

Application for Employment

JTA MAINTENANCE

Note to Applicant: Please advise us in advance if you require an accommodation to complete this application.

We are an Equal Employment Opportunity employer. We do not discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age; disability, or any other consideration made unlawful by applicable federal, state, or local laws.

As a metter of policy and for the safety of the communities served, we consistently apply background checking standards to all applicants. It is essential that all information requested, including educational background, work, criminal and residential history, be complete and accurate.

Instructions:

Please type or print in black or blue ink. Answer all questions, checking all boxes that apply. Answer "none" on questions that do not apply. Additional forms are available for each section if needed.

		GENERAL INF	ORMATION		:	· · · · · · · · · · · · · · · · · · ·	4
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Telephone Number and Area Code Primary ()	; Secondary (A second	If hired, can you in the US?	present evide ☐ Yes ☐		f your legal right	to work
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Have you ever applied to our organin the past?	vízatīon ∐ No	Where?] 1	When?	, , , , , , , , , , , , , , , , , , ,
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We are an Equal Opportunity Employer that values diversity

Note: A pre-employment drug test and criminal history check are required for employment

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Elementary and Junior High / Middle School		1 2 3 4 5 6 7 8	FIV	
High School and/or G.E.D.		9 10 11 12	☐ Yes	
Collegia		1234	☐ Yes ☐ No.	Degree
Trade, Business, Correspondence or Graduale School		Degree / Certificate earned:	☐ Yes ☐ No	Degree
List any other trainin	g or educational programs of note:		***********	and the state of t
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All employment for the past 10 years must be noted below, including jobs held while in school or while in the military. Record your present or most recent position first and go back in chronological order. Resumes may not be substituted for any information requested, but may be submitted as an addendum to the completed application. Complete all questions for each position.

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ow many years of driving experience do you have? ☐ Less than 3 years ☐ 3 years or more			- Motor Physican - Androd M	<u>',</u>		

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Auto or Van							- the start of the
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List special driving codi	ises or training you	have received:		'		•	•
What driving awards ha	ve you received? F	rom whom?			The second secon	45	
Have you had experien			dts? Explain:	,			All for the control of the first first the control of the control
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List any other skills V					<u> </u>	<u> </u>	And the state of t
relevant for the position	on you seek:						

	ADDITIONAL C	UALIFICATIONS		
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	APPLICANT SISTATI	EMENT AND RELEASE		
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If an employee relationship is establish with or without cause, and with or without cause significant cause.	out notice. I also unders	make oral exceptions to the		
I authorize the Company and its represent criminal history checks from federal, state Administration (FTA).	ancher të përkinjet bankara	Jund evaluations and obtain i	information including I (DOT) and/or the Fed	out not limited to, eral Transit
I hereby expressly authorize such inquiries respective affiliates, subsidiaries, directors organization, entity, agency, or other sour out of or relating to any investigation of my local agencies, authorities, previous employed.	, officers, employees, age to providing information to background for employm oyers, military services an	onts and automeys ujeledi, a a consumer reporting agen nent purposes. This release d educational institutions,	oy from all claims and is valid for all federal,	damages arising state, county and
I acknowledge that any offer of employme taking a drug screen and the Company's r if necessary to determine ability to perform	eceipt of satisfactory resu ressential duties of the po	osition offered, the satisfacto	ry results of physical e	examination.
This certifies that this application was commy knowledge.	pleted by me, and that all	entries on it and information	In it are true and con	biere to me best or
Applicant Name:		•	Date:	
Applicant Signature:		•		
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Note: This Application Individual receiving & reviewing application	A INTERNAL	II be considered active for IUSEONLY	6 months. Date:	
		DISPOSITION 30 SECTION 1		
A. Applicant withdrew from process B. Disclosure of a disqualifying event		☐ H. Conditional offer t ☐ I. Falsification of Ap	olication	1
C. Cannot work required hours	•	J. Failed reference /	previous employment c ment drug test / DOT p	hysical
D. Application reviewed—not selecte E. Interviewed—not selected F. Falled pre-employment test or lice		L. Failed MVR check	· · · · · · · · · · · · · · · · · · ·	
G. Does not meet minimum age requ	rement	100 1 100 1 100 100 100 100 100 100 100		polympia the stage has higher and the same of a big of the pilet of the same

Application for Employment Revision Date: June 2013

FOR ALL SAFETY SENSITIVE POSITIONS

PART II - FTA DOT DRUG AND ALCOHOL RELEASE

I authorize, per 49 CFR Part 40, the release of information from my DOT regulated drug and alcohol testing records by the c carriers (company/school) listed below to First Advantage for the sole purpose of transmitting such records to the above listed employer. I authorize release of the following information concerning DOT drug and alcohol testing violations including pre-employment tests during the past two years: (i) alcohol tests with a result of 0.04 or higher; (iii) verified positive drug tests; (iii) refusals to be tested (including verified adulterated or substituted results); (iv) other violations of DOT drug and alcohol testing regulations; (v) information obtained from previous employers of a drug and alcohol rule violation(s); and (vi) documents, if any, of completion of a return-to-duty process following a rule violation.

The information that I have authorized to be reviewed involves tests which were required by DOT. If any carrier (company/school) listed below furnishes First Advantage with information concerning items (i) through (vi) above, I also authorize that carrier (company/school) to release and furnish: the dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the two-year period; and the name and phone number of any substance abuse professional who evaluated me during the past two years.

Company	City	State	Phone Number
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(Attach additional forms for additional past of Attached documents must also bear the independent of the control of the contro	employers. ividual's signature and social secu	rity number.)	· · · · · · · · · · · · · · · · · · ·
Print Applicant Name:	A	Applicant Signature:	•
Social Security No:		Date of Birth:	Date:

Notification of Driver Rights

I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding two years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available. Prospective employers may consider you to have waived your request to review the record.

Part II - FTA DOT Drug & Alcohol Release Revision Date: June 2013

(All Applicants, Current Employees and Current Management)

PART I - INVESTIGATIVE CONSUMER REPORT DISCLOSURE AND CONSENT

In connection with your employment or application for employment (including contract for services), an investigative consumer report and/or consumer reports, which may contain public record information, may be requested from a consumer reporting agency. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, drugs/alcohol us e, information r elating t o y our character, general reputation, educational background, personal c characteristics, mode of living, or any other information about you which may reflect upon your potential for employment gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. Such reports may contain public record information concerning your driving record, workers' compensation claims, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from the consumer reporting agency concerning previous driving record requests made by others from such state agencies. If you are hired or remain employed, additional reports may be requested to update, renew or extend your employment, to the extent permitted by law.

You have the right to receive, upon your written request within a reasonable period of time, (not to exceed 30 day s) a complete and accurate disclosure of the nature and scope of any investigation requested. You have the right to make a request to the consumer reporting agency, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information, and the recipients of any reports on you that the consumer reporting agency has previously furnished within the two-year period preceding your request. The Company reserves the right to change consumer reporting agencies at any time.

I authorize any consumer reporting agency, to prepare consumer reports or investigative consumer reports about me for employment-related purposes. The consumer reporting agency is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion, or any other lawful purpose. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period. I have been provided a copy of the summary of the rights of the consumer pursuant to the Fair Credit Reporting Act (FCRA).

By signing below, I certify that I hopportunity to ask questions and	nave read and fully understand this disclosure, the to have those questions answered to my satisfa	hat prior to signing I was given an action.
Print Name:	Signature:	Date:
Social Security No:	Date of Birth:	Sex: Male Female

JTA Reference Listing Page for Job Applications

Comment

[Title] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] [Email]	REFERENCES		•		
[Reference's Name] [Title] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] [Email] Relationship Comment [Reference's Name] [Title] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] [Email]	[Title] [Company Name] [Street Address] [City, ST ZIP Code]		·		
[Reference's Name] [Title] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] [Email] Relationship Comment [Reference's Name] [Title] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] [Email]	Relationship	•	•		
[Title] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] [Email] Relationship Comment [Reference's Name] [Title] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] [Email]	Comment		•		
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Comment [Reference's Name] [Title] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] [Email]	[Title] [Company Name] [Street Address] [City, ST ZIP Code]				
[Reference's Name] [Title] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] [Email]	Relationship	•			
[Title] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] [Email]	Comment				
[Title] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] [Email]					
	[Reference's Name] [Title] [Company Name] [Street Address] [City, ST ZIP Code] [Phone] [Email] Relationship				
					•

Jackson Transit Authority Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing

APPLICANT: PLEASE SIGN AND DATE BELOW ONLY. PLEASE LEAVE THE REMAINDER OF THE FORM BLANK!

Section I To b	<u>be completed by the new en</u>	n <u>plov</u> er, signed	<u>by the emplo</u>	<u>yee, and transn</u>	utted to the pre	vious emple	<u>gyer:</u>
Employee Prin	nted Name:						<u> </u>
Employee SS	or ID Number:		•		· · · · · · · · · · · · · · · · · · ·		
Part 40, Section DOT-regulated 1. Alcohol tes 2. Verified po 3. Refusals to 4. Other violation 5. Information 6. Documentation	ts with a result of 0.04 or high sitive drug tests. be tested. tions of DOT agency drug and obtained from previous emption, if any, of completion of	e employer listed rmation to be rele ner. d alcohol testing r loyers of a drug at the return-to-duty	in Section I-A eased in Section regulations. nd alcohol rule	This release is in a II-A by my prevent of the II-A by my prevent of t	n accordance witious employer, is	h DOT Regu	lation 49 CFR
Employee Sig	nature		· · · · · · · · · · · · · · · · · · ·		Date:	•	- Logger - mark
Section I - A	New Employer Name: Contact Person: Address: Phone:	Jackson Transit 38 Eutah St Jackson TN 38305 731-423-0200	·	731)424-9323		•	
Section I - B	Previous Employer Name	e:					
	Address:				······································	<u>.</u>	·····
	Phone Number: ()					1	,
	Designated Employer Rep	presentative (if l	cnown):				
Section II to be	e completed by the previou	s employer and	transmitted l	by mail or fax to	the Duluth Tr	ansit Autho	ority:
Section II – A	In the two years prior to the	he date of the en	nployee's sig	nature (in Sectio	on I), for DOT-r	egulated te	sting ~
1. Did the emplo	oyee have alcohol tests with a	result of 0.04 or l	higher?			YES	NO
2. Did the emplo	oyee have verified positive dr	ug tests?		•		YES	NO
3. Did the emplo	oyee refuse to be tested?					YES	NO
4. Did the emplo	yee have other violations of I	OOT agency drug	and alcohol te	sting regulations?	١.	YES	NO
5. Did a previous	s employer report a drug and a	alcohol rule v iolat	tion to you?		.•	YES	NO
5. If you answere	ed "yes" to any of the above i	tems, did the emp	loyee complete	e the return-to-du	ty process? N/A_	YES	NO
V .	nswer "yes" to item 5, you ansmit the appropriate reti	~	-	- -	47 47	-	•
Section II - B	Name of person providing	information in S	Section II-A;				
	Title:						•
	Dhone #			Deta:			

Rev 06/12

JTA IS AN EQUAL OPPORTUNITY EMPLOYER

POTENTIAL MAINTENANCE DEPARTMENT EMPLOYEE, PLEASE READ CAREFULLY BEFORE YOU FILL OUT YOUR APPLICATION

- 1. Complete the application for employment in your own handwriting, in ink and return the application to JTA front office personnel as soon as possible. Applications will be rejected unless all questions are answered fully. You must properly sign the application and all attached forms that require a signature in order for your application to be properly considered.
- 2. If your application is accepted , you will be required to:
 - A. Furnish evidence of your identity and employment eligibility pursuant to the current requirements of the Immigration and Naturalization Service.
 - B. Must possess a valid driver's license and be able to obtain a TN. CDL Learner's permit prior to employment.
 - C. All formal offers of employment are conditional pending completion of a background and driving record investigation by JTA and passing a dot physical and pre-employment drug screen.
- 3. JTA will review all applications received.

Only the most qualified applicants will be scheduled for an interview.

Please make sure you submit current and valid day time contact info. on your application.

Jackson Transit Authority

Permission to access applicant's driving history

I hereby authorize the release to the Jackson Transit Authority any information concerning my driving history. I do this voluntarily for the purpose of assisting in a background check of my driving record in connection with my seeking employment with the Jackson Transit Authority.

Signature		
		
Date		
•		
Driver's License No		

JACKSON TRANSIT AUTHORITY APPLICANT WAIVER

I hereby authorize the release to the Jackson Transit Authority any criminal or misdemeanor records obtained from any law enforcement agency in the United
States. I do this voluntarily for the purpose of assisting in a background check for myself in connection for
•
I do further authorize the release of any employment, educational or medical records for this purpose.
Signed:
Date:
Printed Name:
Driver's License #
Social Security #
Date of Birth:
Present address:
Time at present address:
Previous address if above not more than five years

JACKSON TRANSIT AUTHORITY APPLICANT'S AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

It is the policy of the Jackson Transit Authority to require each applicant offered employment wall take and successfully pass, medical examinations to determine whether he/she can perform the essentials functions of the position offered.

I agree that I will undergo, at no personal expense, an examination or examinations by designated physician(s) may disclose to the officials at The Jackson Transit Authority, the results of such examinations.

Also The Jackson Transit Authority requires that each applicant offered employment must successfully pass a drug/alcohol screen that will be administered prior to the start of employment. Applicants whose test reveals positive results will be denied employment with The Jackson Transit Authority.

Any employee who refuses to consent to the drug/alcohol screen will not receive further consideration for employment.

Drug/Alcohol Consent Forr	n
1	, hereby acknowledge and understand The Jackson
and authorize the release of understand that refusing to me and acknowledge that	o maintain and a safe and productive workplace. I hereby consent to of the results to those JTA officials with a "need to know". I consent to a drug/alcohol screen will void the job offer extended to a positive reading on my pre-employment drug/alcohol screen will nt for employment at The Jackson Transit Authority.
Signature:	
Date:	

Jackson Transit Authority Jackson, Tennessee

Addendum to Employment Application

Have you ever been convicted, entered a guilty plea, no contest, or nolo contendere of any criminal offense?

Yes	No
If Yes, give the following in	formation:
Offense(s)	
•.	
Date(s) of offense(s)	
Where (City, County, State)	
I understand that any false in limited to, an intent to mislea for refusal to employ or termi	formation contained herein, including, but not d by failure to supply information, is just cause
	Signature
	Date

*Note: Each conviction will be judged in relation to the time, seriousness and circumstances, and will not necessarily bar you from employment with the Jackson Transit Authority