
PRE-EMPLOYMENT APPLICATION (DRIVER)

Our Company is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability which is not job-related.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL:

Date ____/____/____

Name _____ Home Phone(_____) _____

Present Address: _____

Social Security No. _____ Are you at least 25 years of age? Yes No

Have you in the past two (2) years failed or refused a DOT- mandated Pre-employment test(s)? Yes No

Are you a citizen of the U.S. or do you have the legal right to be employed in the U.S.? Yes No

Do you have any obligations or other reasons limiting your ability to work overtime? Yes No

If yes, please explain:

Drivers License: State _____ Type _____ Currently Valid? Yes No

EMPLOYMENT DESIRED:

Are you seeking full time Part-time temporary or summer employment?

Position applied for _____ Salary desired _____

Date available to start _____

Have you ever applied to our company before? Yes No

Have you ever worked for our company before? Yes No

If your answer to either of the above questions is Yes, state when and where you applied and/or worked.

Are you now or do you expect to be engaged in any other business or employment? Yes No

Are there any days or hours you would be unable or unwilling to work? Yes No

If yes, please specify those days or hours:

A Drug-Free Workplace

EDUCATION:

Name, Address and Location	Dates	Graduate?	Courses Studied
High School	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Diploma/GED:
College	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree(s):
Trade School	From: To:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree(s)/Certificate(s)

List and describe any other School or Specialized Training:

MILITARY:

Have you ever served in the military? Yes No

Branch of Service _____ Date Entered _____

Date Separated _____ Final Rank _____

Are you a member of a reserve organization? Yes No

CAPABILITY/RELIABILITY

Is there any reason you would be unable or unwilling to perform any of the tasks required by the job for which you are applying? Yes No

If yes, please explain

Will you abide by the safety rules of this company? Yes No

Have you ever been disciplined for violating company safety rules or regulations? Yes No

If yes, please explain

How many days of work (or school) have you missed in the last two years? _____

Reason

How many times have you been late for work (or school) in the last two years? _____

Reason

May we contact your past and present employers? Yes No

WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **YOU MUST ACCOUNT FOR THE LAST 10 YEARS – ATTACH ADDITIONAL SHEETS IF NECESSARY.**

PLEASE GIVE MONTH AND YEAR.

DO NOT REFERENCE YOUR RESUME

Name or Employer Address City, State, Zip		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Mo_____	TO: Mo_____	Starting \$ _____ Ending \$ _____
Telephone Area Code ()	Nature of Business		Year__	Year__	\$ _____
Title		Reason for Leaving			
Duties					
Name or Employer Address City, State, Zip		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Mo_____	TO: Mo_____	Starting \$ _____ Ending \$ _____
Telephone Area Code ()	Nature of Business		Year__	Year__	\$ _____
Title		Reason for Leaving			
Duties					
Name or Employer Address City, State, Zip		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Mo_____	TO: Mo_____	Starting \$ _____ Ending \$ _____
Telephone Area Code ()	Nature of Business		Year__	Year__	\$ _____
Title		Reason for Leaving			
Duties					
Name or Employer Address City, State, Zip		Name and Title of Last Supervisor	Dates Employed		Pay
			From: Mo_____	TO: Mo_____	Starting \$ _____ Ending \$ _____
Telephone Area Code ()	Nature of Business		Year__	Year__	\$ _____
Title		Reason for Leaving			
Duties					

DRIVING RECORD

1. Do you hold a valid motor vehicle operator's or chauffeur's license in the state? Yes No
License Number _____ Commercial Yes No
Classification _____ A _____ B _____ C Endorsements: _____
Expiration Date _____
2. Have you held a license in any other state in the past three years? Yes No
State _____ License Number _____ Expiration Date _____
3. What types of Motor Vehicles can you operate?

4. How many traffic tickets (not parking tickets) have you received in the past three years? _____
Explain:

5. How many traffic accidents have you had in the past three years?

Explain:

6. Has your license to operate a motor vehicle ever been revoked or suspended? Yes No
Explain:

7. Do you have any medical problems that would inhibit your ability to perform duties as outlined in our job description? Yes No
Explain:

8. Are you currently taking any medications that would inhibit your ability to perform duties as outlined in our job descriptions? Yes No
Please state type of medication

Please read carefully before signing below:

You are advised that Special Transit will be requesting a review of your Motor Vehicle Record from any state you have had a license within the last 3 years and also the Colorado Department of Motor Vehicles will be checked quarterly. Your signature below authorizes Special Transit to obtain these reports. Your signature further reflects your understanding that any misrepresented or deliberate omission of a fact on the Driving Record Sheet will justify terminating consideration of your application for employment, or if employed, terminating your employment.

Signature of Applicant	Date
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**Special Transit Confidential
Background Check Disclosure and Authorization Form**

SECURITY DATA SHEET

Applicant Last Name	First Name	Middle Initial	Other Name(s) Used
Date of Birth	Social Security Number	Driver License #	State

*Please provide accurate and complete information in response to the following questions. This information will be taken into account in the employment process for both paid employees and volunteers. **Do not include** in response to any of the questions below: arrests without convictions, convictions for minor traffic offenses, or convictions or incarcerations for which a record has been sealed or expunged. **Please note that a criminal record will not necessarily disqualify you from employment.** This authorization in original or copy form, shall be valid for this and any future investigation conducted by the company.*

1. In the last ten years, have you been convicted of or pleaded guilty to a crime or other offense? Include military service convictions or guilty pleas. Yes No
2. Are you currently on parole, probation, work release program, conditional release or servicing a weekend sentence as a result of a conviction or guilty plea? Yes No
3. In the last ten years, have you been confined (incarcerated) as a result of the sentence of any court? (Include incarcerations resulting from the sentence of a military court or similar proceeding.) Yes No

If you have answered "yes" to any of the above questions, please provide the following information for each situation:

a) The date, place of the offense and charge:

b) The location of the court and the sentence imposed or other disposition of the matter as a result of a conviction or guilty plea:

c) If you have been in prison, the name and location of the facility or facilities in which you served your sentence:

d) Any rehabilitative efforts undertaken while in prison or following release (e.g., education, employment, counseling, etc.):

e) And other information that you believe is pertinent to our full understanding of this matter:

4. Are you presently under indictment or are you currently a defendant in any criminal proceeding? Yes No

If you have answered "yes," please provide the following information:

a) The date and place of the occurrence leading to the indictment or pending charge, and the charge:

b) Where and when a trial is scheduled in connection with the indictment or pending charge:

Please read carefully before signing below:

You are advised that Special Transit will be requesting a records check from the Colorado Bureau of Investigation (CBI) and any other state that you have resided or worked in within the last 10 years to verify the information provided above. Your signature below authorizes Special Transit to obtain these reports. Your signature further reflects your understanding that any misrepresented or deliberate omission of a fact on the Security Data Sheet will justify terminating consideration of your application for employment or as a volunteer, or if already employed or volunteering, you will be terminated.

Signature of Applicant	Date
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Special Transit
APPLICANT EVALUATION INFORMATION

As a condition of employment, Special Transit requires the following:

A. Current Motor Vehicle Record (MVR)

An original copy of the most recent (within the past 30 days) is required for all driving positions. MVRs will be evaluated as follows:

1. No major convictions in the past 5 years (includes DUI, failure to stop/report an accident, reckless driving/speed contest, etc).
2. No more than 3 points on M.V.R. within the past 24 months
3. No More than 1 moving violation **and** 1 at-fault accident in last 36 months, **or** 0 at-fault accidents **and** no more than 2 moving violations in the last 36 months
4. Drivers shall not have had their driver's license, commercial or other, suspended or revoked in the last 5 years

At Fault accidents include any accident where the driver is cited with a violation, or has negligently contributed to the incident.

B. Criminal History Investigation

1. A criminal history investigation will be performed on all applicants prior to any employment.
2. Convictions – Felony and Misdemeanor convictions which have occurred in the last ten calendar years must be disclosed on the application. Failure to disclose these convictions may result in disqualification of the application.
3. Evaluation of prior convictions will be as follows:
 - a. **Immediate hire:** An applicant who has been convicted of **no more than one misdemeanor** that does not involve violence, drugs or any alcohol related driving offense, any sexual misconduct, theft or fraud will be considered for employment.
 - b. **One year:** An applicant who has been convicted of **more than one misdemeanor**, none of which involve violence, drugs or any alcohol related driving offense, sexual misconduct, theft or fraud, may be considered for employment, promotion or transfer after more than **one year** has elapsed since the completion of his/her latest sentence providing the applicant has successfully completed all requirements for employment.
 - c. **Two years:** An applicant who has been convicted of more than one misdemeanor, none of which involve violence, drugs, sexual misconduct, theft, fraud or reckless driving may be considered for employment, promotion or transfer after more than **two years** have elapsed since the completion of his/her latest sentence providing the applicant has successfully completed all other requirements for employment.
 - d. **Five Years:** An applicant who has been convicted of any misdemeanor crime which involves violence or drugs (excluding sexual violence or homicide of any degree) or theft which does not involve theft from an employer or fraud, may be considered for employment, promotion or transfer after more than **five years** have elapsed since the completion of his/her latest sentence providing the applicant has successfully completed all other requirements for employment.
 - e. **Ten years.** In any other situations, an applicant who has been convicted of any felonies or other misdemeanor crimes may be considered for employment, promotion or transfer after more than **ten years** have elapsed since the completion of his/her latest sentence providing the applicant has successfully completed all other requirements for employment.

C. Interview Process

- D. Must pass a Pre-Employment Drug Screening as required by the Federal Transit Administration. A negative pre-employment drug test is a condition of employment and the testing must be done under the authority of the FTA.**
- E. Pass a Department of Transportation Physical Examination.**
- F. Reference Checks.**
- G. Applicant must be 25 years of age or older.**

Your application will be considered incomplete if this notice is not signed and dated

Applicant

Date

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Special Transit
REFERENCES

List three persons who are not related to you and who have definite knowledge of your business or professional qualifications. You should include supervisors, co-workers, business partners, employees or any person with whom you have previous work experience. We will contact any person listed.

Name:	
Business/Occupation:	
Address (Street, City, State, Zip Code)	
Telephone	Relationship

Name:	
Business/Occupation:	
Address (Street, City, State, Zip Code)	
Telephone	Relationship

Name:	
Business/Occupation:	
Address (Street, City, State, Zip Code)	
Telephone	Relationship

Special Transit
Notification of Special Transit Drug Screening

Special Transit's Drug and Alcohol policy, in conjunction with the FTA regulation (FTA reg ss653.41), requires that all applicants for employment in a safety sensitive position be drug screened prior to being awarded a position at Special Transit.

Any applicant who tests positive in violation of the Special Transit Drug and Alcohol Policy will not be eligible to be hired for the safety sensitive position for which you have applied.

I acknowledge that I have received notice of Special Transit's Drug and Alcohol screening requirements.

Print name: _____

Signature: _____ Date: _____

Revised August 9, 2006

Special Transit
Applicant Referral Survey

Name: _____

Title of position for which you are applying: _____

Today's Date: _____ / _____ / _____

Please indicate how you learned of the position for which you are applying.

Select only the one source that first informed you of the opening:

- | | |
|---|--|
| <input type="checkbox"/> ST Employee* | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Employment Guide | <input type="checkbox"/> Boulder Valley Bargains |
| <input type="checkbox"/> Community Service Agency | <input type="checkbox"/> Employment News |
| <input type="checkbox"/> Longmont Times-Call | <input type="checkbox"/> Web Site |
| <input type="checkbox"/> Boulder Weekly | <input type="checkbox"/> Ad On or Inside Bus |
| <input type="checkbox"/> Boulder Daily Camera | <input type="checkbox"/> Denver Job Guide |
| <input type="checkbox"/> Denver Catholic Register | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Phone Inquiry | <input type="checkbox"/> Internal Job Posting |
| <input type="checkbox"/> Other** | |

* Indicate name of ST employee referred by: _____

** List other newspaper, etc.: _____

**Affirmative Action
Voluntary Information**

SPECIAL TRANSIT

4880 Pearl Street
Boulder, Colorado 80301
303-447-2848

We request your voluntary completion of the following questionnaire to be used only for the purpose of monitoring the success of our affirmative Action Plan. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or is necessitated by another federal law or regulation. This is not a part of your official application for employment and is considered confidential information and will be kept in a separate file from the employment application. It will not be used in the interview process or to discriminate against or show preference for any application in the hiring decision.

Special Transit has a strong institutional commitment to the principles of diversity. In that spirit, we are particularly interested in receiving applications from a broad spectrum of people, including women, members of ethnic minorities, and individuals with disabilities.

We consider applicants for all positions without regard to race, color, religion, sex, age, veteran status or any other legally protected status.

Applicant Information

Name: _____ Sex: Male Female Telephone: (____) _____

Address: _____
Street City State Zip Code

Birth Date: _____ Social Security Number: _____

Are you a citizen of the United States? Yes No (If No, of what country are you a citizen?) _____

Please check your Ethnic Group:

White (not of
Hispanic origin)

African
American

Hispanic

Native American/
Alaskan Native

Asian/
Pacific Islander

Veterans Information

Do you qualify as a Vietnam Era Veteran? (Any veteran of the armed services who served on active duty for at least 181 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged honorable or released sooner because of a service-related disability.) Yes No

Are you considered a disabled veteran by the U.S. Veterans Administration? (Any person entitled to compensation by the Veterans Administration for a disability rated at 30 percent or more, or who was discharged or released from active duty by reason of service-related disability.) Yes No

Information Regarding Disabilities

Do you wish to declare yourself as mentally or physically disabled as defined by the Americans with Disabilities Act? (Any person who has a physical or mental impairment which substantially limits one or more major life activities.) Yes No

Applicant's Signature: _____

Date: _____