APPLICATION FOR EMPLOYMENT

COMPANY: TRANSIT MANAGEMENT OF RICHLAND, INC.
ADDRESS: 232 NORTH MAIN STREET
CITY: MANSFIELD STATE: OHIO ZIP CODE: 44902-7662

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE MARITAL STATUS, OR DISABILITY
.

DATE OF APPLICATION: _____

POSITIONS (S) APPLIED FOR_____

NAME: _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER_____

ADDRESS_____
STREET CITY

_____
STATE ZIP CODE

PHONE NUMBER: _____

ADDRESS FOR THE PAST THREE (3) YEARS:

STREET	CITY	STATE & ZIP CODE	HOW LONG?
STREET	CITY	STATE @ ZIP CODE	HOW LONG?

DATE OF BIRTH_____/_____/_____ (FOR DRIVING POSITIONS ONLY)

IF HIRED, CAN YOU PROVIDE PROOF OF AGE? _____

IN CASE OF EMERGENCY,
NOTIFY_____
NAME ADDRESS PHONE NUMBER

ARE YOU IN THE COUNTRY ON A VISA WHICH WOULD NOT PERMIT YOU TO WORK HERE? _____
CAN YOU SPEAK/WRITE ENGLISH FLUENTLY? _____

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ WHEN? _____

DATES: FROM_____ TO _____ RATE OF PAY_____
POSITION_____

REASON FOR LEAVING: _____

ARE YOU CURRENTLY EMPLOYED? _____ IF NOT, HOW LONG SINCE YOUR LAST EMPLOYMENT?

_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN A TRAFFIC VIOLATION?
IF YES, PLEASE SPECIFY _____

DO YOU NOW, OR HAVE YOU EVER IN THE PAST, HAD ANY RELATIVE WORK FOR THIS COMPANY?

_____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1,2,3,4,5,6,7,8 HIGH SCHOOL 9,10,11,12 COLLEGE 1,2,3,4

LAST SCHOOL ATTENDED_____
NAME CITY & STATE

EMPLOYMENT HISTORY

ALL APPLICANTS MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEDING TEN YEARS.

APPLICANTS TO DRIVE COMMERCIAL MOTOR VEHICLES SHALL ALSO PROVIDE ADDITIONAL INFORMATION ON EMPLOYERS FOR WHOM THE APPLICANT OPERATED SUCH VEHICLE. IF AN ADDITIONAL SHEET IS NEEDED, PLEASE ATTACH.

LAST EMPLOYER NAME_____

ADDRESS_____

POSITION HELD_____PHONE_____

POSITION HELD FROM_____ TO _____

REASON FOR LEAVING _____

SECOND EMPLOYER NAME_____

ADDRESS_____

POSITION HELD_____PHONE_____

POSITION HELD FROM_____ TO_____

REASON FOR LEAVING _____

THIRD EMPLOYER NAME_____

ADDRESS _____

POSITION HELD_____ PHONE _____

POSITION HELD FROM_____ TO _____

REASON FOR LEAVING_____

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT- HEAD ON, REAR ENDED, UPSET	FATALITIES/INJURIES
LAST ACCIDENT		
NEXT PREVIOUS		
NEXT PREVIOUS		

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS, OTHER THAN TRAFFIC TICKETS

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

DRIVER LICENSES

STATE	LICENSE NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE

HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES___ NO____

HAS YOUR LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED? YES____ NO ____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT VAN, TANK, ETC	DATES FROM TO	APPROXIMATE NUMBER OF MILES
STRAIGHT TRUCK			
TRACTOR SEMI TRAILER			
TRACTOR TWO TRAILERS			
SCHOOL BUS			
TRANSIT BUS			
OTHER			

LIST STATES OPERATED IN FOR LAST FIVE (5) YEARS:

_____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

_____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

_____

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK WITH THIS TRANSIT COMPANY. _____

LIST ANY COURSES OR TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION_____

_____

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

_____

APPLICANT: READ AND SIGN BEFORE COMPLETING THIS APPLICATION

I HEREBY GIVE AUTHORITY TO THE EMPLOYER OR HIS/HER AGENTS TO INVESTIGATE MY BACKGROUND IN ORDER TO ASCERTAIN ANY AND ALL INFORMATION OF CONCERN TO MY RECORD, WHETHER SAME IS OF RECORD OR NOT, AND I RELEASE EMPLOYERS AND PERSONS NAMED HEREIN FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF HIS FURNISHING SUCH INFORMATION.

I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS ASKED FOR ON THIS EMPLOYMENT APPLICATION WILL, IF I'M HIRED, RESULT IN MY IMMEDIATE DISCHARGE.

IT IS ALSO AGREED AND UNDERSTOOD THAT I WILL FURNISH SUCH ADDITIONAL INFORMATION AND COMPLETE SUCH EXAMINATIONS AND DRUG SCREENS AS MAY BE REQUIRED TO COMPLETE MY EMPLOYMENT FILE.

THIS CERTIFIES THAT THIS APPLICATON WAS COMPLETED BY ME AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT'S SIGNATURE_____

DATE_____

APPLICANT, DO NOT WRITE BELOW THIS LINE. FOR COMPANY USE ONLY.

INTERVIEW DATE_____ HIRE DATE _____

IF NOT HIRED, NOTE REASONS WHY

_____

REMARKS

_____

_____

DATE_____ INTERVIEWER'S SIGNATURE _____

DRIVER QUALIFICATIONS

MUST BE 23 YEARS OR OLDER

MUST HAVE A CDL – CLASS “A” OR “B” WITH “P” ENDORSEMENT

NO MORE THAN 2 POINTS ON MVR ABSTRACT

MUST PASS AN FBI/BCI BACKGROUND CHECK.

MUST BE ABLE TO PASS DOT PHYSICAL WITH A PHYSICIAN CHOSEN BY THE COMPANY

MUST BE ABLE TO PASS PRE-EMPLOYMENT DRUG TEST.

_____

SIGNATURE OF APPLICANT

_____

DATE

TRANSIT MANAGEMENT OF RICHLAND, INC.
TRANSDEV PROPERTY

Dear Applicant,

Transit Management of Richland, Inc. is dedicated to providing safe, dependable, and economical transportation services to our passengers. Our employees are our most valuable resource, and it is our goal to provide a healthy, satisfying working environment which promotes personal opportunities for growth. In meeting these goals, it is our policy to (1) assure that employees are not impaired in their ability to perform assigned duties in a safe, productive, and healthy manner. (2) create a workplace environment free from the adverse effects of drug and alcohol substance abuse; (3) prohibit the unlawful manufacture, distribution, dispensing, possession, or use of controlled substances.

The company will require testing for the use and abuse of alcohol and/or other drugs under the following circumstances:

PRE-EMPLOYMENT

No applicant will be given further consideration if he or she tests positive for a controlled substance.

REASONABLE SUSPICION

A drug test will be given if, according to a company supervisor, your actions would tend to indicate some form of drug or alcohol use. Failure to pass the test for drugs or alcohol is subject to discipline up to and including termination. Employment will be terminated if anyone refuses to submit to this test.

RANDOM

Employees in safety-sensitive positions will be subject to random, unannounced testing. Employment will be terminated for anyone who refuses to submit to this test.

POST ACCIDENT TESTING

Employees may be required to undergo urine and breath testing if they are involved in an accident with a Richland County Transit vehicle.

RETURN TO DUTY TESTING

FOLLOW UP TESTING

All testing's will be conducted by a doctor or laboratory of the Company's choosing, which has been certified by DHHS to meet 49 CFR Part 40 requirements. The cost of all tests required by the Company will be paid for by the Company.

PRE-EMPLOYMENT DRUG TESTING

ACKNOWLEDGEMENT

I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that my employment is contingent on the passing of the aforementioned drug test, and I will not be assigned to perform a safety-sensitive function unless my urine test has a verified negative result.

_____ _____

Signature of Applicant Date

_____ _____

Print name Date

(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgement is completed and signed)

EQUAL OPPORTUNITY EMPLOYMENT

TRANSIT MANAGEMENT OF RICHLAND, INC., A SUBSIDIARY OF TRANSDEV, WILL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, CREED, COLOR, SEX, HANDICAP OR NATIONAL ORIGIN. TRANSIT MANAGEMENT OF RICHLAND, INC. WILL TAKE AFFIRMATIVE ACTION TO ENSURE THAT ALL EMPLOYEES ARE TREATED FAIRLY DURING EMPLOYMENT WITHOUT REGARD TO THEIR RACE, CREED, COLOR, SEX, OR NATIONAL ORIGIN. SUCH ACTION SHALL INCLUDE: RATES IF PAY OR OTHER FORMS OF COMPENSATION, AND SELECTION FOR TRAINING INCLUDING APPRENTICESHIP.

TRANSIT MANAGEMENT OF RICHLAND, INC. AGREES TO POST IN CONSPICUOUS PLACES AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT, NOTICES TO BE PROVIDED BY THE GOVERNMENT SETTING FORTH THE PROVISIONS OF THIS NON-DISCRIMINATION. TRANSIT MANAGEMENT OF RICHLAND, INC. WILL IN ALL SOLICITATIONS OR ADVERTISEMENTS PLACED BY OR ON BEHALF OF TRANSIT MANAGEMENT OF RICHLAND, INC. STATE THAT ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, CREED, COLOR, SEX, HANDICAP OR NATIONAL ORIGIN. TRANSIT MANAGEMENT OF RICHLAND, INC. WILL INCORPORATE THE FOREGOING REQUIREMENTS OF THIS PARAGRAPH IN ALL CONTRACTS FOR WORK OR OTHER THAN CONTRACTS FOR STANDARD COMMERCIAL SUPPLIES OR RAW MATERIALS AND WILL REQUIRE ALL OF ITS CONTRACTORS FOR WORK TO INCORPORATE SUCH REQUIREMENTS IN ALL SUBCONTRACTS FOR WORK.

DRUG FREE WORKPLACE ACT OF 1988 (DFWA) REQUIREMENTS

Under the **DFWA**, employees are prohibited from the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in the workplace. Employees are required to notify management in writing of any criminal drug statute convictions he/she receives for a violation for occurring in the workplace, no later than five calendar days after such conviction. Within ten calendar days of receiving such notice, the Company shall provide written notification of the conviction to the FTA. Within thirty calendar days of receiving notice of conviction, the Company shall take appropriate disciplinary action. Or require the employee to participate and successfully complete a drug rehabilitation program. Law enforcement shall be notified, as appropriate, where criminal activity is suspected.

Sincerely,

Transit Management of Richland, INC. operated by TRANSDEV

Christine Terry

Christine Terry
General Manager

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Applicant's Signature