

Transit Management of Dutchess County, Inc.

Application for Employment Safety Sensitive Positions*

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

Transit Management of Dutchess County, Inc. is an Equal Employment Opportunity employer. Transit Management of Dutchess County, Inc. does 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 we serve, Transit Management of Dutchess County, Inc. consistently applies 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 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.

Date of Application: / /

GENERAL INFORMATION

GENERAL INFORMATION					
Last Name		First		Middle	
Present Address: Street		City	County	State	Zip
					From (mo/yr)
Telephone Number and Area Code: Primary () Secondary ()			Email address:		If hired, can you present evidence of your legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security #: Required by FMCSR Part 391.21(b) (2)			Date of Birth : Required by FMCSR Part 391.21(b) (2) / /		
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	Zip
					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 <input type="checkbox"/> Other			
Have you ever worked for us previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you previously applied here? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, what date are you available to start work? / /	
If yes, in what capacity? When?		If yes, when?			
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		Previous Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	

*Dispatchers, Drivers/Operators, Maintenance/Technicians, Location Management/Supervisors and Utility Personnel

EDUCATIONAL BACKGROUND

	Name and location of school or college	Circle highest grade completed	Did you graduate?	
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 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.

**Massachusetts applicants may include any verified work performed on a volunteer basis. They need not include organization names that would indicate possible membership in a protected class.*

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					
Was this position covered under the Department of Transportation's regulations (DOT)? <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					
Was this position covered under the Department of Transportation's regulations (DOT)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
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		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					
Was this position covered under the Department of Transportation's regulations (DOT)? <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 10 YEARS (Information is used for confirming work history. You need not be currently employed at the time of application to be eligible for hire).		
Dates:		Reason:
From:	To:	

LICENSE INFORMATION		
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No
B. Has any license, permit or privilege ever been suspended or revoked?	Yes	No
C. Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulation?	Yes	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
State/License #	Type	Expiration date
Have you been licensed in another state in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
State/License #	Type	Expiration date

DRIVING EXPERIENCE	Class of Equipment	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:				
Have you had experience supervising children or vulnerable adults? Explain:				
Have you ever driven a bus? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what company or school district?	Dates:	Salary/pay rate:	

I have had no accidents, driving convictions/citations or pending moving violations in the past 3 years. _____ (initial)

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 DURING 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:			

APPLICANT'S STATEMENT AND RELEASE

I certify that all statements made on this Application for Employment and in any subsequently executed questionnaire or employment documents 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 General Manager of Transit Management of Dutchess County, Inc. (the Company) 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 Transportation 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.

Note to Maryland applicants: Initial ____ I UNDERSTAND THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

Note to Massachusetts' Applicants: Initial ____ I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Note to New York Applicants: Initial ____ I have received a printed copy of the New York Correction Law; Article 23-A.

I acknowledge that any offer of employment is conditioned upon my taking an employment substance abuse test(s) and the Company's receipt of satisfactory results of such a test(s) 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 90 calendar days.

INTERNAL USE ONLY

(Print) Name of Company Representative	Title:	Your location #:	Date:
Signature of Company Representative			

APPLICANT DISPOSITION

A. Applicant withdrew from process		F. Failed pre-employment test or license requirement
B. Disclosure of a disqualifying event		G. Does not meet minimum age requirement
C. Cannot work required hours		H. Conditional offer made
D. Application reviewed – not selected		I. Falsification of Application
E. Interviewed – not selected		

Transit Management of Dutchess County, Inc.

Application for Employment Safety Sensitive Positions*

Please use this page to list any additional Employment History if needed.

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					
Was this position covered under the Department of Transportation's regulations (DOT)?					<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					
Was this position covered under the Department of Transportation's regulations (DOT)?					<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					
Was this position covered under the Department of Transportation's regulations (DOT)?					<input type="checkbox"/> Yes <input type="checkbox"/> No

PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT

I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that my employment is contingent on the passing of the aforementioned drug test, and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

Signature of Applicant Date

Print Name Date

(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgment is completed and signed.)

Transit Management of Dutchess County, Inc.

CONFIDENTIAL

**SAFETY-SENSITIVE EMPLOYEE
APPLICATION SUPPLEMENT**

Previous US Department of Transportation Drug and Alcohol Testing

_____,
Applicant First Name, Middle Initial, Last Name Social Security Number

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?
Yes _____ (if yes, complete #1 and #2) **No** _____ (if no, skip to #2)

1. In the last two years, have you ever:
 - a) Tested positive (0.04 or greater) for alcohol?
Yes _____ No _____
 - b) Had a verified positive drug test result?
Yes _____ No _____
 - c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?
Yes _____ No _____
 - d) Violated any other DOT drug or alcohol testing regulation within the last two years?
Yes _____ No _____

2. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?
Yes _____ **No** _____

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: _____

(Use additional pages as necessary)

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."

Signed

Date

Voluntary Disclosure Form

Date _____

Regulations of the Equal Employment Opportunity Commission (EEOC) and the Office of Federal Contract Compliance Programs (OFCCP) require employers to compile data regarding the nature and makeup of their work forces in order to further the goals of Title VII of the Civil Rights act of 1964 as amended. Your responses to the following questions will help us comply with this requirement.

Completion of this questionnaire is entirely voluntary. Should you opt to complete the questionnaire, your response will be used solely for the purposes of preparing reports required by the EEOC. Your response will be kept confidential, and will play no part in our evaluation of your suitability for employment, employment performance or status. The completed questionnaire will be kept separate from your application, and any subsequent personnel file.

We appreciate your assistance.

Position applied for (indicate only one position per form): _____

Last 4 digits of Social Security Number: <u>XXX-XX-</u> _____	SEX (check one) <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)
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GROUP STATUS (check one)
<ol style="list-style-type: none"> 1. <input type="checkbox"/> Hispanic or Latino (Cuban, Mexican Puerto Rican, South or Central American or other Spanish culture or origin regardless of race) 2. <input type="checkbox"/> White (Not Hispanic or Latino) 3. <input type="checkbox"/> Black or African American (Not Hispanic or Latino) 4. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) 5. <input type="checkbox"/> Asian (Not Hispanic or Latino) 6. <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) 7. <input type="checkbox"/> Two or More Races (Not Hispanic or Latino)

REFERRAL SOURCE (check one)									
<table style="width:100%; border: none;"> <tr> <td style="width:33%;">1. <input type="checkbox"/> Mail in</td> <td style="width:33%;">4. <input type="checkbox"/> Employee Referral</td> <td style="width:33%;">7. <input type="checkbox"/> Intra Company Referral</td> </tr> <tr> <td>2. <input type="checkbox"/> Employment Agency</td> <td>5. <input type="checkbox"/> Advertisement</td> <td>8. <input type="checkbox"/> College Recruiting</td> </tr> <tr> <td>3. <input type="checkbox"/> Walk in</td> <td>6. <input type="checkbox"/> State Agency</td> <td>9. <input type="checkbox"/> Other _____</td> </tr> </table>	1. <input type="checkbox"/> Mail in	4. <input type="checkbox"/> Employee Referral	7. <input type="checkbox"/> Intra Company Referral	2. <input type="checkbox"/> Employment Agency	5. <input type="checkbox"/> Advertisement	8. <input type="checkbox"/> College Recruiting	3. <input type="checkbox"/> Walk in	6. <input type="checkbox"/> State Agency	9. <input type="checkbox"/> Other _____
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3. <input type="checkbox"/> Walk in	6. <input type="checkbox"/> State Agency	9. <input type="checkbox"/> Other _____							

FOR OFFICE USE ONLY
Company Job Title _____
EEO Group Status: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
EEO Job Group: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Location/Department Name _____ Location Code _____
<small>Job Group Key: 1. Exec / Sr. Mgrs. 2. First/Mid Level Mgrs. 3. Professionals 4. Technicians (requiring post secondary education). 5. Sales Workers 6. Admin. Support Workers 7. Craft Workers (includes mechanics) 8. Operatives (includes bus drivers) 9. Laborers & Helpers 10. Service Workers</small>

An Equal Opportunity Employer That Values Diversity

NEW YORK CORRECTION LAW
ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY
CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

Section 750. Definitions.

751. Applicability.

752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

753. Factors to be considered concerning a previous criminal conviction; presumption.

754. Written statement upon denial of license or employment.

755. Enforcement.

§750. Definitions. For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§751. Applicability. The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited. No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§753. Factors to be considered concerning a previous criminal conviction; presumption. 1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

(a) The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.

(b) The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.

(c) The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.

(d) The time which has elapsed since the occurrence of the criminal offense or offenses.

(e) The age of the person at the time of occurrence of the criminal offense or offenses.

(f) The seriousness of the offense or offenses.

(g) Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.

(h) The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§754. Written statement upon denial of license or employment. At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§755. Enforcement. 1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.