



Application for Employment

An Equal Opportunity Employer

Regional Transit Authority
P.O Box 1240, Spencer, IA 51301
Phone: 1-800-358-5037
Fax: 712-262-6276

Date of Application _____
Position applied for _____
Referral Source: Advertisement Relative
Employee Private Employment Agency
Walk-In Gov't Employment Agency
Other _____

Personal Information

NAME _____
Last First Middle
ADDRESS _____
Street City State Zip Code
TELEPHONE NUMBER (____) _____ Mobile Phone/Fax (____) _____
Area Code Area Code
SOCIAL SECURITY No. _____

Type of employment: Full Time Part Time Temporary Educational

Salary Desired.....\$ _____

Will you work weekend/nights if required?..... YES NO

Have you ever been bonded?..... YES NO

If necessary, best time to call you at home is..... _____

Have you filled out an application here before?..... YES NO

If yes, give date / /

Have you ever been employed here before?..... YES NO

If yes, give dates..... From / / To / /

Are you legally eligible for employment in this country?..... YES NO
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work..... / /

Have you ever been convicted of a felony in the past (7) years?..... YES NO
(Such convictions may be relevant if job related, but does not bar you from employment.)

If yes, please explain: _____

Are you 18 years of age or older?..... YES NO

Employment History

List your last three (3) employers, or all employers for the last (10) years, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.
 May attach an additional sheet if needed.

Employer	Employed From	To	Summarize the nature of the work performed and job responsibilities.
Address			
Phone Number	<u>Hourly/Salary</u> Starting		
Job Title		Per	
Immediate Supervisor	<u>Hourly/Salary</u> Final		
Reason for Leaving		Per	
Was this position under DOT Safety Sensitive Requirements <input type="checkbox"/> YES <input type="checkbox"/> NO			
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Employer	Employed From	To	Summarize the nature of the work performed and job responsibilities.
Address			
Phone Number	<u>Hourly/Salary</u> Starting		
Job Title		Per	
Immediate Supervisor	<u>Hourly/Salary</u> Final		
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Was this position under DOT Safety Sensitive Requirements <input type="checkbox"/> YES <input type="checkbox"/> NO			
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

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Job Title		Per	
Immediate Supervisor	<u>Hourly/Salary</u> Final		
Reason for Leaving		Per	

Was this position under DOT Safety Sensitive Requirements <input type="checkbox"/> YES <input type="checkbox"/> NO		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Comments (include explanation of any gaps in employment)-

Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

Educational Background

Check highest grade completed.. 8 9 10 11 12

If you did not complete high school, do you have a high school equivalency diploma?.....YES NO

Check number of years of post high school education?..... 1 2 3 4 5 6 7

Name and Location of Institution	Degree Received	Major or Specialty	Minor	Special Awards or Recognition

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known

Miscellaneous

List the geographic locations in which you are willing to work. If anywhere in Iowa, check "all".

- Buena Vista County Clay County Emmet County Palo Alto County
- Dickinson County O'Brien County Lyon County Osceola County
- Sioux County All Counties listed above

Can you travel if a job requires it? _____

Do you have any relatives currently working for RIDES?..... YES NO

If so, where? _____

I have read the attached job description, and understand the essential functions of the job as stated in the job description. Check if you can perform the essential functions as listed with or without accommodation..... YES NO

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that I am free to resign at any time, with or without cause and without prior notice should I be employed. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it is necessary to fill out a new application.

Signature of Applicant

Date



VOLUNTARY RELEASE FORM

I hereby certify that the information provided on my job application form, to the best of my knowledge, is true, accurate, and complete. Any misrepresentation or willful omissions of fact shall be sufficient cause for disqualification of my application or termination of employment. I authorize verification of any of this information. I authorize all current and former employers to release any information concerning my background. I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship is terminable at-will.

Signature

Date

Print your name here

RIDES understands that often individuals are seeking employment while currently employed and that inquiries of current employers may prove to be awkward for the individual seeking employment with RIDES. Should this be true for you, check (✓) here. ____

A large, stylized handwritten signature in black ink that reads "Rides". The letter "R" is particularly large and has a long, sweeping tail that extends to the right and then curves downwards.

RELEASE AND WAIVER

In connection with my application for employment with the Regional Transit Authority, I expressly authorize the release to the Regional Transit Authority, any records or information which may refer or relate to my application for employment, including, but not limited to, records of schools, law enforcement or criminal justice agencies, and previous employers. I hereby release and discharge the Regional Transit Authority and any other person, firm, agency, or corporation from any and all claims and liability which I may have or ever claim to have relating to information provided to Regional Transit Authority as part of my application for employment.

Signature

Date



NOTICE TO APPLICANTS

Applicants for sensitive safety positions shall undergo drug testing as a part of the physical requirements prior to commencement of their duties for safety-sensitive employment. A negative drug test result is required prior to beginning safety-sensitive duties. Failure of a drug test will disqualify an applicant for commencement of their job duties. Your urine specimen will be tested at a laboratory approved by the U. S. Department of Health and Human Services for the following drug substances:

Marijuana

Cocaine

Opiates

Phencyclidine (PCP)

Amphetamines

Ecstasy (MDMA)

You must pass this drug screen test prior to employment. If you are selected for employment, you will be subject to future urine testing and alcohol testing on a random unannounced basis, when there is reasonable cause to believe you have used prohibited substances or alcohol, following an accident, or prior to return to duty. If you are employed you will be required to report within five days to the designated transportation agency official any criminal drug statute conviction for a violation occurring in the workplace.

Certification: I have read and understand this notice and agree to all the provisions thereof.

Applicant Signature

Date/Time



CONSENT TO PERFORM BACKGROUND CHECK

All information will be kept strictly confidential.

Name

First Middle Last

Address

State Street Zip City

Maiden Name or Other Names Used

Date of Birth _____

Social Security # _____

Have you ever been arrested or convicted for any criminal offense excluding minor traffic violations? _____

Have you ever been accused, arrested or convicted of abuse or sexually related crimes? _____

If you answered yes to any of these questions, please explain:

Please note: answering "yes" to any of these questions does not automatically disqualify you. Please use the spaces provided to explain the circumstances.

I hereby authorize _____ to make an independent investigation of my background and criminal or police records. I release _____, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above sources. The information contained in this application is correct to the best of my knowledge. I understand that any omission of material fact on this application may be grounds for rejection of this application.

Signature _____ Date _____

Please write any questions or comments you have on the back of this sheet.



CONSENT OF MOTOR VEHICLE RECORD CHECK

PLEASE PRINT VERY CLEARLY!

I consent to letting RIDES check my motor vehicle record. This consent is granted to RIDES and/or their insurance agent.

Name – PRINT as it appears on license

Date of Birth

Social Security Number

Driver License Number

Issuing State

Signature

Date

