
GENERAL INSTRUCTION

- Please type or print clearly in ink.
- You must answer all questions asked. For dispatch and administrative positions, some questions may be answered as "N/A." For driving and maintenance positions, there are no questions on this application that are "not applicable" ("N/A"). If the answer is "none," write "none."
- Do not leave any gaps longer than one month in your ten year employment and activity history.
- Your application may be considered incomplete if you do not supply complete addresses of previous employers or do not answer all questions asked.
- An incomplete application may be disregarded.
- For the purposes of insurability, you must be at least 25 years of age (if the position you are applying for requires driving a company vehicle). Persons under the age of 25 will be considered only if they possess adequate driving experience and an exceptional driving record.
- You must supply a current (less than thirty days old) driving record with your application or bring to your interview (if the position you are applying for requires driving a company vehicle).
- **DO NOT INCLUDE** copies of your DOT Medical Examination Report with your application.

SECTION I

GENERAL INFORMATION

Position applying for _____ Earliest date you can start? _____

Full-time (30 or more hours) Part-time (less than 30 hours) Full-time, but will start at part-time

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

Have you ever worked here before: Yes No If so, when? _____

Federal regulations and, for non-driving positions, company policies mandate inquiry of your ten year employment history. If you are presently employed, may we inquire of your present employer at this time?

Yes Only upon firm offer of employment

Do you have any activities, commitments or responsibilities that may prevent you from meeting work attendance requirements? Yes No If yes, please explain _____

SECTION II

PERSONAL INFORMATION

Name _____
Last First Middle

Present Address _____
(NO PO BOX) Street City State Zip Code

How long have you lived at your present address? _____ years _____ months

Mailing Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____ Work Phone _____

List all previous addresses within the last three years—use additional sheet if necessary)

_____ years _____ months
Street City State Zip Code How Long?

_____ years _____ months
Street City State Zip Code How Long?

_____ years _____ months
Street City State Zip Code How Long?

Driver's License Number _____ State _____ Expiration Date _____

Indicate class of your current valid driver's license: A-CDL B-CDL C-CDL D

If you have a commercial driver's license (CDL), do you have a passenger endorsement? Yes No

If you have a CDL, do you have an air brake restriction? Yes No

Do you have a current DOT medical certificate? Yes No

If you do not currently have a CDL, do you have the ability to obtain one within 30 days of hire? Yes No

Social Security Number _____ Date of Birth _____

Are you legally eligible for employment in the United States? Yes No
(Proof of eligibility will be required if employed)

Do you have relatives who work for this company? Yes No
If so, who and in what capacity? _____

Have you ever been convicted of a criminal offense? Yes No
If yes, please explain _____

2. Employer/Activity _____ Phone _____

Address _____
Street City State Zip Code

Position _____ Start Date _____ End Date _____

Supervisor's Name _____

Describe work performed and skills involved _____

Reason for leaving _____

If this position was within the last three years, please answer the following questions.

- Was this position designated as "safety-sensitive," in any Department of Transportation regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes No
- Was this position subject to Federal Motor Carrier Safety Regulations? Yes No

3. Employer/Activity _____ Phone _____

Address _____
Street City State Zip Code

Position _____ Start Date _____ End Date _____

Supervisor's Name _____

Describe work performed and skills involved _____

Reason for leaving _____

If this position was within the last three years, please answer the following questions.

- Was this position designated as "safety-sensitive," in any Department of Transportation regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes No
- Was this position subject to Federal Motor Carrier Safety Regulations? Yes No

4. Employer/Activity _____ Phone _____

Address _____
Street City State Zip Code

Position _____ Start Date _____ End Date _____

Supervisor's Name _____

Describe work performed and skills involved _____

Reason for leaving _____

If this position was within the last three years, please answer the following questions.

- Was this position designated as "safety-sensitive," in any Department of Transportation regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes No

- Was this position subject to Federal Motor Carrier Safety Regulations? Yes No

5. Employer/Activity _____ Phone _____

Address _____
Street City State Zip Code

Position _____ Start Date _____ End Date _____

Supervisor's Name _____

Describe work performed and skills involved _____

Reason for leaving _____

If this position was within the last three years, please answer the following questions.

- Was this position designated as "safety-sensitive," in any Department of Transportation regulated mode, subject to alcohol and controlled substance testing as required by 49 CFR part 40? Yes No

- Was this position subject to Federal Motor Carrier Safety Regulations? Yes No

SECTION IV

EXPERIENCE

Describe the nature and extent of experience in the operation of all motor vehicles, including types of equipment (such as buses, trucks, truck trailers, semi-trailers, full trailers, pole trailers, and passenger vehicles)

List involvement in all motor vehicle accidents within the last three years. **Specify date and nature of each and if any fatalities or injuries were caused. Also describe who was at fault** _____

List all violations of motor vehicle laws or ordinances (other than those involving parking) of which resulted in conviction or forfeiture of bond or collateral within the last three years _____

Please give a detailed statement setting forth facts and circumstances of any denied, revocation, or suspension of any license, permit or privilege to operate a motor vehicle; **or a statement that no such denial, revocation or suspension has occurred** _____

Summarize any job related skills, licenses or certifications you have _____

List any professional activities and associations _____

SECTION V

EDUCATION

	Name and Location	Number of years attended	Subjects studied	Did you graduate?
High School				
College				
Trade or Business				

SECTION VI

CHARACTER REFERENCES

List below the names of **three** persons **not** related to you, whom you have known **at least three** years.

NAME

ADDRESS

PHONE

YEARS ACQUAINTED

1. _____

2. _____

3. _____

ALCOHOL AND SUBSTANCE ABUSE POLICY STATEMENT

Smart Transit is a drug-free workplace with a zero tolerance policy. As part of the pre-employment investigation, as well as after employed, applicants will be required to participate in the drug and alcohol testing program which includes, but is not limited to, random and post-accident testing.

AUTHORIZATION AND CERTIFICATION

“I voluntarily give Regional Public Transportation, Inc (doing business as Smart Transit) the right to investigate all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that information provided on this application may be used, and my previous employers will be contacted for the purpose of investigating my general employment and safety performance history.

I understand I have the right to review information provided by previous employers; to have previous employers correct erroneous information and resend corrected information to Smart Transit; and to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if employed, falsified statements and omissions on this application shall be grounds for dismissal.”

SIGNATURE

DATE

Regional Public Transportation, Inc.

**JOB APPLICANT/EMPLOYEE
DRIVING RECORD AND DRIVERS LICENSE
RELEASE FORM**

A DLR (Driver's License Record) or MVR (Motor Vehicle Report) is required for employment at Regional Public Transportation, Inc. dba Smart Transit for any position that requires driving a company vehicle.

Job applicants should include a current DLR/MVR (less than 30 days old) with the job application.

Due to state processing lag times, it is acceptable to bring a current DLR/MVR to the interview. Idaho DLRs may be obtained through your county driver's licensing office or on the web at http://www.accessidaho.org/online_services/citizen.html. Washington MVRs may be obtained by contacting your county driver's licensing office or online.

1. Applicant/Employee Name (as it appears on your license): _____

2. Driver's License number: _____ State: _____ Class (circle one): A B C D

3. Have you held a commercial or standard driver's license in any other state in the last 3 years (circle one)?

YES NO

4. If yes, which one(s)? State: _____ CDL/DL# _____

State: _____ CDL/DL# _____

State: _____ CDL/DL# _____

By signing this release, you authorize Regional Public Transportation, Inc. (dba Smart Transit) and its motor vehicle insurer to immediately obtain and evaluate your motor vehicle report for the purposes of job qualification and insurability. You also authorize periodic updates upon acceptance of employment.

By signing this release and accepting employment at RPT, Inc. you also authorize copies of your driving record and driver's license to be disclosed to a third party when necessary. These copies may include personal information contained in motor vehicle and driver records, including your photograph, digitized image of photograph, digitized signature, social security number, or medical or disability information that may be listed on your driver's license or motor vehicle record. Third parties may include entities with whom RPT, Inc. contracts to provide services for or receives grants from such as state or federal agencies.

Signature: _____ Date: _____