

**ROSCOMMON COUNTY TRANSPORTATION AUTHORITY (RCTA)
EMPLOYMENT APPLICATION**

Please complete application in ink. Application must be filled out completely to be considered for an interview
Resumes are accepted but do not replace the completed application.

Name _____ Date _____

Telephone Numbers: Home _____ Work _____ Other _____
Please circle your preferred contact number.

Address _____

21 years of age or older: ___ Yes ___ No

U.S. Citizen: ___ Yes ___ No If No, specify type of entry document _____

Also, specify type of employment authorization and expiration date _____

Are you prevented from lawfully becoming employed by the Transit Authority because of Visa or Immigration Status? ___ Yes ___ No

**PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT AND ORIGINAL SOCIAL SECURITY CARD*

In case of an emergency, please notify:

Name _____ Phone () _____

Address _____

EMPLOYMENT DESIRED

Position Applied for _____

Other positions you would consider _____

For driver positions, complete the information below or skip to the next section

Type of Employment desired: ___ Full-Time ___ Part-Time ___ Temporary/Seasonal

Date you would be available for work _____ Salary expected \$ _____

Are you related to anyone employed by RCTA? _____ If so, how? _____

Name of relative _____

How did you hear about this position?(If RCTA employee please provide name) _____

Were you previously employed by RCTA _____ If yes, when? _____

Specific skills such as Commercial Driver's License (CDL): _____, CDL endorsements: _____,
Computer Skills: _____, Accounting/Financial: _____, Multiline Phone System: _____.
Certified Mechanic: _____, Other: _____
Specify: _____

EMPLOYMENT HISTORY

LIST ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT EMPLOYER. (If additional space is needed, attach a separate sheet of paper)

1. Name and Address of the Company From: To: Start Last
 and type of Business Mo Year Mo Year Pay Pay

Phone: _____ Supervisor _____

Describe the work that you did: _____

Reason for leaving: _____

2. Name and Address of the Company From: To: Start Last
 and type of Business Mo Year Mo Year Pay Pay

Phone: _____ Supervisor: _____

Describe the work that you did: _____

Reason for leaving: _____

3. Name and Address of the Company From: To: Start Last
 and type of Business Mo Year Mo Year Pay Pay

Phone: _____ Supervisor _____

Describe the work that you did: _____

Reason for leaving: _____

PERSONAL INFORMATION

Are your previous work records under another name? _____ Yes _____ No

If yes, please state name _____

Do you possess a valid Michigan Driver's License? Yes _____ No _____

Have you ever been fired? _____ Yes _____ No If yes, explain _____

Are you currently in a "layoff" status, and subject to recall? _____ Yes _____ No

Do you have a reliable means of transportation to enable you to get to work in a timely manner?
_____ Yes _____ No

Have you ever been convicted of a felony or misdemeanor other than a traffic violation? _____

If yes, give details _____

Are you presently subject to any pending felony charges? _____ Yes _____ No

If yes, give details _____

In the event you believe you may qualify for vocational certification due to a back, heart, epileptic or diabetic condition, we strongly encourage you to secure this excellent benefit by contacting the Michigan Rehabilitation Services (MRS) Office nearest you at telephone number 800-605-6722. You will need to provide medical information documenting the existence of the disability.

EDUCATION

High School	Address	Graduated?	Year	Course/Degree
College	Address	Graduated?	Year	Course/Degree
Business/Technical School	Address	Graduated?	Year	Course/Degree
Military/Specialist School	Address	Graduated?	Year	Course/Degree

PERSONAL REFERENCES (Not Former Employers or Relatives)

<u>Name and Occupation</u>	<u>Address</u>	<u>Phone Number</u>

The facts set forth in this Employment Application are true and complete. I hereby authorize investigation of all statements in this application and full disclosure of my present and prior work record. I understand that employment is contingent upon this investigation and, if employed, false statements in this application will result in dismissal. I further understand that certain positions offered within the form may require a post-employment physical examination by an Authority-designated physician, including tests for drugs and communicable diseases, and that employment is contingent upon receipt of a satisfactory medical evaluation.

I hereby grant the Roscommon County Transportation Authority permission to contact my previous employers, supervisors, and educational institutions, and further, I hereby authorize these persons to give the Roscommon County Transportation Authority any information relative to my character, my academic record, or my employment record. I hereby release from all liability and damage to the individuals, employers, or educational institutions who provide such information.

I hereby release the Roscommon County Transportation Authority and any prior employer from any obligation to provide me with written notification of any reference disclosure. I understand that this may include a record of disciplinary action assessed by the Roscommon County Transportation Authority or previous employers.

The Roscommon County Transportation Authority has my permission to photocopy this authorization and use it with the same authority as the original.

If I am hired, in consideration for my employment I agree to follow the rules, regulations, policies, and procedures of the Roscommon County Transportation Authority. I understand that my employment can be terminated with or without notice at any time, and with or without cause, at any time, at the option of either me or the Authority. I understand that no person, other than the Roscommon County Transportation Authority Board of Directors, by formal action, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. I also understand that no such agreement contrary to the foregoing shall be enforceable unless reduced to writing and signed by myself, by the Chairman of the Board of Directors, and the Roscommon County Transportation Authority Executive Director.

Date _____

Signature of Applicant

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Roscommon County Transportation Authority 2665 S. Townline Road: PO Box 284, Prudenville, MI 48651



Roscommon County Transportation Authority
PO Box 284, Prudenville, MI 48651
Phone (989) 366-5309 Fax (989) 366-4122

New Hire Release of Prior DOT Information Form

Section I. To be completed by the new employee **IF previously employed by a DOT regulated company.** signed by the employer, and transmitted to the previous employer:

Employee Name: _____

Employee SSN 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 1A, to the employer listed in Section 1B. This release is in accordance with DOT regulation 49 CFR Part 40, Section 25. I understand that information to be released in Section II-A by my previous employer is limited to the following items within the past two years:

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. Documentation, if any, of completion of the return-to-duty process following a rule violation
6. Information obtained from previous employers of a drug and alcohol rule violation

A. Employee Signature _____ Date: _____

Previous Employer Name: _____

Address: _____

Phone #: _____

Fax #: _____

B. New Employer Name: **Roscommon County Transportation Authority**

Address: **2665 S Townline Rd, PO Box 284 Prudenville, MI 48651**

Phone #: **989-366-5309**

Fax #: **989-366-4122**

Designated Employer Representative: **Tim Blair, Financial Coordinator/HR**

Section II. To be completed by the previous employer and transmitted to the new employer

A. In the previous two years, for DOT-regulated testing;

- I. Did the employee have alcohol tests with a result of 0.04 or higher?
NO _____ YES _____
- II. Did the employee have verified positive drug tests?
NO _____ YES _____
- III. Did the employee refuse to be tested?
NO _____ YES _____
- IV. Did the employee have other violations of DOT agency drug and alcohol testing regulations
NO _____ YES _____
- V. If you answered "YES" to any of the above items, did the employee complete the return-to-duty process?
NO _____ YES _____
- VI. Did a previous employer report a drug and alcohol rule violation to you?
NO _____ YES _____

[NOTE: Previous employer, if you answered "YES" to any item in **Section II-A**, you must also transmit a copy/copies of the appropriate documentation (e.g. CCFs, MRO results reports, BATFs, SAP reports, follow-up testing record) to the new employer.]

B. Name of person providing information in Section II-A:

Name: _____ Date: _____

Title: _____

Phone #: _____



Roscommon County Transportation Authority
PO Box 284, Prudenville, MI 48651
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Department of Transportation DOT Information

Please complete this form if you have **NEVER held a driving position before.**

No Previous Qualifying DOT Employment

I, _____ hereby attest that I have never worked for an employer who required any DOT regulated testing in accordance with 48 CFR part 40.25.

List of regulated tests:

1. Alcohol test (49 CFR part 40.25 (b)(1))
2. Drug test (49 CFR part 40.25 (b)(2))
3. Refused to be tested for drugs (49 CFR part 40.25 (b)(3))
4. Any other violations of DOT agency drug and alcohol testing regulations. (49 CFR part 40.25 (b)(4))
5. With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return to duty requirements (including follow-up test)? (49 CFR part 40.25 (b)(5))

Applicant Signature _____ Date _____

Witness Signature _____ Date _____

Part 2 Basic Math: Please answer the following questions

$0.75 \times 3 = \underline{\hspace{2cm}}$

$1.50 \times 10 = \underline{\hspace{2cm}}$

$7.5/10 = \underline{\hspace{2cm}}$

$3.75 + 3.75 = \underline{\hspace{2cm}}$

$6.5 + 9.75 = \underline{\hspace{2cm}}$

$4.5 + 12.75 = \underline{\hspace{2cm}}$

$12 \times 2 + 4 = \underline{\hspace{2cm}}$

$12 \times 3 + 8 = \underline{\hspace{2cm}}$

Use the below information to answer the questions

Youth and seniors ride for \$0.75 locally and \$1.50 town to town

Adults ride for \$1.50 locally and \$3.00 from town to town

1. You have three adults and two youth traveling from an address in Houghton Lake to another address in Houghton Lake. A. What would the fare be for each? B. What is the total fare for the riders?

2. You have two seniors and a youth going from Saint Helen to Roscommon. A. What would be the fare for each? B. What is the total fare for the riders?

3. You have two adults, a senior and a youth going from Saint Helen to Roscommon and then from Roscommon back to Saint Helen. A. What would be the fare for each? B. What would be the total fare for the riders?

Please total the following

Driver	Cash
John	10.25
Chris	.75
Nina	2.35
Reggie	5.50
Total	

Part 3: Please answer the following questions.

You have an elderly woman who needs a ride home from Walmart. She has perishable items and is really tired from walking around the store. You have two buses going in her direction. One bus would get her in fifteen minutes but would make another person late for an appointment. The other bus would not be there for at least an hour. What would you choose and why?

Is a sense of humor important at work? Why or why not?

Why would you like to work for the Roscommon County Transportation Authority?

Is there any additional information we should consider or you would like to add?

Name _____

Date _____