



SPECIAL TRANSIT PRE-EMPLOYMENT NON-DRIVER APPLICATION

Special Transit is an Equal Opportunity Employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability which is not job-related.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

Section I – General Information

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Are you able to work any shift? Yes No

If no, please explain: _____

Section II – Personal Employment Information

For what position are you applying? _____

Do you have the legal right to be employed in the United States? Yes No

If no, please explain: _____

Have you ever applied for a position with Special Transit? Yes No

If yes, approximately what date(s) did you apply? _____

For what position(s) did you apply? _____

Are you related to any employee of Special Transit? Yes No

If so, list his/her name, relationship to you and the position he/she holds at Special Transit.

Have you ever been discharged, dismissed or requested to resign from any job? Yes No

If yes, please explain the circumstances:

Are you currently employed? Yes No

May we contact your current employer(s) for reference information? Yes No

If no, please explain: _____

Are you currently taking any medications that would inhibit your ability to perform the duties outlined in the job description? Yes No

If yes, please list the medication(s): _____

Have you ever been convicted of a crime or other offense? Include military service convictions or guilty pleas.
 Yes No

If yes, please provide specific details (any record of criminal activity is not grounds for automatic disqualification and will be reviewed as related to the position for which you have applied):

Section III – Military Experience

Have you ever served in the military? Yes No

In which branch of the Armed Forces did you serve? _____

Date entered: _____ Date separated: _____ Final rank: _____

Section IV – Education, Skills and Training

Please provide details of your education and training below.

High School: _____ City: _____ State: _____

If graduated, circle one: Diploma GED

On another sheet of paper, provide information for any additional high school education you received, if necessary.

College: _____ City: _____ State: _____

Did you graduate? Yes No

If necessary, provide the following information for any additional college education you received:

College: _____ City: _____ State: _____

Did you graduate? Yes No

Section V – Authorization and Certification

Please carefully read this section before signing.

I certify that the information I have provided in this application is true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation, omission or falsification of information will bar me from any further consideration for employment, or if I have been employed, cause my immediate termination from Special Transit. I further understand that successful completion of a physical examination is a condition of employment.

I authorize Special Transit, at the time of my application for employment and during the course of my employment, to obtain information from the companies, schools, persons or any source named in this application, to obtain any information regarding my work character, records, qualifications, education, experience, medical history, financial or credit record, and hereby release said companies, schools, persons and other sources from any liability for any damage whatsoever for issuing this information. For positions requiring police checks, I hereby authorize any municipal, state or federal law enforcement agency to release records concerning my background.

I understand that, if I am employed, I will be required to abide by all of the rules, regulations and policies of Special Transit, including the company Code of Ethics. By signing, I authorize that I have read and understand this application for employment, including Section VI – Authorization and Certification. I further understand that if I am considered for the position, I will consent to an alcohol and drug screen urine test. In order to be considered for employment with Special Transit, all results of such tests must be negative.

Signature: _____ Date: _____

Section VI – Work History

In the allotted spaces on the following pages, please provide details of your work history. You must provide information for at least the last ten years of employment. Attach additional sheets if necessary. If you have not had at least ten years of experience in the workforce, please note so. Begin with your current or most recent position. Account for periods of unemployment or military service. Do not reference your resume.

Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Title: _____ Supervisor: _____

Date Started: _____ Date Separated: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Reason for Separation: _____

Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Title: _____ Supervisor: _____

Date Started: _____ Date Separated: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Reason for Separation: _____

Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Title: _____ Supervisor: _____

Date Started: _____ Date Separated: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Reason for Separation: _____

Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Title: _____ Supervisor: _____

Date Started: _____ Date Separated: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Reason for Separation: _____

Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Title: _____ Supervisor: _____

Date Started: _____ Date Separated: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Reason for Separation: _____

Employer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Position Title: _____ Supervisor: _____

Date Started: _____ Date Separated: _____

Starting Salary: _____ Ending Salary: _____

Duties: _____

Reason for Separation: _____

Applicant Evaluation Information

Failure to meet any one of these criteria may exclude you from consideration for employment with Special Transit:

A. Criminal History Investigation

1. A criminal history investigation will be performed on all applicants prior to any employment.
2. Convictions – Felony and Misdemeanor convictions which have occurred in the last 10 calendar years must be disclosed on the application. Failure to disclose these convictions may result in disqualification of the applicant.
3. Evaluation of prior convictions will be as follows:
 - a. **Immediate hire:** An applicant who has been convicted of **no more than one misdemeanor** that does not involve violence, drugs or any alcohol-related driving offense, any sexual misconduct, theft or fraud will be considered for employment.
 - b. **One year:** An applicant who has been convicted of **more than one** misdemeanor, none of which involve violence, drugs, sexual misconduct, theft or fraud may be considered for employment, promotion or transfer after more than **one year** has passed since the completion of his/her latest sentence, providing the applicant has successfully completed all requirements for employment.
 - c. **Two years:** An applicant who has been convicted of more than one misdemeanor, none of which involve violence, drugs, sexual misconduct, theft, fraud or reckless driving may be considered for employment, promotion or transfer after more than **two** years have passed since the completion of his/her latest sentence, providing the applicant has successfully completed all other requirements for employment.
 - d. **Five years:** An applicant who has been convicted of more than one misdemeanor crime which involves violence or drugs (excluding sexual violence or homicide of any degree) or theft which does not involve theft from an employer or fraud may be considered for employment, promotion or transfer after more than **five years** have passed since the completion of his/her latest sentence, providing the applicant has successfully completed all other requirements for employment.
 - e. **Ten years:** In any other situation, an applicant who has been convicted of any felonies or other misdemeanor crimes may be considered for employment, promotion or transfer after more than **ten years** have passed since the completion of his/her latest sentence, providing the applicant has successfully completed all other requirements for employment.

B. Interview Process

C. Applicants for safety sensitive positions must pass a pre-employment drug screening as required by the Federal Transit Administration. A negative pre-employment drug test is a condition of employment and the testing must be done under the authority of the FTA.

D. Reference Checks

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

Signature: _____ Date: _____

Notification of Special Transit Drug Screening

Special Transit's Drug and Alcohol Policy requires that all applicants for employment in a safety sensitive position be drug screened prior to accepting a position at Special Transit.

Any applicant who tests positive in violation of the Special Transit Drug and Alcohol Policy will not be eligible to be hired for the safety sensitive position for which he or she has applied.

I acknowledge that I have received notice of Special Transit's Drug and Alcohol screening requirements.

Name (Printed)

Signature

Date

Previous Pre-Employment Employee Alcohol and Drug Test Statement

Prospective Employee Name: _____ ID Number: _____
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions:

- 1) 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 during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____

Applicant Referral Survey

Name: _____ Date: _____

Title of position for which you are applying: _____

Please indicate how you learned of the position for which you are applying.

Select the one source that first informed you of the opening:

- | | |
|----------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Special Transit Employee* | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Employment Guide | <input type="checkbox"/> Boulder Valley Bargains |
| <input type="checkbox"/> Community Service Agency | <input type="checkbox"/> Employment News |
| <input type="checkbox"/> Longmont Times-Call | <input type="checkbox"/> Special Transit Web Site |
| <input type="checkbox"/> Boulder Weekly | <input type="checkbox"/> Ad On or Inside Bus |
| <input type="checkbox"/> Boulder Daily Camera | <input type="checkbox"/> Denver Job Guide |
| <input type="checkbox"/> Denver Catholic Register | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Phone Inquiry | <input type="checkbox"/> Internal Job Posting |

Other: _____

* Name of Special Transit Employee: _____

References

List three persons who are not related to you and who have definite knowledge of your business or professional qualifications. You should include supervisors, co-workers, business partners, employees or any person with whom you have had previous work experience.

Name:	
Business/Occupation:	
Address (street, city, state, zip code):	
Phone 1:	Phone 2:
Relationship to you:	

Name:	
Business/Occupation:	
Address (street, city, state, zip code):	
Phone 1:	Phone 2:
Relationship to you:	

Name:	
Business/Occupation:	
Address (street, city, state, zip code):	
Phone 1:	Phone 2:
Relationship to you:	