



Onslow United Transit System
Application for Employment

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: OUTS Part-Time drivers average 20 to 35 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.

APPLICATION FOR EMPLOYMENT

ON SLOW UNITED TRANSIT SYSTEM, INC.

1300 N. Marine Blvd., Jacksonville, NC 28540

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:
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EMPLOYER:		ADDRESS:	
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FROM:	TO:	POSITION HELD:	PHONE NUMBER:
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SUPERVISOR'S NAME & TITLE:			MAY WE CONTACT?
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DESCRIPTIONS OF DUTIES:

STARTING SALARY:	FINAL SALARY:	REASON FOR LEAVING:
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OTHER QUALIFICATIONS

DRIVER'S LICENSES	State	License Number	Type		Date issued	Date expires
			Class	Endorsements		

OTHER STATE(S) IN WHICH YOU WERE LICENSED IN THE LAST 7 YEARS:	LICENSE #
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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

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.

Applicant's Signature: _____ **Date:** _____

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:
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:
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:



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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 close 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

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: _____ SSN: _____

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 for 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 1,913,14 of the FDPPA and GS 20-43.1

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: Onslow United Transit System, Inc. (OUTS)

NAME OF REQUESTER/CONTACT: Danny Ferucci / Executive Director

REQUESTER'S SIGNATURE: _____ Date: _____

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

Date Hired: _____ Date Released: _____



Onslow United Transit System
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Updated: May 2019

ACKNOWLEDGEMENT OF EMPLOYER'S DRUG AND ALCOHOL TESTING POLICY

I, _____, the undersigned, hereby
Print Full Name

acknowledge that I have received a copy of the anti-drug and alcohol misuse program policy mandated by the U.S. Department of Transportation, Federal Transit Administration for all covered employees who perform a safety-sensitive function. I understand this policy is required by 49 CFR Part 655, as amended, and has been duly adopted by the governing board of the employer. Any provisions contained herein which are not required by 49 CFR Part 655, as amended, that have been imposed solely on the authority of the employer are designated as such in the policy document.

I further understand that receipt of this policy constitutes a legal notification of the contents, and that it is my responsibility to become familiar with and adhere to all provisions contained therein. I will seek and get clarification for any questions concerning the provisions contained in the policy. I also understand that compliance with all provisions contained in the policy is a condition of employment.

I further understand that the information contained in the approved policy dated _____, is subject to change, and that any such changes, or addendum, shall be disseminated in a manner consistent with the provision of 49 CFR Part 655, as amended.

Signature of Employee

Date



Onslow United Transit System
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Updated: May 2019

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.)



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Updated: May 2019

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



**Onslow United Transit System
Application for Employment**

Updated: May 2019

CONFIDENTIAL

**AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON
US DOT DRUG AND ALCOHOL TESTING (page 1 of 2)**

(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 **Onslow United Transit System**. This authorization for release of information is valid for one year from the date of signature.



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CONFIDENTIAL

**AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON
US DOT DRUG AND ALCOHOL TESTING (page 2 of 2)**

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.



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‘GOOD FAITH EFFORT’ DOCUMENTATION

Release of Information from Previous Employer on DOT Drug and Alcohol Testing

1. Onslow United Transit System’s first attempt at acquiring information from previous employer on

DOT drug and alcohol testing, for _____,
Employee’s Full Name

was performed on _____, _____ sent an
Date Agency Name

‘authorization for release’ form, through certified mail, to the following DOT Employer:

Previous Employer’s Address (add additional sheets for additional employers)

2. Onslow United Transit System’s second attempt at acquiring information from previous employer on DOT drug and alcohol testing, for the aforementioned employee, was performed on _____,
Date

_____ attempted to call the previous employer at the following
Agency Name

telephone numbers:

Employer’s Name and Telephone Number (add additional sheets for additional employers)

Left Voice-Mail Message
(Check appropriate box)

Successfully Reached Company Representative

3. Onslow United Transit System’s third attempt at acquiring information from previous employer

on DOT drug and alcohol testing, for the aforementioned employee, was performed on _____,
Date

_____ attempted to call the previous employer at the following
Agency Name

telephone numbers:

Employer’s Name and Telephone Number (add additional sheets for additional employers)

Left Voice-Mail Message
(Check appropriate box)

Successfully reached Company Representative