



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 matter 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 INFORMATION					
Last Name			First	Middle	Date of Application: / /
Present Address: Street		City	County	State	Zip
Telephone Number and Area Code: Primary ()		Secondary ()		If hired, can you present evidence of your legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email address:					
List any other names that you have used in the past 7 years:					
Name Used		City	County	State	From / To
List all addresses for the past 7 years:					
Street		City	County	State	From (mo/yr)
					To (mo/yr)

Have you ever been fired or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:	
What position are you applying for?		Minimum salary / wage requirement:	
How were you referred to our company?		<input type="checkbox"/> Banner <input type="checkbox"/> Flyer <input type="checkbox"/> Print Ad <input type="checkbox"/> On-line Ad <input type="checkbox"/> Radio/TV Ad <input type="checkbox"/> State Employment Agency <input type="checkbox"/> Job Fair <input type="checkbox"/> Community Organization <input type="checkbox"/> Employee referral-Name: <input type="checkbox"/> Other	
Have you ever worked for our organization in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?	When?
Have you ever applied to our organization in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		Where?	When?
If hired, what date are you available to start work? / /		Are you applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Are you able to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends

We are an Equal Opportunity Employer that values diversity
Note: A pre-employment drug test and criminal history check are required for employment

EDUCATIONAL BACKGROUND				
	Name and city/state of school or college	Circle highest grade completed	Did you graduate?	What was your degree and major?
Elementary and Junior High / Middle School		1 2 3 4 5 6 7 8		
High School and/or G.E.D.		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Major _____
Trade, Business, Correspondence or Graduate School		Degree / Certificate earned:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Major _____
List any other training or educational programs of note:				
List any academic honors or other special recognition you have received:				
List any extracurricular activities and school offices of note:				

EMPLOYMENT HISTORY

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.

Employer name:	Dates employed (mo/yr):		Salary / pay rate:	
	From: /	To: /	Beginning:	Ending:
Employer address:	Employer phone #:		Supervisor's name & title:	
Position(s) held:	Briefly explain your job duties & responsibilities including supervisory experience:			
May we contact this employer?		Reason for leaving:		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer name:	Dates employed (mo/yr):		Salary / pay rate:	
	From: /	To: /	Beginning:	Ending:
Employer address:	Employer phone #:		Supervisor's name & title:	
Position(s) held:	Briefly explain your job duties & responsibilities including supervisory experience:			
May we contact this employer?		Reason for leaving:		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer name:	Dates employed (mo/yr):		Salary / pay rate:	
	From: /	To: /	Beginning:	Ending:
Employer address:	Employer phone #:		Supervisor's name & title:	
Position(s) held:	Briefly explain your job duties & responsibilities including supervisory experience:			
May we contact this employer?		Reason for leaving:		
<input type="checkbox"/> Yes <input type="checkbox"/> No				

IDENTIFY AND EXPLAIN ANY EMPLOYMENT GAPS, OR PERIODS OF UNEMPLOYMENT OF 30 DAYS OR LONGER THAT HAVE OCCURRED IN THE PAST 5 YEARS		
Dates:		Reason:
From:	To:	

CRIMINAL CONVICTION HISTORY

We strive to provide a safe environment for our employees, the communities we support, and the patrons we transport. For these reasons, all applicants must provide a complete adult criminal conviction record *subject to federal, state and/or locally mandated restrictions*. This includes any conviction and/or criminal charge where the final disposition is still pending. Please note that a criminal conviction history will not necessarily disqualify an applicant from employment. Factors such as age, seriousness and nature of the violation as it relates to the applicable position shall be considered.

Date of conviction or pending charge MM / YYYY	Location of conviction or pending charge City, State	Name of court
Mark appropriate box <input type="checkbox"/> Misdemeanor (Inclusive of ordinance and "summary" convictions) <input type="checkbox"/> Felony <input type="checkbox"/> Pending Charge		Nature of conviction or pending charge

Date of conviction or pending charge MM / YYYY	Location of conviction or pending charge City, State	Name of court
Mark appropriate box <input type="checkbox"/> Misdemeanor (Inclusive of ordinance and "summary" convictions) <input type="checkbox"/> Felony <input type="checkbox"/> Pending Charge		Nature of conviction or pending charge

Date of conviction or pending charge MM / YYYY	Location of conviction or pending charge City, State	Name of court
Mark appropriate box <input type="checkbox"/> Misdemeanor (Inclusive of ordinance and "summary" convictions) <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Pending Charge		Nature of conviction or pending charge

APPLICANTS APPLYING FOR POSITIONS REQUIRING A DRIVERS LICENSE

LICENSE INFORMATION			
State	License #	Type	Expiration date
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? B. Has any license, permit or privilege ever been suspended or revoked? C. Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulation? D. Have you in the past three (3) years failed or refused a DOT-mandated pre-employment test(s)?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "YES" to any of the above, explain:			
How many years of driving experience do you have?		<input type="checkbox"/> Less than 3 years <input type="checkbox"/> 3 years or more	

DRIVING EXPERIENCE					
	Class of equipment	Type of equipment (van, tank, flat, etc.)	Dates		Approximate total number of miles
			From	To	
Straight Truck					
Auto or Van					
Bus					
Other _____					
List all states where you have held a CDL in the last five years:					
List special driving courses or training you have received:					
What driving awards have you received? From whom?					
Have you had experience supervising children or vulnerable adults? Explain:					
Have you ever driven a bus?		If yes, for what company or school district?		Dates:	Salary / pay rate:
<input type="checkbox"/> Yes <input type="checkbox"/> No					

ACCIDENT REVIEW FOR PAST 3 YEARS				
	Date	Nature of accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries (other than yourself)
Last collision				
Next previous				
Next previous				

IMPAIRED DRIVING CONVICTIONS - DRIVING UNDER THE INFLUENCE (DUI) / DRIVING WHILE INTOXICATED (DWI)			
Location	Date	Charge	Penalty

TRAFFIC CITATIONS / CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)			
Location	Date	Charge	Penalty

TECHNICIAN / MECHANIC APPLICANTS ONLY			
Type of experience	Length of experience	Type of experience	Length of experience
Engine tune-up; Diesel		Air Brakes / Steering	
Engine tune-up; Gas		Brakes / Steering	
Electrical Systems		Lubrication	
Clutch & Transmission-Truck		Tire repair	
Inspection License Class		Do you own your own shop tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List current ASE's:			
Describe your diagnostic experience:			
List any other skills which are relevant for the position you seek:			

ADDITIONAL QUALIFICATIONS

APPLICANT'S STATEMENT AND RELEASE

I certify that all statements made on this Application for Employment and in any subsequently executed questionnaire or employment document are true and correct. I understand that any material falsifications or omissions made on this application, or on any pre-employment document, may result in termination of my candidacy or any subsequent employment.

If an employee relationship is established, I understand that such employment is terminable at will at any time for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for any specific duration. In addition, I understand that no one is authorized to make oral exceptions to this policy, and written exceptions are permitted only when they are signed by the Company President or his or her designee.

I authorize the Company and its representatives to conduct background evaluations and obtain information including but not limited to, criminal history checks from federal, state or local authorities, the Department of Transportation (DOT) and/or the Federal Transit Administration (FTA).

I hereby expressly authorize such inquiries and fully release and discharge the Company and consumer reporting agency, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to a consumer reporting agency from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

I acknowledge that any offer of employment is conditioned upon successfully taking and passing any applicable pre-employment tests, taking a drug screen and the Company's receipt of satisfactory results of such a test, and receipt of satisfactory background checks and, if necessary to determine ability to perform essential duties of the position offered, the satisfactory results of physical examination.

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.

Applicant Name:	Date:
Applicant Signature:	

Note: This Application for Employment will be considered active for 6 months.

INTERNAL USE ONLY

Individual receiving & reviewing application:	Title:	Date:

APPLICANT DISPOSITION

<input type="checkbox"/> A. Applicant withdrew from process	<input type="checkbox"/> H. Conditional offer made
<input type="checkbox"/> B. Disclosure of a disqualifying event	<input type="checkbox"/> I. Falsification of Application
<input type="checkbox"/> C. Cannot work required hours	<input type="checkbox"/> J. Failed reference / previous employment check
<input type="checkbox"/> D. Application reviewed—not selected	<input type="checkbox"/> K. Failed pre-employment drug test / DOT physical
<input type="checkbox"/> E. Interviewed—not selected	<input type="checkbox"/> L. Failed MVR check
<input type="checkbox"/> F. Failed pre-employment test or license requirement	<input type="checkbox"/> M. Failed criminal background check
<input type="checkbox"/> G. Does not meet minimum age requirement	

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 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; (ii) 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
_____	_____	_____	() - _____
_____	_____	_____	() - _____
_____	_____	_____	() - _____
_____	_____	_____	() - _____
_____	_____	_____	() - _____
_____	_____	_____	() - _____

(Attach additional forms for additional past employers.
Attached documents must also bear the individual's signature and social security number.)

Print Applicant Name: _____ 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.

(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 use, information relating to your character, general reputation, educational background, personal 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 days) 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 have read and fully understand this disclosure, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction.

Print Name: _____ Signature: _____ Date: _____

Social Security No: _____ - _____ - _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

JTA Reference
Listing Page for
Job
Applications

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]

Relationship

Comment

[Reference's Name]
[Title]
[Company Name]
[Street Address]
[City, ST ZIP Code]
[Phone] | [Email]

Relationship

Comment

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 be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher.
2. Verified positive drug tests.
3. Refusals to be tested.
4. Other violations of DOT agency drug and alcohol testing regulations.
5. Information obtained from previous employers of a drug and alcohol rule violation.
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ **Date:** _____

Section I – A New Employer Name: Jackson Transit Authority
Contact Person: 38 Eutah St
Address: Jackson TN
38305
Phone: 731-423-0200 Fax: (731) 424-9323

Section I – B Previous Employer Name: _____
Address: _____
Phone Number: () _____
Designated Employer Representative (if known): _____

Section II to be completed by the previous employer and transmitted by mail or fax to the Duluth Transit Authority:

Section II – A In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES___ NO___
2. Did the employee have verified positive drug tests? YES___ NO___
3. Did the employee refuse to be tested? YES___ NO___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES___ NO___
5. Did a previous employer report a drug and alcohol rule violation to you? YES___ NO___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A___ YES___ NO___

NOTE: If you answer "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP Report(s), follow-up testing record).

Section II – B Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____ Date: _____

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 Form

I _____, hereby acknowledge and understand The Jackson Transit Authority's desire to maintain and a safe and productive workplace. I hereby consent to and authorize the release of the results to those JTA officials with a "need to know". I understand that refusing to consent to a drug/alcohol screen will void the job offer extended to me and acknowledge that a positive reading on my pre-employment drug/alcohol screen will disqualify me as an applicant 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 information:

Offense(s)

Date(s) of offense(s)

Where (City, County,
State)

I understand that any false information contained herein, including, but not limited to, an intent to mislead by failure to supply information, is just cause for refusal to employ or termination of employment.

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.