To All Prospective Employees:

Cape Girardeau County Transit Authority appreciates you taking the time to apply with us. We hope that your experiences with Cape Girardeau County Transit Authority will be enjoyable once the pre-employment process and final disposition of your application has been rendered.

For consideration of employment, all forms attached must be filled out in their entirety. Any information left blank will be an automatic exclusion for consideration of employment.

You, the applicant, must have proof of a valid driver's license with either a CLASS-E ENDORSEMENT or higher and/or a CHAUFFEUR'S ENDORSEMENT for those that possess a license outside the state of Missouri before consideration of employment.

Cape Girardeau County Transit Authority is a federally funded, non-profit organization and we are not able to hire any person that has had a felony conviction. If you, the applicant, have had a felony conviction you cannot be considered for employment.

CONSENT TO RELEASE INFORMATION

I hereby give my permission to Cape Girardeau County Transit Authority to obtain information relating to my criminal and driving history. The background check history record, as obtained from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this record will be used, in part, to determine my eligibility for a position with Cape Girardeau County Transit Authority. I also understand that as long as I remain an employee with Cape Girardeau County Transit Authority, background checks may be repeated at any time.

I hereby release and discharge Cape Girardeau County Transit Authority and each of its officers, directors, employees, and agents from and against any and all causes of action, liabilities, and claims resulting from the investigation of my background in connection with my application to become an employee. I further direct and authorize Cape Girardeau County Transit Authority and any investigative agency retained by Cape Girardeau County Transit Authority to conduct the background check and further authorize any third parties, who may be the custodians of or in possession of the requested information, to disclose such information in connection with this Authorization.

I understand that if Cape Girardeau County Transit Authority chooses not to extend an offer of an employment position to me based upon the information obtained pursuant to this authorization, that I will not contest said information.

I understand that, although furnishing my Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate, and that the Social Security Number shall not be revealed to a third party except for the express purpose of conducting the background check.

_____

Applicant Full Legal Signature

_____ _____

****Printed Full Legal Name** (including middle name) Date

_____

Social Security Number or identification number of former country of residence

REV 12/08

PRE-EMPLOYMENT DRUG/ALCOHOL TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, and/or breath for analysis, as shall be determined by Cape Girardeau County Transit Authority in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Cape Girardeau County Transit Authority and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Cape Girardeau County Transit Authority. I further agree to and hereby authorize the release of the results of said tests to the Cape Girardeau County Transit Authority.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Cape Girardeau County Transit Authority.

I further agree to hold harmless the Cape Girardeau County Transit Authority and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Cape Girardeau County Transit Authority consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____ S.S.#: _____

Signature: _____ Date: _____

REV 12/08

Request for Information from previous Employer

Cape Girardeau County Transit Authority is a not-for-profit passenger transportation provider. To receive state and federal; funding, we must be in compliance with Federal Transit Administration as prescribed by the U.S. Department of Transportation. These regulations require we investigate the applicants employment record during the preceding 2 years (391.23). The applicant has named you as the one of their past (or current) employers during the period. Please take a moment to complete this form and return to Cape Girardeau County Transit Authority.

Important Note: if you are a D.O.T. regulated employer who administers D.O.T. Drug & Alcohol tests, D.O.T. regulation 49 CFR Part 40, Section 40.25, requires you to provide requested information pertaining to drug and alcohol testing. All information released to Cape Girardeau County Transit Authority will remain confidential.

APPLICANT RELEASE: *I hereby authorize you to release the following information to Cape Girardeau County Transit Authority for purposes of investigation as required by the regulations cited above, including any information for drug and/or alcohol tests (if applicable) listed on the next page. You are released from any and all liability which may result from furnishing such information. I understand I will be offered a chance to review and correct any misinformation provided by a previous employer.*

_____ _____

Applicants Signature ***Date***

This portion to be completed by Cape Girardeau County Transit Authority

Name of Applicant:_____ **Social Security #:**_____

Position applying for:_____

Name of person submitting the request: (Operations Mgr/CGCTA)_____

Request made via: ___MAIL ___TELEPHONE ___FAX Date request sent:_____

Name of previous employer:_____

Dates applicant stated they worked for previous employer: from:_____ **to:**_____

Position(s) applicant stated they had at previous employer:_____

Over

This portion to be completed by previous employer

---Is the employment record correctly stated? ___yes ___no

---Reason for leaving employer:

___still employed ___lay off ___resignation ___military duty
___discharge

---Is this individual eligible for rehire? ___yes ___no

---Did this individual have custody of money and/or valuables? ___yes ___no

---Are you a Department of Transportation regulated employer? ___yes ___no

---Did the applicant drive a motor vehicle for you? ___yes ___no

***If yes, please specify the type(S) of vehicles(S)*_____**

---Was the applicant a safe and efficient driver? ___yes ___no

---Number of accidents_____ Number of preventable_____

---In the two years prior to the date of the applicant's signature on the front of this form, for D.O.T. regulated drug & alcohol testing:

a. **Did the applicant have alcohol tests with a result of 0.04 or higher? YES___ NO___**
b. **Did the applicant have verified positive drug tests? YES___NO___**
c. **Did the applicant have refuse to be tested YES___NO___**
d. **Did the applicant have other violations of DOT agency drug and alcohol testing regulations? YES___NO___**
e. **Did a previous employer report a drug and alcohol rule violation to you? YES___NO___**
f. **If you answered "yes to any of the above items, did the employee complete the return-to-duty process? N/A___YES___NO___**

NOTE: if you answered "yes" to item e, you must provide previous employers report. If you answer "yes" to item f, you must also transmit the appropriate return-to-duty documentation. (i.e. SAP report(S), follow-up testing record)

_____ _____

Past employers signature/title ***Date***

Cape Girardeau County Transit Authority

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

-All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

-All applicants must meet and are subject to Federal Motor Carrier Safety Administration Guidelines.

POSITION APPLYING FOR: DRIVER / DISPATCHER: (circle one) DATE: _____

PERSONAL INFORMATION:

_____

Legal name: First Last Middle Initial

_____

Address: Street City State Zip code

Social Security #:_____

HomeTelephone:_____OtherTelephone:_____

Driver License Number:_____State:_____
(Missouri-must have a CLASS-E or higher-other states must have a CHAUFFEURS ENDORSEMENT)

Date of Birth:_____

Are you at least 21 years old? ☐ Yes ☐ No

Cape Girardeau County Transit Authority complies with the provisions of the Immigration Reform and Control Act of 1986 with respect to the employment eligibility of all employees to work legally in the United States. If you accept employment with Cape Girardeau County Transit Authority, you will be required to demonstrate employment eligibility by completing Form I-9 and presenting acceptable documents from those listed on the back of that form within three (3) days of hire. Cape Girardeau County Transit Authority does not discriminate in hiring or firing based upon an individual's national origin or citizenship.

Are you legally eligible for employment in the United States? □ Yes □ No

United States Visa status, if applicable:

_____

Have you been convicted of a felony? □ Yes □ No

<u>If yes, please refer to the cover letter, you are ineligible for hire do not proceed with the application.</u>

POSITION INFORMATION

Have you ever worked for another Govt. or DOT entity? □ Yes□ No

Employment status desired: □ Full Time □ Part Time □ Temporary

What hours are you available to work?

_____

If hired, when could you start? _____

EMPLOYMENT HISTORY *(Most recent)*

1. **Job Title:**_____

Employer:_____

Duties:_____

Dates of Employment (month / year):_____

From: _____ **To:**_____

Starting Salary: _____**Ending Salary:** _____
□ Full Time □ Part Time □ Temporary

Employer's Address:_____

Supervisor: May we contact? □ Yes □ No Phone#:_____

Reason for Leaving:_____

EDUCATION

Type of school: HIGH SCHOOL, COLLEGE or TRADE SCHOOL Name and Location

Dates Attended:_____

Degree Received:_____

Subjects Studied:_____

Did you graduate?:_____

High School:_____

College /University/Graduate School/Tech School/Other::_____

Special courses, training or experience acquired, including military experience:

_____

_____

_____

_____

_____

PROFESSIONAL REFERENCE:

NAME	ADDRESS	POSITION	PHONE NUMBER

PERSONAL REFERENCE

NAME	ADDRESS	PHONE #	RELATIONSHIP	YEARS KNOWN

CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

_____

Signature of Applicant

_____

Date

SEX, RACE and ETHNIC GROUP INDENTIFCATION

FORM

Detach from application and hand in separately

DO NOT SIGN THIS FORM

The Federal Government requires that an employer maintain records on the race, sex and ethnic group of its applicants. In order to comply with these requirements, Cape Girardeau County Transit Authority requests that you supply the information sought below. The information is for record keeping purposes only and will not in any way affect any employment decisions. This questionnaire will be kept separate from your application.

Position applied for: DRIVER / DISPATCHER (circle one)

SEX: MALE / FEMALE (circle one)

Ethnic Group (check if you are a member of the Ethnic Group

America Indian (including Alaskan Natives):_____

Asian (including Pacific Islanders):_____

Hispanic (including persons of Mexican, Puerto Rican Cuban, Central or South American, or other Spanish origin or culture):_____

In conformity with applicable laws, Cape Girardeau County Transit Authority is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, or disability.