

NOTICE TO APPLICANTS

Applications must be filled out completely. Failure to fully complete this application may disqualify you from consideration. You may indicate “N/A” or “not applicable” for items that do not apply to you. Employment history should be complete for your last (4) employers. A notation should be made explaining periods between employment such as school, job search, etc.

Resume’s may be attached, but do not remove the requirement to complete the application.

We are an Equal Opportunity employer through affirmative action to assure that policies and practices relative to equal opportunity are enforced. Women and minorities are encouraged to apply.

Successful driver applicants:

- ❖ Will take a pre-employment drug test and must have a negative result
- ❖ Minimum 21 years of age.
- ❖ Good driving history for the past 3 years. Not more than one moving violation or one at fault accident. MVR's are requested upon hire and application information is verified. Termination of employment would occur for unreported items.
- ❖ No DUI convictions
- ❖ Will provide proof of personal auto insurance
- ❖ Rides provides transportation for Federal and State programs and therefore may not hire persons with felony convictions on their record.
- ❖ Verifiable, positive work history with no separations due to substance abuse violations.
- ❖ Drivers must meet DOT physical qualifications (49 CFR 391.41). Medical conditions such as insulin dependent diabetes is disqualifying under DOT regulations.
- ❖ Driving positions have bona fide physical requirements due to the need to safely evacuate passengers in the event of an emergency, assist wheelchair passengers and other disabled passengers as required by ADA regulations. Drivers must have the ability to lift 50 pounds to assist clients and bend, stoop, and kneel to do wheelchair securement.

Classroom driver training will be a minimum of five (5) days. Drivers must have a Commercial Drivers License physical and successfully pass the CDL core of knowledge within 30 days of employment.

A training period of a minimum of three (3) months apply to all new employees.

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

In signing this application for employment, I understand that misrepresentation or omission of facts is cause for cancellation of this application or separation from the company's service if I am employed. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me on this application.

Last Name First Middle Social Security Number

Address City State Zip Code Phone Number

Driver's License Number

Position(s) Applied For: _____

Employment History: Begin with current of last job. Include military service assignments. If you include volunteer activities, you may exclude organizations that indicate race, color, religion, national origin, disability, or other protected status.

Company Name: _____

Address: _____

Date Started: _____ Date Ended: _____ Hourly/Salary: _____

Job Title: _____ Supervisor: _____ Phone No: _____

Duties or Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Date Started: _____ Date Ended: _____ Hourly/Salary: _____

Job Title: _____ Supervisor: _____ Phone No: _____

Duties or Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Date Started: _____ Date Ended: _____ Hourly/Salary: _____

Job Title: _____ Supervisor: _____ Phone No: _____

Duties or Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Date Started: _____ Date Ended: _____ Hourly/Salary: _____

Job Title: _____ Supervisor: _____ Phone No: _____

Duties or Responsibilities: _____

Reason for Leaving: _____

EDUCATION

| School | Location | Diploma/Degree | Studies |
|--------------------|----------|----------------|---------|
| Elementary | _____ | _____ | _____ |
| High School | _____ | _____ | _____ |
| Trade/professional | _____ | _____ | _____ |
| College/University | _____ | _____ | _____ |
| Graduate School | _____ | _____ | _____ |

Fluency in Foreign Language(s) _____ ___ Speak ___ Read ___ Write

Special Job Related Skills and Qualifications or Other Experience: _____

Military History: _____ Current Status _____

Dates Release/type

Job Related Training: _____

Do you have a friend or family member who is a RMTD employee? Yes ____ No ____
 Employee name _____ Relationship _____

Do you have a felony conviction on your record? (You are not obligated to disclose sealed or expunged records of conviction.)
 Yes ____ No ____ If Yes, explain and give dates _____

Have you ever worked for RMTD? If yes, dates and location _____

DRIVING EXPERIENCE

Class of Driver's License _____ (CDL required if hired)
 How many years have you been driving? _____ Employer's vehicle _____ Passenger Car _____
 Years driven commercially _____

Has any license you ever held been suspended? _____ Revoked? _____
 If so, When _____ Why _____ Length of time _____ In what state _____

Do you have other driving experience? _____ If so, what type and size of vehicle _____

Length of time driven: Tractor/trailer _____ Bus _____ Other _____
 In what states? _____

Do you have personal automobile insurance? Yes ____ No ____

ACCIDENT RECORD

Number of accidents involved in as driver of private car _____.

As operator of commercial vehicle _____.

| | Date | City/State | Description |
|---------------|------|------------|-------------|
| Last accident | | | |
| Next previous | | | |
| Next previous | | | |

TRAFFIC VIOLATIONS

List all violations, other than parking, for which you were cited.

| Date | Offense | Location | Date of Conviction | Fine |
|------|---------|----------|--------------------|------|
| | | | | |
| | | | | |
| | | | | |

We will verify this information with State and Local sources. The information provided must match your Motor Vehicle Record.

References Other Than Previous Employers or Relatives: (Be sure to include phone #'s)

| Name | Occupation | Address | Phone # |
|------|------------|---------|---------|
|------|------------|---------|---------|

| Name | Occupation | Address | Phone # |
|------|------------|---------|---------|
|------|------------|---------|---------|

| Name | Occupation | Address | Phone # |
|------|------------|---------|---------|
|------|------------|---------|---------|

Do we have permission to contact the above employers and references? yes no

In case of an emergency notify: _____

| Name | Relationship |
|------|--------------|
|------|--------------|

| Address | Phone |
|---------|-------|
|---------|-------|

I understand that no employment offer is being made at this time. I certify the information on this application is true and correct without any significant omission of any kind whatsoever. I understand if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interview may be grounds for immediate discharge.

I authorize Rides Mass Transit District to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, and qualifications. I authorize any third party to release to Rides Mass Transit District any and all information and documentation it requests. This information may include, but is not limited to dates of employment, positions held, responsibilities, base compensation and bonus or commissions (if applicable), job performance, education, transcript, criminal history, etc. A copy of this authorization may be accepted as an original. In addition, I hereby waive my right to bring any cause action against these parties for defamation, invasion of privacy, or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of Rides Mass Transit District. I further understand that no one at Rides Mass Transit District is authorized to enter into any written or verbal employment contract with me for any definite period of time without the express written consent of the Executive Director. I also understand that if I am hired, my employment will be at will and may be terminated by myself or by Rides Mass Transit District at any time for any reason or for no reason, with or without prior notice.

Drivers have bona fide physical requirements in order to fulfill ADA regulations for public transportation service. Applicants with driving requirements must be able to maneuver and secure wheelchair passengers and assist other disabled passengers. Drivers must also be physically able to evacuate passengers in the event of an emergency.

Do you have any physical limitations that would prevent you from safely performing the above duties? Yes No

If Yes _____

A pre-employment drug screen is required of all employees. Safety sensitive employees are required to be part of an ongoing Random Drug and Alcohol Testing program.

** Yes No Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer for DOT safety sensitive positions, but did not obtain employment during the past two years.

** Yes No Have you been part of a DOT random testing program in the last 2 years?

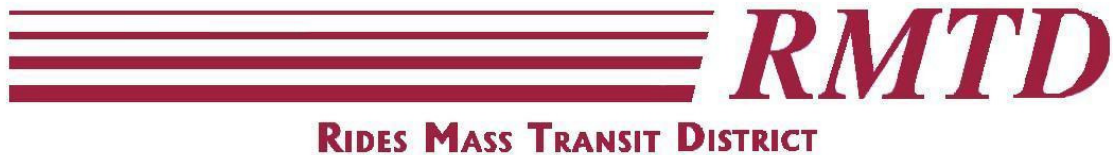
** Yes No Did you have a positive result, or refuse to test.

** Yes No If you had a positive result or refused to test, have you successfully completed the return to duty process and have documentation.

Signature _____ Date _____

Equal Opportunity Data: This information is furnished voluntarily by the individual and will be kept confidential. Refusal to provide information will not subject you to any adverse treatment.

| | | | | | |
|------------------------------|--------------|-------------------------|-----------------|--------------|------------------------|
| Race/National Origin: | White | African-American | Hispanic | Asian | American Indian |
| Gender: | Male | Female | | | |



AUTHORIZATION

I, (Undersigned) hereby give permission to Rides Mass Transit District or any agents of Rides Mass Transit District to have any information verified, including my employment, past employment, criminal report and criminal background information (if any), education, driving records, citizenship.

I further agree that a photocopy of the authorization may be accepted with the same authority as the original.

Date: _____

Name: _____
(Signature) (Please Print)

Social Security # _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____