

# APPLICATION FOR EMPLOYMENT

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

## PERSONAL INFORMATION

DATE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER? Yes  No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes  No

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? REFERRED BY \_\_\_\_\_

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO. OF		SUBJECTS STUDIED
		YEARS ATTENDED	DID YOU GRADUATE?	
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

## SPECIAL SKILLS

Activities: (CIVIC ATHLETIC ETC.) \_\_\_\_\_  
EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN \_\_\_\_\_ NATIONAL GUARD OR RESERVES \_\_\_\_\_

\*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

**FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).**

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM _____				
TO _____				
FROM _____				
TO _____				
FROM _____				
TO _____				
FROM _____				
TO _____				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.**

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

**1**  
IT IS UNLAWFUL IN THE STATE OF MARYLAND TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_ NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

\*I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.  
IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRONG AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: \_\_\_\_\_ FIRST INTERVIEW DATE: \_\_\_\_\_ SECOND INTERVIEW DATE: \_\_\_\_\_

REMARKS: \_\_\_\_\_

NEATNESS \_\_\_\_\_ ABILITY \_\_\_\_\_

HIRED:  Yes  No POSITION \_\_\_\_\_ DEPT. \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_

APPROVED: 1. \_\_\_\_\_ ACCOUNTING MANAGER 2. \_\_\_\_\_ DEPT. HEAD 3. \_\_\_\_\_ GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

**BLOOMFIELD PUBLIC TRANSPORTATION SYSTEM**

**TRANSIT DRIVER**

**TITLE** TRANSPORTATION DRIVER

**DEPARTMENTS** TRANSPORTATION

**REPORTS TO** TRANSIT DIRECTOR

**JOB SUMMARY**

Transport with in Bloomfield door to door  
Travel up to 2 miles out of town 3 Miles to commuter parking to meet Dexter Transit  
1st Tuesday will perform transport to Dexter (TTT) 830-1200  
Run small errands such as picking up supplies

**SUMMARY OF FUNCTIONS**

Must be able to help maneuver patrons in and out of van if needed  
Take and make change  
count down box and the end of the day with paper work  
Handle groceries to the door without going into dwelling

**MINIMUM REQUIREMENTS**

Have money  
Read street signs  
Learn map of town  
Train as needed to perform job  
use necessary equipment to do job required

**SPECIFIC REQUIREMENTS**

Must have a Class "E" license or better  
Must submit urine test before driving with negative results  
Must pass physical for driving  
Must be 21 years old or older

**DISCLAIMER**

The above statements are intended to describe the general nature and level of work being performed by people assigned to this classification. They are not to be construed as a exhaustive list of all responsibilities, duties, and skills required of personnel so classified. All personnel may be required to perform duties outside of their normal responsibilities from time to time, as needed.

**HR USE ONLY**

<b>JOB CODE</b>	DRIVER
<b>TITLE</b>	TRANSPORTATION DRIVER
<b>AV GRADE</b>	MINIMUM
<b>MANAGEMENT</b>	NO

**SPECIFICATIONS FOR  
CITY BUS DRIVER**

**NATURE OF WORK**

Remains on call to drive the City Bus from 8:00 a.m. to 12:00 p.m. and from 1:00 p.m. to 4:00 p.m. on each weekday other than holidays. Takes responsibility for bus maintenance. Performs other duties as assigned by the Transit Director.

**PERFORMANCE RESPONSIBILITIES:**

Receives dispatch information from dispatcher while in bus office or enroute. Proceeds to address given. Transports caller as directed within the city limits and 2 miles beyond and 3 miles in case of Commuter Parking.

Drives the bus to out of town destinations as scheduled by city bus Transit Director. Observes all traffic laws. Always considers the safety and well being of the riders.

Assumes responsibility for the bus. Checks the bus for levels of oil and brake fluid weekly or less if needed. Provides daily check of brakes, windshield wipers, all lights, tires, and doors.

Notifies bus Transit Director of any needs for service or mechanical defects. Schedules appointments for regular oil changes and/or repair work and delivers bus to mechanic. Adds oil and gasoline as needed only when there are no passengers on the bus. Keeps log of maintenance.

Reports any accidents and completes all required reports.

Cleans interior of bus as needed. Schedules routine washing on the exterior of bus.

Occasionally performs non-technical tasks as assigned by Transit Director. (I.e. sorting, filing, etc.)

**QUALIFICATIONS:**

Must have a valid chauffeur's license, a certificate of good health signed by a doctor, be at least 21 years of age, receive negative results for D&A testing, clean background check, and show aptitude for successful driving.

# Bloomfield Public Transportation System

## Pre-Employment Substance Testing

### Receipt of Policy Statement

### Permission Form [DFW02]

I certify that I have been given copy of Bloomfield Public Transportation System's Drug and Alcohol Testing Program Policy Statement ("Policy"), and that I have read it. I freely and voluntarily give my permission to submit to urinalysis and/or other screening or tests as shall be determined by Bloomfield Public Transportation System under its administration of applicable regulations of the U.S. Department of Transportation (DOT), including 49 CFR Part 40 and 49 CFR Part 655, City Policy and in substantial compliance with applicable state statutes pertaining to a drug-free workplace, if any, in the selection process of final applicants for employment, for the purpose of determining the presence of, and content of, any or all of the following substances:

1. Amphetamines
2. Cannabinoids
3. Cocaine
4. Phencyclidine (PCP)
5. Opiates
6. Alcohol

I also understand and acknowledge that I may be subject to non-DOT screening and testing under Bloomfield Public Transportation System's Policy as set forth in the Policy.

I further agree to and hereby authorize the release of the results of said tests to Bloomfield Public Transportation System and to WPCI Medical Review Officer and its Service Agents as provided in the Policy.

I understand that a negative test is a pre-condition of employment with Bloomfield Public Transportation System and that the refusal to submit to testing or a positive test result will result in the rejection of my application or the rescinding of a conditional offer of employment. I also understand that it is not the purpose of this screen or test to identify any disability I may have and that pre-employment screening and testing activities are conducted in compliance with ADA requirements applicable to the Bloomfield Public Transportation System, if any.

### **MANDATORY DOT QUESTIONS**

During the past two years, have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?

(Circle one) YES , NO

I further agree that a reproduced copy of this form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Applicant: Print name: \_\_\_\_\_ SS# \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_ Witness Signature \_\_\_\_\_

**AUTHORIZATION FOR PAST DRUG AND  
ALCOHOL TEST RESULTS**

I understand that, under Federal law, it is a condition of qualification with Bloomfield Public Transportation System that I provide written authorization to obtain the results of all Department of Transportation (DOT) required drug and alcohol tests (including refusals to get tested) from all companies for which I provided services as a driver during the last two years, whether as an employee or independent contractor or as an employee or contractor of an agent of the company, or for which I took a pre-employment or pre-qualification drug test during the past two years and name(s) and addresses of any Substance Abuse Professional (SAP) under which I obtained treatment or counseling during the past five years.

The company listed below is one for which I provided services as a driver or to which I applied as a driver during the last two years. I authorize Bloomfield Public Transportation System to obtain from this company and I authorize this company to furnish to Bloomfield Public Transportation System the following information on my drug and/or alcohol tests (including any information the company obtained from a previous employer for whom I provided services as a driver or to which I applied for a driving position) during the last two years: (1) all positive drug test results; (2) all alcohol tests results of 0.04 or greater; (3) all alcohol test results or 0.02 or greater but less than 0.04; (4) all instances in which I refused to submit to a DOT-required drug and/or alcohol test.

Company Name and Address:

Haywood Trucking 601-939-8700

Reliable Transportation 1-800-325-0157

Bloomfield Public Transit

Dates Worked For / Applied To:

8-10-99 to 1-18-2000

11-12-01 to 8-21-2005

2005-2011

I have carefully read and fully understand this authorization. I certify that all of the information that I have furnished is true and complete and that the company listed is one that I have provided services for as a driver or applied for work or qualification as a driver during the past two years.

Signature of Applicant

Date

**CONFIDENTIAL REQUEST FOR INFORMATION ON DOT (PAGE 1 of 2)  
SAFETY-SENSITIVE FORMER EMPLOYEES [DFW06]**

**FROM:** City of Bloomfield  
P.O. Box 350  
Bloomfield MO 63825

Phone: 573-568-3960  
Fax: 573-568-4960

**TO:** \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

**Address** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_  
 Mr.  Mrs.  Ms. \_\_\_\_\_ **SS#** \_\_\_\_\_

Has made application to Bloomfield Public Transportation System for a safety-sensitive function under DOT regulations and pursuant to 49 CFR Part 40.25. We are hereby requesting that you (entity) provide the information requested below.

**PLEASE COMPLETE THE FOLLOWING (for the past 2 years):**

What were the dates of this applicant's?

1. Employment? From \_\_\_\_\_ to \_\_\_\_\_  
 Yes  No

2. Was he employed in a DOT safety-sensitive function?  Yes  No

3. Was this applicant subjected to alcohol testing or controlled substance testing pursuant to 49 CFR Parts 40?  
 Yes  No

4. Did this applicant test positive during the preceding two years for:  
 Yes  No

Alcohol concentration of 0.04 or greater?  Yes  No

Verified positive for controlled substances covered under 49 CFR Part 40?  Yes  No

5. If positive, was this applicant referred to a substance abuse professional?  Yes  No

6. Did this applicant see a substance abuse professional?  Yes  No

If yes, did this substance abuse professional recommend treatment?  Yes  No

7. If treatment was recommended, did applicant complete treatment?  Yes  No

8. Did applicant undergo a return-to-duty test?  Yes  No

9. If yes, did they return-to-duty test indicate a verified negative result?  Yes  No

10. Has this applicant any time in the post two years refused a required alcohol?  
 Yes  No

or drug test (including verified adulterated or substituted drug test results)?  Reasonable suspicion controlled substance applicant refuse:  
If yes, which test did  Reasonable suspicion alcohol  Random alcohol  Random controlled substance

Follow-up alcohol  Follow-up controlled substance  
 Post-accident alcohol  Post-accident controlled substance

Please note: 49 CFR Part 40 and 49 CFR part 655 mandates that previous employers must immediately provide information regarding any violations found.

**APPLICANT CONSENT FOR RELEASE AUTHORIZATION**

With my signature below, I am authorizing you to release any information in regard to any DOT alcohol and/or controlled substance program and/or testing while I was in your employ, acting as your agent, under contract with you. Or acting as your representative in any capacity during the preceding two years from the date listed below. Applicant to list former DOT employers on second page of this form. A copy of this release form shall have the same force and effect as the original. This request is specific and to be released only to Bloomfield Public Transportation System. Authorization of this release will expire once the requested information has been sent to Bloomfield Public Transportation System. This authorization may not be used to provide information to any other persons. I certify I am former DOT employer information provided by me is correct.

Requested by: Bloomfield Public Transportation System.

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Witness Printed Name: \_\_\_\_\_

**Bloomfield Public Transportation System's**

Active Employee Certificate of Acknowledgment,  
Receipt of Policy Statement Permission Form [DFW01]

I certify that I have received and read Bloomfield Public Transportation System's Drug and Alcohol Testing Program Policy Statement ("Policy"), which explains Bloomfield Public Transportation System's adherence to and administration of applicable regulations of the U.S. Department of Transportation (DOT), including 49 CFR Parts 40 and 655, City Policy and in substantial compliance with applicable state statutes pertaining to workers' compensation and/or unemployment benefits qualifications and state guidelines pertaining to a drug-free workplace, if any. I have had the terms and conditions of Bloomfield Public Transportation System's Policy explained to me, and I freely and voluntarily give my permission to submit to drug and alcohol screening or testing as set forth in Bloomfield Public Transportation System's Policy and as mandated by DOT regulation 49 CFR Part 655. I understand and acknowledge that under applicable state laws, no workers' compensation benefits, or only reduced benefits, may be available to me if I test positive for drugs or alcohol in a confirmed laboratory test at the time of a work-related injury or death, or if I refuse to submit to either a drug or alcohol test or screening at the time of a work accident. I also understand and acknowledge that I will be subject to non-DOT screening and testing under City Policy as set forth in the Policy.

Further, I understand that a positive confirmed laboratory result from a post-accident drug or alcohol test, or if I refuse to submit to an initial screening or a laboratory test for drugs or alcohol, or if I adulterate, substitute or otherwise fail to cooperate in drug or alcohol testing as set forth in 49 CFR Parts 40 and 655 and this Policy, is evidence of willful misconduct so as to disqualify me from workers' compensation benefits. I also understand and acknowledge that under applicable state laws, no unemployment benefits will be paid to me if I am dismissed as the result of a positive confirmed laboratory test for drugs or alcohol, or if I refuse to submit to an initial screening or a laboratory test for drugs or alcohol, or if I adulterate, substitute or otherwise fail to cooperate in drug or alcohol testing as set forth in 49 CFR Part 40 and 655 and this Policy. Certain state or local laws or regulations may modify or restrict the particular action taken.

I acknowledge that refusal to submit to drug or alcohol testing, or a positive verified laboratory test result, or BAC test above 0.04 is considered a DOT violation and will affect my continued employment and result in disciplinary action as described in Bloomfield Public Transportation System's Policy, up to and including discharge. Certain state or local laws or regulations may modify or restrict the particular action taken. I also understand that it is not the purpose of this test to identify any disability I may have and that all activities will be conducted in accordance with ADA regulations applicable to the City, if any.

I give my permission Bloomfield Public Transportation System City and/or its designated Service Agent to collect specimens for screening or testing for the purpose of determining the presence of, and content of, drug and alcohol substances, as well as to obtain results from any alcohol or drug screen or test. I expressly authorize the City, its Service Agents, Laboratories, law enforcement authorities, medical providers and its CMRO to release any drug and alcohol screening or testing results to the City, state workers' compensation agency, unemployment compensation agency, the City's workers' compensation administrator or carrier, officials of the government agency investigating my employment or the termination thereof, or in any related administrative or court proceeding I may initiate.

I further agree that a reproduced copy of this form shall have the same force and effect as the original. I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this permission form is a voluntary act on my part and that I have not been coerced into signing this document by anyone. I understand that this agreement in no way limits my right to terminate my employment or the Bloomfield Public Transportation System right to terminate my employment.

Employee Printed Name: April Morlan Date: November 17, 2014

Employee Signature: \_\_\_\_\_ Date: November 17, 2014

Witness Printed Name: Penny Schatz Witness Signature: \_\_\_\_\_