



7440 Vine Street Court, Davenport, Iowa 52806

APPLICATION FOR EMPLOYMENT

Name _____
Last First Middle

Address _____
Street City State Zip Telephone Number Cell Number

Emergency Contact _____
Name Address Telephone Number

Name of relative already employed by RBT _____

Referred by (if applicable) _____

Position Desired _____ Date you can start _____ Desired Wage _____

Type of Employment: Full time _____ Part time _____ Are you interested in working weekends? _____

Currently employed: Yes _____ No _____ If yes, may we inquire of your present employer? _____

From the past two years of the date of this application, were you an employee in a safety-sensitive position covered under the DOT drug and alcohol testing regulations? Yes _____ No _____ If yes, complete the release of information form.

Are you on a lay-off and subject to a recall? Yes _____ No _____

Have you applied with RBT before? Yes _____ No _____ If yes, when _____

Driver's license number _____ Class C _____ Class D _____ CDL _____ - Type _____

Have you been involved in an accident or received a ticket or warning for speeding or other moving violation?
 Yes _____ No _____ If Yes, when? _____

Have you been convicted of a felony?
 Yes _____ No _____ If Yes, explain? _____

Education	Name of School	Circle Last year completed	Did you graduate?	Subjects studied
High School		1 2 3 4		
College		1 2 3 4		
Other		1 2 3 4		

Comments, such as personal or professional strengths _____

Activities other than religious (civic, athletic, etc.) _____

Former Employers: List last four employers, starting with the most current.

Date Month and Year	Name, Address, and Phone No. of Employer	Salary	Position	Reason for Leaving
From To				
From To				
From To				
From To				

References: List the names of three people not related to you, whom you have known at least one year.

Name	Address	Business	Telephone No.	Years Acquainted

I certify that statements made in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. Further, in the event of my employment, I understand that false or misleading information given in this application or my interview may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Corporation.

 Signature of applicant

 Date

PRE-EMPLOYMENT DRUG TESTING

In accordance with current federal transit authority regulations, any person or persons offered employment by River Bend Transit who would hold a safety sensitive position as a condition of employment must pass a drug test.

I understand, as a condition of employment, I will be required to pass a drug test before being employed by River Bend Transit.

Signature of applicant

Date

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

RIVER BEND TRANSIT CHECKS ALL APPLICANTS' DRIVERS RECORD THROUGH THE STATE OF IOWA DEPARATMENT OF MOTOR VEHICLES. WE WILL MAKE COPIES OF THIS RECORD AVAILABLE TO YOU AT YOUR REQUEST. ANY QUESTIONS REGARDING THE FAIR CREDIT REPORTING ACT COMPLIANCE, PLEASE CALL 1-800-683-3553.

STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A

ACCOUNT NUMBER 9962-FC

To: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, Iowa 50319
(515) 281-5138
(515) 242-6876 (fax)

From: River Bend Transit
7440 Vine Street Court
Davenport, Iowa 52806
Phone: (563) 386-7484
Fax: (563) 386-0450

I am requesting an IOWA CRIMINAL HISTORY check on:

Type or print legibly		
<u>REQUEST</u>		
_____ Last Name (mandatory)	_____ First Name (mandatory)	_____ Middle Name (recommended)
____/____/____ Date of Birth (mandatory)	_____ Sex (mandatory)	_____ Social Security Number (recommended)
_____ Signature of Requester		

There is a separate Form "A" required for each last name submitted.

<i>(DCI Use Only)</i>	
<u>RESULTS</u>	
As of _____ a Name and date of birth check revealed:	
CCH record attached <input type="checkbox"/>	No CCH record found <input type="checkbox"/>
DCI initials _____	

WAIVER

I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

_____ Signature	_____ Date
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RELEASE OF INFORMATION FORM – 49 CFR PART 40 DRUG AND ALCOHOL TESTING

Section 1. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name_____

SS or ID Number_____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature_____ Date_____

I-A

New Employer Name_____

Address_____

Phone Number_____ Fax Number_____

Designated Employer Representative_____

I-B

Previous Employer Name_____

Address_____

Phone Number_____ Fax Number_____

Designated Employer Representative (if known)_____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing –

- | | |
|---|---------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | Yes___ No___ |
| 2. Did the employee have verified positive drug tests? | Yes___ No___ |
| 3. Did the employee refuse to be tested? | Yes___ No___ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | Yes___ No___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | Yes___ No___ |
| 6. 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 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).

II-B.

Name of person providing information in Section II-A_____

Title_____

Phone Number_____ Date_____