

List professional, trade, business or civic activities and offices held. (You should exclude those, which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

EDUCATION

	<u>Elementary</u>	<u>High School</u>	<u>College/University</u>	<u>Other</u>
Circle Years Completed	5 6 7 8	9 10 11 12	1 2 3 4	_____

School Name: _____

Diploma/Degree: _____

Describe Course of Study: _____

Describe Specialized Training: _____

Licenses, Certificates: _____

Apprenticeship: _____

Skills and Extra Curricular Activities: _____

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application, including typing speed and shorthand speed. _____

Do you presently hold a valid State of Ohio driver's license? _____ Yes _____ No
(This information will be considered for selection purposes only if such license is required by law to perform the duties of the position for which you are considered.)

If yes, Type of License: _____ Operator's _____ Commercial

Driver's License (CDL) CDL Endorsements? _____

EMPLOYMENT EXPERIENCE

Start with your present or last job, include military service assignments and volunteer activities, exclude organization names, which indicate race, color, religion, sex or natural origin.

Employer _____ Telephone Number _____

Address _____

Date Employed From _____ To _____

Work Performed _____

Job Title: _____

Supervisor: _____

Reason for Leaving: _____

Employer _____ Telephone Number _____

Address _____

Date Employed From _____ To _____

Work Performed _____

Job Title: _____

Supervisor: _____

Reason for Leaving: _____

Employer _____ Telephone Number _____

Address _____

Date Employed From _____ To _____

Work Performed _____

Job Title: _____

Supervisor: _____

Reason for Leaving: _____

If you need additional space, please continue on a separate sheet of paper

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience: _____

Have you ever been bonded? _____ Yes _____ No If yes, with what employers? _____

State names of relatives working for Ottawa County: _____

Who should be notified in case of an emergency?

Name _____ Home Phone _____

Address _____

Business Name/Address _____

Business Phone _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Ottawa County all information relative to such verification and hereby release such individuals, organizations, and Ottawa County from any and all liability for any claim or damage resulting therefrom. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the County.

Signature of Applicant

Date

As an equal opportunity employer, Ottawa County will consider only the qualifications of all applicants, and will not tolerate discrimination in provision of services or employment because of disability, race, color, creed, national origin, sex or age.

**Department of Transportation
Drug/Alcohol and Safety Performance Request Consent Form**

The United States Department of Transportation's (DOT) Federal Motor Carrier Safety Administration (FMCSA) has amended the Federal Motor Carrier Safety Regulations (FMCSR) to specify the minimum driver safety performance history data that new or perspective employers are required to seek for applicants under consideration for employment as a commercial motor vehicle (CMV) driver, where and from whom that information must be sought and dictates that employers must provide safety performance history information (49 CFR Parts 390 and 391).

In addition, DOT's Procedures For Transportation Workplace Drug and Alcohol Testing Programs state that employers must, after obtaining an employee's written consent, request the information about the employee listed in paragraph (b) of the section and directs that records shall be made available to a subsequent employer upon receipt of a written request from an employee (49 CFR 40.25).

The following information will be used to conduct a background investigation as described. TARTA complies with all provisions of the Age Discrimination in Employment Act (ADEA) and all other Federal, State and Local laws, which prohibit age discrimination in employment. Your date of birth will be kept confidential and will be utilized solely to conduct a background investigation, including your driving record in any state in which you have lived.

A Safety sensitive function is any of the following five categories: (Part 655.4)

1. Operating a revenue service vehicle, whether or not the vehicle is in service;
2. Operating a non-revenue service vehicle when required to be operated by a holder of a CDL;
3. Controlling dispatch or movement of a revenue service vehicle;
4. Maintaining a revenue service vehicle or equipment used in revenue service;
5. Carrying a firearm for security purposes

I HAVE PREVIOUSLY PERFORMED A JOB THAT IS CLASSIFIED AS SAFETY SENSITIVE.

Circle the correct answer YES or NO.

Print name _____ **Signature** _____ **Date** _____

If you circled NO above do not complete the rest of this form. If YES continue.

Other names used since birth: _____ Date of Birth: _____ Years at current address: _____

I (print name) _____ hereby allow Ottawa County Transportation Agency to contact my former Department of Transportation Regulated Employer(s) as described below.

The following is required per Federal Motor Carrier Safety Regulations per 49 CFR 391.23:

1. An investigation report of your safety performance history for the last three (3) years. The following two (2) year history requests are required per 49 CFR 40.25:

1. Alcohol Test results of 0.04 or higher alcohol concentration.
2. Verified positive drug tests.
3. Refusals to be tested (including verified adulterated or substituted drug test results).
4. Other violations of DOT agency drug and alcohol testing regulations.

(continue on back)

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