

EMPLOYMENT APPLICATION

Please read carefully ♦ Print Clearly ♦ Answer all questions



Date _____

 Last Name First Name Middle

 Mailing Address City State Zip Code

() ()
 Telephone (Area Code + Number) Cell Phone E-mail Address

 Permanent Address City State Zip Code

 Position Desired Full Time, Part Time or Seasonal Date Available

If hired, can you submit verification of your legal right to work in the United States? Yes No

Are you 18 years of age or older? Yes No
 (If you are hired, you may be required to submit proof of age.)

Is there any other information relative to change of name, use of assumed name or nickname that would be important for us to know when checking on the information provided on this form? If yes, please explain:

() ()
 Person to contact in case of an emergency. Telephone Cell Phone

Please list all drivers' licenses held in last three (3) years

State	License Number	Class	Expiration Date

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



Name Position

Name Position

Have you ever worked for the Roaring Fork Transportation Authority before?
If so, what dates? Yes No

Are you employed now? Yes No

If so, may we inquire of your present employer? Yes No

Please list job related organizations, clubs, professional societies, or other associations to which you belong. You may omit those, which indicate 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 submit to a drug test? Yes No

Have you ever served in the military? Yes No

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

Have you ever been convicted of a felony? Yes No

(Such conviction will not necessarily disqualify you employment)

If yes, give details.

Have you ever been convicted of a misdemeanor, which resulted in imprisonment Yes No

within the last two (2) years? (Such conviction will not necessarily disqualify you

from employment)

If yes, give details.



Education

	Name of School	Address	Graduate or Degree?
Grade School			
High School			
College or University			
Business or Technical			
Other			

Driving Experience Record

Class of Equipment	Type of Equipment (van, tank, flat, etc)	Dates To – From	Approximate No. Of Miles
Charter / Other			
Transit Vehicle			
School Bus			
Other _____			

Accident Record for Past Three (3) Years (Attach sheet 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 For Past Three (3) Years (other than parking violations)

Location	Date	Charge	Penalty

Safety Driving Awards

Date	Kind of Award	Presented By	While Employed By	In Recognition of

To date, I have driven commercial trucks for _____ years, covering approximately _____ miles. The date of my last accident, while driving a commercial vehicle was _____. Since that time, I have driven approximately _____ accident free miles.



Please give a complete record of all employment and reasons for periods of unemployment during the past ten (10) years. Start with the most recent employment.)

Employer (most recent first)	Address Phone number	Position	Employed From - To	Reason For Leaving	RFTA Use only Reference Check

Personal References (other than relatives)

Full Name	Phone (Daytime)	Address (Street, City, State, Zip)	Occupation	Years Known



Referring to the job description for which you are applying
can you perform everything on that job description? Yes.. No

If no, can you help us identify what reasonable accommodation could be made to help you perform the essential functions
of the job?

APPLICANT – PLEASE READ AND SIGN BEFORE SUBMITTING THIS APPLICATION

I authorize the employer or his agents to investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and release employers and persons named herein from all liability of any damages on account of his 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 on 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 form has been designed to strictly comply with State and Federal law 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 and it's 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 authority as an original.

PLEASE PRINT LEGIBLY

Full Name: _____

License No.: _____ 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 three (3) years, have you ever:

- | | | | | |
|--|-----|----|--------------------------|--------------------------|
| 1. Tested positive for controlled substances under Part 655? | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Had a confirmed breath alcohol test with a result of .04 or greater under part 655? | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Refused a required test for drugs or alcohol under part 655? | Yes | No | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Had a positive pre-employment drug test? | Yes | No | <input type="checkbox"/> | <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 three (3) years, during employment with you, did the above-listed person ever:

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

Dates Attended _____

Degree: _____



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, deduct \$500.00 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 license, 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

Date



PRE-EMPLOYMENT DRUG
TESTING AGREEMENT

I, (print name) _____ acknowledge that I am subject to pre-employment drug testing under the authority of the Federal Transportation Administration. I further understand that a negative test result is a condition of 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 Applied For Date of Birth Sex (male or female)

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

Veteran Yes No

Where did you learn of this position?

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

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



DO NOT WRITE BELOW THIS LINE

Interviewed by: _____

Remarks:

FOR RFTA USE ONLY (continued from previous page)

Remarks (continued from page 5)

Hired _____ Department _____ Position _____ Will Report To: _____

Approval 1 _____ Approval 2 _____ Approval 3 _____