



Do you have relatives employed by the Roaring Fork Transportation Authority?
If yes, please list names and positions below.

Yes No

Name Position

Name Position

Have you previously worked for the Roaring Fork Transportation Authority? If yes, please list the dates (*month/year to month/year*) of each period of previous RFTA employment.

Yes No

Are you currently employed?

Yes No

If so, might RFTA inquire of your present employer?

Yes No

Please list below job-related organizations, clubs, professional societies, or other associations in which you are currently a member. Please omit those, which might reveal your race, religious creed, color, national origin, ancestry, handicap or disability, sex or age.

If you received an offer of employment, would you be willing to take a physical examination?

Yes No

Would you be willing to submit to a drug test?

Yes No

Have you ever served in the military / armed services?

Yes No

If yes, list any skills learned, which you believe are relevant to the position for which you are applying:

Have you ever been convicted of a felony? If so, provide details below. (A conviction will not necessarily disqualify you from employment.)

Yes No

Within the last two (2) years, have you been convicted of a misdemeanor, which resulted in your Imprisonment? If yes, provide details below. (A conviction will not necessarily disqualify you from employment).

Yes No



Education:

	Name of School	Location (City & State)	Graduate or Degree?
Grade School			
High School			
College or University			
Business or Technical School			
Other			

Driving Experience Record:

Class of Equipment	Type of Equipment (van, tank, flat, etc)	Dates To – From	Approximate Number of Miles Driven
Charter / Other			
Transit Vehicle			
School Bus			
Other:			

Accident Record during Past five (5) Years (attach additional sheet/page if more space is needed):

Month / Year	Type of Accident	Type of Equipment	Death or Injury	City or County	Night or Day	Employer

Traffic Convictions and Forfeitures during Past five (5) Years (other than parking violations):

Location	Date	Charge	Penalty

Safety Driving Awards:

Date	Type of Award	Presented by	While Employed by	In Recognition of

To date, I have driven **COMMERCIAL** vehicles for _____ years / for approximately _____ miles. The date of my last accident, while driving a **COMMERCIAL** vehicle, was _____. Since that time, I have driven approximately _____ accident-free miles.



EMPLOYMENT HISTORY:

Please provide your employment record, covering the past ten (10) years. Be sure to account for all periods of unemployment during this 10-year period. Begin with your current or most recent employment.

Employer <i>(list most recent first)</i>	Address & Phone Number	Position	Employed (From – To)	Reason(s) for Leaving

Professional and/or Personal *(excluding relatives)* **References** *(provide no less than 3):*

Full Name <i>(please print clearly & legibly)</i>	Phone # <i>(best # at which to reach person)</i>	Location <i>(City & State Only)</i>	How do you know this person?	Years Known

Referring to the job description for the RFTA position for which you are applying, are you able to perform the essential duties / functions of the job as listed in that job description?
If not, please explain below.

Yes No



APPLICANT – PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

I authorize the employer or the employer's agents to investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and I release employers and persons named herein from all liability of any damages on account of my furnishing such information. I understand that misrepresentation or omission of facts called for on this employment application will, if hired, result in discharge. Labor Code 1991 states that employment, having no specified term, may be terminated at will by either party. The employer adheres to this section of the Labor Code and hereby puts the applicant on notice that all employment offered by the employer may be terminated at the will of either party with or without cause.

I certify that this application was completed by me and that all entries on it and information in it are true and complete. Furthermore, I have read and understand all of the conditions upon which this offer of employment is made.

Signature

Date

The ability to be bonded and to pass a post-employment offer physical exam is a condition of hire. A photograph and copy of your fingerprints may be required after employment.

This **EMPLOYMENT APPLICATION** has been designed to comply strictly with State and Federal employment practice laws prohibiting discrimination on the basis of an applicant's sex, minority status, handicap or disability. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application.

The Roaring Fork Transportation Authority is an Equal Opportunity Employer and Affirmative Action Employee.



DRIVING ABSTRACT INFORMATION

I, _____ do hereby authorize and allow IBC (*Intelligent Background Check*)
(PLEASE PRINT FULL NAME CLEARLY / LEGIBLY)
and its agents(s) to obtain a copy of my Driving Abstract Information, which will be used for employment purposes. A
photocopy / facsimile of this signed authorization shall carry the same authority as an original.

PLEASE PRINT LEGIBLY

Full Legal Name: _____

License Number: _____ State: _____

Date of Birth: _____

Social Security Number: _____

Signature: _____ Date: _____

FOR IBC USE ONLY

Company: _____ Phone: _____

Contact: _____ Fax: _____

Account Number: _____



RELEASE AND DOCUMENTATION OF PREVIOUS ALCOHOL AND CONTROLLED SUBSTANCE TESTING INFORMATION

Part I (To be completed by Applicant or Current Employee)

During the **past two (2) years**, have you ever:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Tested positive for controlled substances under Part 655? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Had a confirmed breath alcohol test with a result of .04 or greater under part 655? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Refused a required test for drugs or alcohol under part 655? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Had a positive pre-employment drug test? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I, _____ (print full name), attest that I have been truthful in my answers to the questions above, and I hereby authorize my previous employer, _____ to release the following information immediately:

- A. Results of any positive controlled substance tests
- B. Alcohol tests with a result of .04 or greater
- C. Evidence of refusal to be tested
- D. Information on any required substance abuse professional evaluation, determination of need for assistance and compliance with SAP recommendations and name and address of SAP

to: Maria Vazquez, HR & Risk Management Coordinator
Roaring Fork Transportation Authority
0051 Service Center Drive
Aspen, CO 81611
Phone: (970) 384-4950 ♦ Fax: (970) 925-6801

Applicant or Employee's Name (PLEASE PRINT) Social Security Number

Applicant or Employee's Signature Date

Part II (To be completed by Previous Employer)

Within the past two (2) years, during employment with you, did the above-listed person ever:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Test positive for controlled substances under Part 655? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have a confirmed breath alcohol test with a result of .04 or greater under part 655? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Refuse a required test for drugs or alcohol under part 655? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Name of Person Releasing Information Date Information Provided by Previous Employer to RFTA

Position/Title of Person Releasing Information Phone # (to be used ONLY if follow-up is needed)



PAYROLL DEDUCTION AGREEMENT FOR CDL TRAINING

I hereby authorize and request that the Roaring Fork Transportation Authority ("RFTA") or any other agent of RFTA for payroll purposes, to deduct \$500 from my paycheck or paychecks to cover the cost to RFTA to train me for my **Commercial Driver's License** ("CDL"). I understand that if I should voluntarily terminate my employment with RFTA within 90 days of receiving my CDL license, I will reimburse RFTA for the full cost (\$500) of the CDL training RFTA provided me.

I understand that if I voluntarily terminate my employment with RFTA within 90 days of receiving my CDL, all outstanding amounts owed to RFTA for my CDL training may be deducted from my final check, to the extent allowed by law.

Signature

Printed Name (PLEASE PRINT CLEARLY / LEGIBLY)

Date



PRE-EMPLOYMENT DRUG TESTING AGREEMENT

I, _____ acknowledge that I am subject to pre-employment drug testing
(PLEASE PRINT FULL NAME CLEARLY / LEGIBLY)
under the authority of the Federal Transportation Administration. I further understand that a negative test result is a condition of RFTA employment.

Employee Signature

Date

Social Security Number

The Roaring Fork Transportation Authority is a Drug and Alcohol Free Workplace



OPTIONAL

This section will be separated from the EMPLOYMENT APPLICATION. Information provided will be used for statistical purposes and will have no bearing upon your consideration for employment. To assist us in complying with the Federal Equal Employment Opportunity record-keeping and reporting requirements, please answer the following questions:

Name Today's Date

City State

Title of Job (for which I have applied) Date of Birth Sex (M / F)

Your Race or Ethnic Identity?

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Two or more races
- White

Are you a Veteran? Yes No

Where did you learn of this position?

- Walk-In Other government agency
- Friend / Relative Newspaper
- Rehire Radio
- Online Other _____

The Roaring Fork Transportation Authority is an Equal Opportunity Employer. Hiring qualified employees is based upon merit without regard to race, color, religion, national origin, sex or age and with due consideration to accommodation for physical or mental handicaps.



DO NOT WRITE BELOW THIS LINE - FOR RFTA USE ONLY

Interviewed by: _____

Remarks:

Hired _____ Department _____ Position _____ Will Report To: _____

Approval 1 _____ Approval 2 _____ Approval 3 _____