

APPLICATION FOR EMPLOYMENT



Ripley County Transit, Inc.

P. O. Box 541 ** RR2 BOX 1121
Doniphan, MO 63935

Ripley County Transit is an Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status.

Date of Application: _____

Full Name _____
First
Middle
Maiden
Last

Present Address _____
Street
P.O. Box
City
State
Zip
How Long?

Previous address for past 3 years _____
Street
P.O. Box
City
State
Zip
How Long?

Date of Birth: _____ Social Security #: _____
(Month/Day/Year)
- -

Telephone Number: _____ Cell Phone: _____

Date you are available to begin work _____

Check type of job(s) you are applying for: Clerical ___ Dispatcher ___ Part-time driver ___ Full-time driver ___

Have you served in the U.S. Armed Forces: Yes _____ No _____ Length of service: _____

Name of person to be notified in case of emergency: _____

Work Phone: _____ Home Phone: _____ Cell phone: _____

Experience & Qualifications - Driver

	State	License #	Type	Expiration Date
Driver License				
Driver License				
Driver License				

Accident Record for Past 3 years or more (Attach sheet if more space is needed)

Date of Accident (List Current First)	Nature of Accident (Head-on, Rear-end, Upset, etc)	Fatalities	Injuries

Traffic Convictions and Forfeitures for the past 3 years (other than parking violations)

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

	Yes or No
1. If you are under 18 years of age, can you provide required proof of your eligibility to work?	_____
2. Have you ever filed an application with us before? If yes, give date _____ If yes, give date.: _____	_____
3. Are you currently employed?.....	_____
4. May we contact your current employer? If yes, supervisor's name is: _____ Phone # _____	_____
5. Do you have the legal right to work in the United States?	_____
6. Have you ever been known by any name other than on this application? If yes, please list: _____	_____
7. Have you been convicted of a felony within the past 7 years?..... (Conviction will not necessarily disqualify an applicant from employment.) If yes, please explain: _____	_____
8. Have you ever been disqualified for violations of the Federal Motor Carrier Safety regulations?.....	_____
9. Have you ever been denied a license, permit or privilege or operate a motor vehicle?.....	_____
10. Has your license, permit or privilege ever been suspended or revoked?.....	_____
11. Are you eligible to be bonded?.....	_____
12. I will provide a copy of my driving record from the Missouri Department of Revenue (License Bureau) <u>when requested</u>	_____
13. (If 70 years of age or older). I will provide a DOT physical when requested.....	_____

EDUCATION

	8	9	10	11	12	College	1	2	3	4
Check highest grade completed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last school attended: Name and address _____										

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak	_____	_____	_____
Read	_____	_____	_____
Write	_____	_____	_____

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any specialized training received in the United States Military:

EMPLOYMENT RECORD

Note: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown:

Last Employer's Name: _____
Last Employer's Address & Phone Number: _____ () _____ - _____
Position Held: _____ From: _____ to _____ Salary: _____
Reasons for Leaving: _____

Second Employer's Name: _____
Last Employer's Address & Phone Number: _____ () _____ - _____
Position Held: _____ From: _____ to _____ Salary: _____
Reasons for Leaving: _____

Third Employer's Name: _____
Last Employer's Address & Phone Number: _____ () _____ - _____
Position Held: _____ From: _____ to _____ Salary: _____
Reason(s) for Leaving: _____

1. Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by any of the previous employers: YES _____ NO _____

2. Were any of the previous job positions designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES _____ NO _____

IF THE ANSWER TO EITHER # 1 OR #2 IS YES, ATTACH STATEMENT GIVING DETAILS)

ADDITIONAL INFORMATION

List Professional, trade, business or civic activities & offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (List Skills & Equipment Operated)

State any additional information you feel may be helpful to us in considering your application.

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? Yes _____ No _____

REFERENCES

Name: _____ Phone: _____
Address: _____
Name: _____ Phone: _____
Address: _____
Name: _____ Phone: _____
Address: _____

TO BE READ & SIGNED BY APPLICANT

Ripley County Transit, Inc. complies with all State and Federal Laws prohibiting discrimination and protecting an applicant's right to privacy. The following questions are "Bona Fide Occupation Qualifications" for a position with Ripley County Transit.

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by a DOT agency drug and alcohol testing rules: Yes _____ No _____

If yes, can you provide/obtain proof that you have completed the DOT return-to-duty requirements successfully? Yes _____ No _____

I certify that all statements made on this application are true and correct to the best of my knowledge.

I authorize Ripley County Transit, Inc. and their representatives to inquire of all former employers, or others who know me or know of me, and release the employers and persons named herein from all liability for any damages on account of their furnishing such information. I understand that any false information that I give may result in termination of my candidacy for employment.

If an employee relationship is established, I understand that such employment is terminable at will, by either myself or Ripley County Transit, Inc., at any time, for any reason. I also understand that any period of employment is not for a specific duration. I further understand that the Executive Director has the sole authority to enter into any agreement for employment.

I authorize Ripley County Transit, Inc. to request and obtain my law enforcement and motor vehicle records for considering my application for employment. I understand that as a DOT employer, Ripley County Transit, Inc. is required to obtain specific past employment and drug and alcohol testing information as listed in this application.

I acknowledge that any offer of employment is conditional upon my successful completion of a drug screen as a part of Ripley County Transit's pre-employment policy. I further understand that if employed by Ripley County Transit, Inc. I will be subject to alcohol and/or drug testing for random, post-accident, return-to-duty, and reasonable cause as part of Ripley County Transit's Substance Abuse Policy.

Ripley County Transit complies with Federal Motor Carrier Safety Regulations and, therefore, must investigate, at a minimum, information from all previous employers that employed you to operate a commercial motor vehicle within the previous three years. The investigation request will contain general driver information and employment verification information and data for accidents as defined by the regulations in the three-year period preceding the date of the employment application. Ripley County Transit, Inc. must also request information from all previous DOT regulated employers that employed you within the past three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specific by 49 CFR part 40 of the regulations. The investigation request will include whether, within the previous three years, you had violated the alcohol and controlled substances prohibitions under the regulations and whether you failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to the regulations. If the previous employer does not know this information (e.g., an employer that terminated an employee who tested positive on a drug test), Ripley County Transit, Inc. must obtain documentation of your successful completion of the SAP's referral directly from you. For a driver who has successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a referral must be obtained: alcohol tests that result of a 0.04 or higher alcohol concentration; verified positive drug tests; refusals to be tested (including verified adulterated or substituted drug test results).

Fingerprints will be used to check criminal history records of the FBI and the state repository.

The following are your rights regarding the investigation information outlined above that is obtained by Ripley County Transit:

1. The right to review information provided by previous employers.
2. The right to have errors in the information corrected by the previous employer and for that previous employer to resend the corrected information to Ripley County Transit, Inc.
3. The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I certify that I have read, understand and agree to the above and understand my rights that are outlined above.

DATE

APPLICANT'S SIGNATURE

APPLICANT'S EMAIL ADDRESS:

FOR RIPLEY COUNTY TRANSIT USE ONLY:

POSITION(S) APPLIED FOR IS OPEN: _____ YES _____ NO

POSITION(S) CONSIDERED FOR: _____

NOTES:

Message from the Executive Director,

Ripley County Transit

EEO & AA Employer

(573) 996-2272

Email: rctransit@windstream.net

Contact the above to request application in larger type, or if an audio tape is necessary, or if language translation is necessary, or if applicant requires braille.

If client is unable to read, phone for a personal interview and a Ripley County Transit employee will assist you personally with your application prior to the interview.

Ripley County Transit is a handicapped accessible building with handicapped parking available.

Ripley County Transit agrees to comply with all provisions prohibiting discrimination on the basis of race, color, or national origin of Title VI of the Civil Rights Act of 1964, as amended, 42 U.S.C. 200d et seq., and the the U.S. Department of Transportation regulations, "Nondiscrimination in Federally-Assisted Programs of the Department of Transportation - Effectuation of Title VI of the Civil Rights Act, 49 CFR part 21.

Ripley County Transit assures that no person shall, as provided by Federal and State civil rights laws, be excluded from participation in, be denied the benefits of, or be subjected discrimination under any program or activity. Ripley County Transit, Inc. further ensures every effort will be made to ensure non-discrimination in all programs and activities, whether those programs and activities are federally funded or not.

Thank you for considering Ripley County Transit as your future employer.