

PERSONAL INFORMATION (CONTINUED)

In case of an emergency please contact:

Name	Address	Phone
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Have you tested positive or refused a test on any Drug or Alcohol Test administered by an employer in the past two (2) years for which you did not obtain employment in a safety-sensitive position. Yes No

Have you ever refused a DOT pre-employment drug test? Yes No

Do you have the legal right to live and work in the United States? Yes No

Have you ever been discharged or asked to resign employment? Yes No

If yes, state reason: _____

Have you ever been convicted of a Felony? Yes No If yes, give details _____

Have you ever been bonded? Yes No If yes, for what position? _____

Are you available for work (please check all hours you would be available):

Full Time Part Time Weekends Split Shifts

On what date would be available to begin work? _____, _____, _____
(Month) (Day) (Year)

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

List three (3) references, **excluding relatives and previous employers.**

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

MILITARY

Complete this section if you served in the U.S. Armed Forces

Branch of Service _____

Period of Active duty (month & year) From _____ To _____

Rank at discharge _____ Date of final discharge _____

Describe your duties and any special training: _____

DRIVER'S LICENSE

State: _____ License #: _____ Class: _____

Restrictions: _____ Expiration date: _____

DRIVING EXPERIENCE

<u>Class of Equipment</u>	<u>Type of Equipment</u>	<u>From: Mo/Yr</u>	<u>To: Mo/Yr</u>	<u>Approximate Miles driven per year</u>
Bus	_____	_____	_____	_____
Straight Truck	_____	_____	_____	_____
Tractor Trailer	_____	_____	_____	_____

DRIVING RECORD
LIST ALL ACCIDENTS FOR THE PAST THREE (3) YEARS

	<u>Dates</u>	<u>Type of Accident (head on, rear end, upset)</u>	<u>Injuries (Yes or No)</u>
Most Recent Accident	_____	_____	_____
Previous Accident	_____	_____	_____
Previous Accident	_____	_____	_____

TRAFFIC CONVICTIONS AND CITATIONS FOR THE PAST THREE (3) YEARS

<u>Location (city & State)</u>	<u>Date</u>	<u>Type</u>	<u>If a penalty, give details</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE	DEGREE OR DIPLOMA
COLLEGE	(Name)				<input type="checkbox"/> YES
	(Address)				<input type="checkbox"/> NO
	(City, State)				
HIGH	(Name)				<input type="checkbox"/> YES
	(Address)				<input type="checkbox"/> NO
	(City, State)				
ELEMENTARY	(Name)				<input type="checkbox"/> YES
	(Address)				<input type="checkbox"/> NO
	(City, State)				
OTHER	(Name)				<input type="checkbox"/> YES
	(Address)				<input type="checkbox"/> NO
	(City, State)				

AGREEMENT

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

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquires in connection with my application.

I understand that as a condition of my employment, I must first undergo and pass a pre-employment physical which includes a drug screen test.

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

In compliance with Federal regulations, I understand that I must provide a history of any employment as a commercial motor vehicle operator within the preceding ten (10) years as part of my application for employment.

I understand that as a condition of my employment, I must provide Bloomington-Normal Public Transit System with verification of citizenship and/or alien status pursuant to Federal regulations.

Signature of Applicant

Date

CONFIDENTIAL

I have applied to the Bloomington-Normal Public Transit System for employment. I authorize the release of any information contained in my previous work record to this firm.

Name of Former Employer	Signature of Applicant
	Date

DO NO WRITE IN SPACES BELOW

Dates of employment: From _____ To _____

Jobs performed while employed: _____

Eligible for Rehire: ___ Yes ___ No If No, please explain: _____

Rate of Pay: \$ _____

Please Rate the following job-related qualifications;

	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>
Work Quantity	_____	_____	_____
Work Quality	_____	_____	_____
Attendance	_____	_____	_____
Ability to work w/others	_____	_____	_____
Overall Evaluation	_____	_____	_____

Comments: _____

Date	Signature/Title
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The Bloomington-Normal Public Transit System is an Equal Opportunity Employer.