



APPLICATION FOR EMPLOYMENT Onslow United Transit System, Inc.

Instructions To Applicants

To be considered for Employment with Onslow United Transit System, Inc., you must answer all questions and complete ALL selections of this application form.

Onslow United Transit System, Inc. employs only US citizens or aliens who can provide proof of identity and work authorization upon hire.

When completing this application, please make sure you

- Apply for one position per application
- Give complete information on your education and work history
- List separately each job held and your duties for each position when you worked for one employer and held more than one position
- Check for accuracy, sign and date your application

Note: Drivers for OUTS are Part Time employees earning 20 to 30 hours per week depending upon number of trips and funding available.

This position is subject to pre-employment, random, post-accident and reasonable suspicion drug & alcohol testing in accordance with Federal Transportation Administration Guidelines and local OUTS Drug & Alcohol Policy

Thank you for your interest in employment with Onslow United Transit System, Inc.

Equal Opportunity Information

Onslow United Transit System, Inc. Policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

EMPLOYMENT APPLICATION

ON SLOW UNITED TRANSIT SYSTEM, INC.

POST OFFICE BOX 1548, Jacksonville, NC 28541

In compliance with Federal and State Equal Employment Opportunity Laws, qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a medical condition or handicap.

NAME _____ DATE OF APPLICATION _____
Last First Middle LAST 4 DIGITS OF SOCIAL SECURITY # _____

CURRENT ADDRESS _____
Street City State Zip

PREVIOUS ADDRESS _____
(If you have a PO box listed above please list your Street address here)
 PHONE NUMBER _____ ALTERNATE CONTACT NUMBER _____

ARE YOU 21 YEARS OF AGE OR OLDER ___ Yes ___ No IF HIRED, CAN YOU PROVIDE PROOF OF AGE ___ Yes ___ No

IN CASE OF EMERGENCY, NOTIFY _____
Name Relationship Phone Number
 WHO REFERRED YOU? _____ PREVIOUS EMPLOYEE? Yes No

POSITION DESIRED

POSITION APPLIED FOR: _____ DATE YOU CAN START: _____ SALARY DESIRED: _____

ARE YOU APPLYING FOR: FULL-TIME PART-TIME TEMPORARY

HAVE YOU EVER BEEN EMPLOYED BY OUTS Yes No If yes, please give date(s):

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) Yes No (If yes, explain fully on an additional sheet)

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 High School 1 2 3 4 Course of Study Graduate

HIGH SCHOOL:		<input type="checkbox"/> Yes <input type="checkbox"/> No
TECHNICAL SCHOOL:		<input type="checkbox"/> Yes <input type="checkbox"/> No
COLLEGE/UNIVERSITY:		<input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER EDUCATION/TRAINING/SPECIAL SKILLS:

MILITARY EXPERIENCE

BRANCH OF SERVICE:	DATE SERVED:	RANK AT DISCHARGE:	EDUCATION AND TRAINING:
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EMPLOYMENT FOR THE PAST 7 YEARS

EMPLOYER:	ADDRESS:
FROM: _____ TO: _____	POSITION HELD: _____ PHONE NUMBER: _____
SUPERVISOR'S NAME & TITLE: _____	MAY WE CONTACT? _____
DESCRIPTION OF DUTIES: _____	
STARTING SALARY: _____	FINAL SALARY: _____ REASON FOR LEAVING: _____

EMPLOYER:			ADDRESS:			
FROM:	TO:	POSITION HELD:		PHONE NUMBER:		
SUPERVISOR'S NAME & TITLE:				MAY WE CONTACT?		
DESCRIPTION OF DUTIES:						
STARTING SALARY:		FINAL SALARY:		REASON FOR LEAVING:		
EMPLOYER:			ADDRESS:			
FROM:	TO:	POSITION HELD:		PHONE NUMBER:		
SUPERVISOR'S NAME & TITLE:				MAY WE CONTACT?		
DESCRIPTIONS OF DUTIES:						
STARTING SALARY:		FINAL SALARY:		REASON FOR LEAVING:		
OTHER QUALIFICATIONS						
DRIVER'S LICENSES	<i>State</i>	<i>License Number</i>	<i>Type</i>		<i>Date issued</i>	<i>Date expires</i>
			<i>Class</i>	<i>Endorsements</i>		
OTHER STATE(S) IN WHICH YOU WERE LICENSED IN THE LAST 7 YEARS:					LICENSE #	
OTHER INFORMATION THAT YOU FEEL WOULD BE APPLICABLE TO THIS APPLICATION:						
TRAINING/CERTIFICATIONS						
COURSES/TRAINING:			SPECIAL EQUIPMENT:		Years of Experience	
CERTIFICATIONS/CERTIFICATES:						
OTHER INFORMATION THAT YOU FEEL WOULD BE APPLICABLE TO THIS APPLICATION:						
COURSES/TRAINING:			SPECIAL EQUIPMENT:		Years of Experience	
CERTIFICATIONS/CERTIFICATES:						
OTHER INFORMATION THAT YOU FEEL WOULD BE APPLICABLE TO THIS APPLICATION:						
REFERENCES						
NAME	TITLE	ADDRESS	PHONE NUMBER	COMPANY	RELATIONSHIP	
1						
2						
3						
AUTHORIZATION AND ACKNOWLEDGEMENTS						
<p>I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if I am employed, any false statements on this application may be grounds for dismissal. I authorize investigation of all statement contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I understand and agree that, if hired, I am required to abide by all policies and regulations of this Authority, as permitted by law. If this application is for a position as a driver, I certify that the duties, physical, and mental requirements of the job are known to me or have been explained to me, either verbally or in written form and I am capable of fulfilling those compliance with applicable State or Federal regulations that are not in conflict with rules concerning Equal Opportunity Employment.</p>						
Date:			Applicant's Signature:			

Continuation from Page 2 if needed
 Form A101 Revised 2/5/2014

EMPLOYER:		ADDRESS:	
FROM:	TO:	POSITION HELD:	PHONE NUMBER:
SUPERVISOR'S NAME & TITLE:			MAY WE CONTACT?
DESCRIPTION OF DUTIES:			
STARTING SALARY:		FINAL SALARY:	REASON FOR LEAVING:
EMPLOYER:		ADDRESS:	
FROM:	TO:	POSITION HELD:	PHONE NUMBER:
SUPERVISOR'S NAME & TITLE:			MAY WE CONTACT?
DESCRIPTION OF DUTIES:			
STARTING SALARY:		FINAL SALARY:	REASON FOR LEAVING:
EMPLOYER:		ADDRESS:	
FROM:	TO:	POSITION HELD:	PHONE NUMBER:
SUPERVISOR'S NAME & TITLE:			MAY WE CONTACT?
DESCRIPTION OF DUTIES:			
STARTING SALARY:		FINAL SALARY:	REASON FOR LEAVING:
EMPLOYER:		ADDRESS:	
FROM:	TO:	POSITION HELD:	PHONE NUMBER:
SUPERVISOR'S NAME & TITLE:			MAY WE CONTACT?
DESCRIPTION OF DUTIES:			
STARTING SALARY:		FINAL SALARY:	REASON FOR LEAVING:
EMPLOYER:		ADDRESS:	
FROM:	TO:	POSITION HELD:	PHONE NUMBER:
SUPERVISOR'S NAME & TITLE:			MAY WE CONTACT?
DESCRIPTION OF DUTIES:			
STARTING SALARY:		FINAL SALARY:	REASON FOR LEAVING:



Onslow United Transit System, Inc.

Notification/Release of Information for Motor Vehicle Record (MVR) and Background Check

This form is to be used and kept by Onslow United Transit System, Inc (OUTS) in compliance with the Federal Driver's Privacy Protection Act and NC General Statute 20-43.1. A copy for each driver must be kept on file for five (5) years.

Effective September 13, 1997, all motor vehicle records are subject to the Federal Driver's Privacy Protection Act (FDPPA) and General Statute 20-43.1. The FDPPA and GS 2043.1 require that personal information in the Division of Motor Vehicles records be closed to the public. Personal information from these records may be released to individuals or organizations that qualify under one of the fourteen (14) exceptions listed on the attachment. These exceptions are summarized statements of permissible uses

(Please Print)

LAST NAME _____ FIRST NAME: _____ MIDDLE INITIAL: _____

DL# _____ State of DL _____ CDL: Yes ___ No ___ Telephone: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ S.S. #: _____

ALIAS / MAIDEN NAME: _____

In connection with this request, I authorize all corporations, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my employment, consumer credit history, driving record, criminal record, workers compensation, drug and alcohol information and general public history to Onslow United Transit System, Inc. or a consumer reporting agency. This form releases the aforesaid companies from any liability and responsibility from collecting the above information. This form also acknowledges the applicant will be sent for Pre-employment drug testing. Also, by signing this form, you are granting the company access to your personal information (Driver license information) under exception numbers 1,9,13,14 of the FDPPA and GS 20-43.1

Name of Company/Agency Onslow United Transit System, Inc.

Signature of Applicant: _____ Date: _____

My signature on this document acknowledges that I understand that improper release of information and/or false representation to gain information from the DMV's records is prohibited and is subject to civil action

COMPANY/AGENCY: <u>Onslow United Transit System, Inc. (OUTS)</u>
NAME OF REQUESTER/CONTACT: <u>Carol Hurst Long, Director</u>
REQUESTER'S SIGNATURE: _____ Date: _____

My signature on this document acknowledges that I understand that improper release of information and/or false representation to gain information from the DMV's records is prohibited and is subject to civil action

Office Use Only: Background Check completed: Date: _____ MVR check completed: Date: _____
Date Hired: _____ Date Released: _____

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 drug 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 acknowledgment is completed and signed.)

CONFIDENTIAL

SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT

Previous US Department of Transportation Drug and Alcohol Testing

Applicant First Name, Middle Initial, Last Name

Social Security Number

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?

Yes _____ (if yes, complete #1 and #2)

No _____ (if no, skip to #2)

1. In the last two years, have you ever:

a) Tested positive (0.04 or greater) for alcohol?

Yes _____ No _____

b) Had a verified positive drug test result?

Yes _____ No _____

c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?

Yes _____ No _____

d) Violated any other DOT drug or alcohol testing regulation within the last two years?

Yes _____ No _____

2. 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 DOT agency drug and alcohol testing rules in the last two years?

Yes _____ No _____

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why:

(Use additional pages as necessary)

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."

Signed

Date

CONFIDENTIAL

AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON US DOT DRUG AND ALCOHOL TESTING

(A separate form must be filled out for each US DOT-regulated employer who employed the applicant during the two-year period preceding the date of the employee's application or transfer)

I, _____, authorize that:
Print First Name, Middle Initial, Last Name Last 4 digits of Social Security Number

Contact Person: _____

Previous Employer: _____

Street Address or P.O. Box: _____ Telephone: _____

City, State, Zip _____ Fax: _____

may release the information requested below concerning my US DOT drug and alcohol testing records to:

Contact Person: _____

Prospective Employer: _____

Street Address or P.O. Box: _____ Telephone: _____

City, State, Zip _____ Fax: _____

Applicant's Signature

Date

This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for the _____. This authorization for release of information is valid for one year from the date of signature.

COMPLETED BY PREVIOUS EMPLOYER

Check here if this employee did **not** participate in US DOT-regulated drug and alcohol testing while under your employment. Then sign below and return this form;

OR, respond to the following questions regarding this employee's US DOT-regulated drug and alcohol testing history while employed with your agency/firm.

- 1. Has this employee tested positive (0.04 or greater) for alcohol in the last two years? Y ___ N ___
- 2. Has this employee had a verified positive drug test result in the last two years? Y ___ N ___
- 3. Has this employee refused a required drug or alcohol test in the last two years? Y ___ N ___
- 4. Has this employee violated any other US DOT drug or alcohol testing regulation within the last two years? Y ___ N ___
- 5. Has a previous employer reported a drug and alcohol rule violation to you? Y ___ N ___
- 6. If you answered yes to any of the above items, did the employee complete the return to duty process? Y ___ N ___

Note: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g. SAP report(s), follow-up testing record).

Previous Employer's Signature

Date

Please return this form to the prospective employer at the address listed above.