Holly Chantay Williams | Relationship | Wife |
| Home Address | City and State | Zip | |
| Brooklyn N.Y. 11233 | | | |
| Telephone No. 1 | Telephone No. 2 | | |

TERMS AND CONDITIONS OF CERTIFICATION AND APPOINTMENT

| | | |
|-------------------------------------|--|----------------------------|
| Name <i>Ophadell Williams Jr</i> | Title of List <i>Bus Operator</i> | List Number <i>620V</i> |
| Number and Street | City/State <i>BROOKLYN N.Y. 11207</i> | Zip Code <i>11207</i> |
| Department <i>bus</i> | Date of Appointment <i>1/25/07</i> | |

I, the above-named person, and eligible whose name appears on the above mentioned list, hereby accept certification and appointment to the above position subject to the following terms and conditions:

That this appointment is made subject to my qualifying in the appropriate character and qualifications investigations medical examination and satisfactory completion of the training period.

I further understand that my appointment as a *Bus Operator* in said position will be on a probationary basis for one (1) year.

Any false statement made by me in any of the documents completed will automatically result in my disqualification and dismissal.

| | |
|------------|----------------------|
| Signature: | Date: <i>1/25/07</i> |
|------------|----------------------|

WITNESS:

APPOINTING OFFICER OR HIS AGENT



Bus Company

07-001169

ELECTRONIC FINGERPRINTING (ePrint) INFORMATION

PLEASE PRINT ALL INFORMATION.

| | | | | | | |
|----------------|---|--|--|----------------------------|---|-----------------------------|
| GENERAL | 1. Last Name Williams | | First Name Ophrael | | Middle Name | Suffix JR |
| | 2. Street | | | | | |
| | 3. City BROOKLYN | | 4. State N.Y. | 5. Country Hings | | 6. Zip Code 11207 |
| | 7. Date of Birth (MM/YY) | | 8. Place of Birth (State or Country) BROOKLYN New York state | | 9. Citizenship (Country) Yes US | |
| | 10. City of Birth BROOKLYN | | 11. Social Security Number | | 12. Miscellaneous ID Number | |
| | 13. Occupation (Title of position) BUS Operator | | | | | |

| | | | | |
|-----------------|--|--------------------------|---|--|
| PHYSICAL | 14. Height 5'8" | 15. Weight 170 | 16. Sex (enter) "M" for Male <input checked="" type="checkbox"/> "F" for Female <input type="checkbox"/> | |
| | 17. Race (Enter the racial appearance code which best describes your appearance.) W - White <input type="checkbox"/> B - Black <input checked="" type="checkbox"/> I - American Indian or Alaskan Native A - Asian or Pacific Island O - Other <input type="checkbox"/> B | | | |
| | 18. Hair (Enter the hair color code which best describes your hair color.) BAL - Bald BLK - Black BLN - Blonde BRN - Brown GRY - Gray RED - Red SDY - Sandy WHT - White XXX - Unknown BAL | | 19. Eyes (Enter the eye color code which best describe your eye color.) BLK - Black BLU - Blue BRN - Brown GRY - Gray GRN - Green HAZ - Hazel MAR - Maroon PNK - Pink MUL - Multi-colored XXX - Unknown BRN | |

| | | |
|------------------|--|------------------------|
| SIGNATURE | 20. By signing below is my acknowledgement that the fingerprint fee of \$99 will be deducted from my paycheck. | |
| | Signature of Person Fingerprinted | Date 1/25/07 |

| | | | | | |
|------------------------|---|--|---|--|------------------------------|
| FOR HR USE ONLY | 21. Employer Name MTA Bus Company | | 22. Street 341 Madison Avenue, 15th Floor | | |
| | 23. City New York | | 24. State NY | 25. Country USA | 26. Zip Code 10017 |
| | 27. Is there any reason why all ten fingers cannot be printed at this time (scars, bandages, amputation)? | | | 28. Contributor 673004Y NYC Dept Citywide Adm Svc New York, NY 10007 | |
| | | | | 29. License Type/Job Title SPECIAL/EMPLOYEE APPLICANT | |
| | 30. Signature of Person Taking Prints 1/26/2007 | | | | |

FINGERPRINT RECEIPT

Name: Williams
Last

D
Initial



Payroll Deduction

Processing Fee

MTA Bus

JLB 1/27/2007
Initial/Date

TO BE COMPLETED BY EMPLOYMENT REPRESENTATIVE:

Final processing is pending further documents. Return F/P Receipt

Hold ePrints

Yes

No

Check here

TO BE COMPLETED BY CANDIDATE:

Please have candidate initial after returning F/P Receipt

Initials

TO BE COMPLETED BY FINGERPRINTING UNIT:

Please acknowledge receipt by initialing when candidate returns Receipt

Initials

UPDATE PROCESSING ONLY:

Social Security No. _____

Processing Fee Amount \$ _____

Initials

Memorandum



New York City Transit

Date February 16, 2007
To Timothy Sweeney, Superintendent, MTA Bus Company
From Barbara Jansen, Sr. Director, Employment Services, Dept. of HI
Re EMPLOYEE TERMINATION: Ophadell Williams, Jr., Pass No. B04527

The Background Investigations Unit (BIU) has conducted an investigation of the above referenced employee. Information has been obtained in this case which requires that the employee be terminated. Please refer to the attached Background Investigation Case Summary form on which the findings of the investigation are described.

It is imperative that Mr. Williams' termination be completed as soon as possible upon receipt of this memorandum. If you have any questions or require additional information, please contact Stephen Bobby, Director, Candidate Qualifications at (347) 643-8091.

Attachment

c: R. Gorman

Memorandum



Bus Company

Date: Tuesday, February 20, 2007
To: MTA Bus Company - Human Resources
From: OPHADELL, JR WILLIAMS
Subject: RESIGNATION OF EMPLOYMENT

I hereby tender my resignation as a Student Bus Operator effective at the close of business on 2/20/2007.

Reason for Resignation TERMINATED @ 180 LIVINGSTON STREET

If you are resigning to accept another position, please provide the name and address of your new employer:

If you are resigning to accept another appointment in a State or City agency, please provide:

Agency: _____

Salary: _____

List from which you have been appointed: _____

Forwarding Address for mail:

BROOKLYN, NY 11207

Signature: (_____)
Rev. 5/03/05

Pass No.: b04527



TRAINING DIVISION

Final Evaluation of Separating Employee

Employee's Name: OPHADELL, JR WILLIAMS

Pass/Payroll: B04527

Title: STUDENT BUS OPERATOR

Department: TRANSPORTATION TRAINING

Date of Appointment: 2/5/2007

Date of Separation: 2/20/2007

EVALUATION OF EMPLOYEES OVERALL PERFORMANCE

SATISFACTORY

UNSATISFACTORY

COMMENTS: TERMINATED @ 180 LIVINGSTON STREET

FAILED TO DISCLOSE FELONY ARREST/
CONVICTION

Would you recommend rehiring this individual: YES NO

Director of Transportation Training

ACO, Safety Training



**TRAINING DIVISION
HOURLY EMPLOYEE SEPARATION PAYROLL SCHEDULE OF EMPLOYEE
TERMINAL ALLOWANCE**

R/C #: 3296 Employee's Name: OPHADELL, JR WILLIA Pass/Payroll: b04527

Title: STUDENT BUS OPERATOR Date of Birth:

Forwarding Address:

BROOKLYN, NY 11207

Date of Appointment: Feb/05/2007 Reason for Separation: FAILED TRAINING

Hourly Rate: _____ LDW: Feb/20/2007 Date of Separation: Feb/20/2007

RDO: SAT/SUN

| | BALANCE DAYS | YEAR OCCURRED | DATES PAID | WEEK ENDING | NUMBER OF DAYS | TOTAL HOURS |
|---------------------|---------------------|------------------|---------------|----------------|-------------------|----------------|
| HOLIDAYS | 0 | | | | | |
| CURRENT VACATION | 0 | | | | | |
| TERMINAL LEAVE | # OF DAYS DUE | 0 | | | | |

REMARKS: _____

Prepared By: Admin

Date: 2/20/2007

Assistant Chief Officer



MTA Bus Company
Safety Training Division
114-15 Guy R. Brewer
Blvd.
Jamaica, New York 11434

Tuesday, February 20, 2007

To whom it may concern:

STUDENT BUS OPERATOR OPHADELL, JR. WILLIAMS, PASS/PAYROLL #:
B04527 HAS LEFT THE AUTHORITY ON 2/20/2007 AND HAS RETURNED
THE PROPERTIES AND GARMENTS CHECKED BELOW:

PROPERTIES RETURNED

- PASS
- BADGE
- BOOK OF RULES
- VEST
- B/O HAT
- B/O LOGO CAP

GARMENTS RETURNED

- TIES
- SUMMER SHIRTS
- WINTER SHIRTS
- BI-SWING BLOUSE
- SUMMER TROUSERS
- WINTER GARMENTS

Authorized Signature



Memorandum

Date: Tuesday, February 20, 2007
To: Director, Pass Unit, Human Resources
From: Timothy Sweeney, Assistant Chief Officer
Subject: RETURN OF EMPLOYEE PASS

B/O OPHADELL, JR WILLIAMS, PASS/PAYROLL #: B04527 RETURNED
EMPLOYEE IDENTIFICATION PASS ON 2/20/2007.

Please find the pass stapled to this memo.

No Pass

Department of Homeland Security
U.S. Citizenship and Immigration Services

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

| | | | |
|--|-------------------------|--|----------------------|
| Print Name: Last WILLIAMS JR | First Ophaded | Middle Initial | Maiden Name |
| Address (Street Name and Number) | | City BROOKLYN | State N.Y. |
| Zip Code 11207 | | Date of Birth (month/day/year) 1/25/07 | Social Security # |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
 A citizen or national of the United States
 A Lawful Permanent Resident (Alien #) A _____
 An alien authorized to work until _____ (Alien # or Admission #) _____

Employer: _____ Date (month/day/year) **1/25/07**

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

| | |
|---|-----------------------|
| Preparer's/Translator's Signature | Print Name |
| Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year) |

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A | OR | List B | AND | List C |
|---------------------------------|----|----------------|-----|-----------|
| Document title: _____ | | Dumb | | SS |
| Issuing authority: _____ | | MS | | SS |
| Document #: _____ | | 12/4/07 | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |
| Document #: _____ | | _____ | | _____ |
| Expiration Date (if any): _____ | | _____ | | _____ |

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **2/5/07** and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|--|--|---|
| Signature of Employer or Authorized Representative | Print Name JK | Title Chief |
| Business Organization Name MTA Bus Company | Address (Street Name and Number, City, State, Zip Code) 341 Madison Avenue, New York, NY 10017 | Date (month/day/year) 1/26/07 |

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) _____ B. Date of rehire (month/day/year) (if applicable) _____

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

| | | |
|-----------------------|-------------------|---------------------------------|
| Document Title: _____ | Document #: _____ | Expiration Date (if any): _____ |
|-----------------------|-------------------|---------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | |
|--|-----------------------|
| Signature of Employer or Authorized Representative | Date (month/day/year) |
|--|-----------------------|

Bus Company

(Please read the instructions attached to this form.)

Social Security No. _____

Name Orshel Williams Jr

During the past two _____

years, have you ever been employed by one for a DOT regulated employer? Yes No
If yes, please CLEARLY print the name and address of the employer below. USE ONE FORM FOR EACH DOT EMPLOYER DURING THE PREVIOUS TWO YEARS, IF APPLICABLE.

(Date)

1/25/07

Coxle USA Northeast Region

~~1605~~ 1605 Route 17 N.

Darlington NJ 07652

(Employer Address)

Dear Employer:

_____, SS No. _____

has applied to

MTA Bus Company for employment in a position covered by the U.S. Department of Transportation as safety sensitive. Safety sensitive functions include but are not limited to: operation of revenue service vehicles including when not in revenue service; operation of non-revenue service vehicles that require drivers to hold CDLs; dispatch or control revenue service vehicles; maintain revenue service vehicles or equipment used in revenue service except for contractors to Section 18 transit agencies; and provide security and carry a firearm. In accordance with the provisions of federal law, 49 CFR Part 40, Section 40.25, we are requesting that you release FTA regulated drug and alcohol testing information to this agency covering any period during two years prior to the date of this letter. In addition, MTA Bus Company specifically requests:

- 1) alcohol test results of 0.04 alcohol concentration or greater;
- 2) verified positive drug tests;
- 3) refusals to test;
- 4) other violations of FTA or DOT Drug and Alcohol Testing rules; and
- 5) as appropriate, documentation of the successful completion of DOT return to duty requirements including follow up tests.

It is the MTA Bus Company's understanding that you are a DOT regulated employer and that this applicant has/had been employed by you during the past two years.

Below please find a release granting consent signed by the above applicant. Please mail or fax the information back to:

MTA New York City Transit
Office of Human Resources
Occupational Health Services, Drug Reporting Unit
180 Livingston Street, Room 4026
Brooklyn, NY 11201
Fax (347) 843-8186

Thank you for your anticipated cooperation in this matter.

I hereby grant my current and prior employer identified above, permission to release drug and alcohol testing information related to FTA covered drug and alcohol testing program to MTA Bus Company for any part of the two year period prior to the date of this letter. This includes questions one through five as requested above. I understand that continued employment is contingent on the findings of the USDOT employer verification and further understand that I will not be hired to perform safety sensitive functions if I refuse to sign below. I understand any misrepresentation may result in a denial of my employment application, or, if currently an employee, appropriate disciplinary action.

Applicant

1/25/07
Date

MTA Bus Company is an agency of the Metropolitan Transportation Authority, State of New York
Peter S. Kalllow, Chairman

Human Resources/BU of Forms (REV. 12/04)

Memorandum



New York City Transit

Date February 16, 2007
To Timothy Sweeney, Superintendent, MTA Bus Company
From Barbara Jansen, Sr. Director, Employment Services, Dept. of HR
Re EMPLOYEE TERMINATION: Ophadell Williams, Jr., Pass No. B04527

The Background Investigations Unit (BIU) has conducted an investigation of the above referenced employee. Information has been obtained in this case which requires that the employee be terminated. Please refer to the attached Background Investigation Case Summary form on which the findings of the investigation are described.

It is imperative that Mr. Williams' termination be completed as soon as possible upon receipt of this memorandum. If you have any questions or require additional information, please contact Stephen Bobby, Director, Candidate Qualifications at (347) 643-8091.

Attachment

c: R. Gorman

BACKGROUND INVESTIGATIONS CASE SUMMARY

SSN: _____ DATE: February 16, 2007
NAME: Ophadell Williams, Jr. CASE #: 36313
DEPARTMENT: Department of Buses JOB TITLE: Bus Operator

⇒ FINDINGS OF BACKGROUND INVESTIGATIONS:

1. Employee falsified information on employment documents:

2. Employee failed to disclose information:
Employee failed to disclose 2 Felony convictions.
3. Employee failed to provide required documentation:

4. Employee failed to cooperate with investigation:

5. Other: Internal Authority documents. Do not distribute to employee.

⇒ BIU RECOMMENDATION:

- TERMINATE EMPLOYEE
- DISCIPLINARY ACTION
- OTHER: _____

⇒ FINAL DEPARTMENTAL DISPOSITION:

- ACTION TAKEN: _____
- SUPPORTING DOCUMENTATION ATTACHED: _____

⇒ INVESTIGATOR INITIAL: SB DP

BACKGROUND INVESTIGATIONS
180 Livingston Street-4th Floor
Brooklyn, NY 11201
Tel. # (347) 625-9571/892/893

