RBT
River Bend Transit

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 IntelliCorp Records, Inc. WE WILL MAKE COPIES OF THIS RECORD AVAILABLE TO YOU AT YOUR REQUEST.

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_____

Equal Employment Opportunity

River Bend Transit is an Equal Opportunity employer and does not discriminate on the basis or race, ancestry, color, religion, sex, age, marital status, sexual orientation, national origin, medical condition, disability, veteran status, or any other basis protected by law.

The information provided will be used for research, reporting, statistical purposes, and to monitor legal compliance. To help us comply with these government requirements, please complete the following information.

Your completion of this form is voluntary and will not affect your opportunity for employment or terms or conditions of employment if hired. We appreciate your cooperation.

Gender

_____Male

_____Female

_____I choose not to disclose this information

Ethnicity

_____Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.)

_____Not Hispanic or Latino (If not Hispanic or Latino, please address race below)

_____I choose not to disclose this information

Race (do not respond if you selected "Hispanic or Latino" above)

_____White (Not Hispanic or Latino)
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

_____Asian (Not Hispanic or Latino)
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

_____American Indian or Alaska Native (Not Hispanic or Latino)
A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment

_____Black or African American (Not Hispanic or Latino)

_____Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

_____Two or More Races (Not Hispanic or Latino)
All person who identify with more than one of the above listed races

Protected Veterans

The definitions of protected veterans are listed below. Use the boxes following the definition to indicate whether you are a protected veteran

Disabled Veteran

A "disabled veteran" is one of the following:

A veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or

A person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. Military, ground, naval, or air service.

Active Duty Wartime or Campaign Badge Veteran

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. Military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran

An "armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. Military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

_____I am a Protected Veteran
_____I am not a Protected Veteran
_____I choose not to disclose this information

Disability Status

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

_____Yes, I have a disability (or previously had one)
_____No, I don't have a disability
_____I don't wish to answer