



Thank you for applying with Cache Valley Transit District. We are currently accepting applications for persons to join our team as Vehicle Operators. We operate a Fixed Route and a Call-A-Ride system.

We take pride in the safe, quality service that we provide to the community and attribute our continued success to the skills and dedication of our employees. Thank you again for your interest in CVTD.

Prior to accepting your application for consideration, the following components are needed:

* The application and this form filled out completely including signature and date.

Vehicle Operator Qualifications:

- * Safety Conscious at all times.
- * Excellent customer relations skills.
- * Punctual and able to maintain a good attendance record.
- * Twenty-One (21) years of age or older.
- * Able to pass a Pre-Employment DOT Physical and Pre-Employment DOT Drug Screen in accordance with 49 CFR parts 40 & 655.
- * Current driver license (class D or above) with at least three years driving experience.
- * Good Driving record – no more than 2 moving violations in the past three years.
- * No convictions for driving under the influence of alcohol or any drugs within the past 10 years.
- * No Physical limitations preventing individuals from:
 - * Pushing/pulling wheelchair passengers.
 - * Bending, stooping, twisting or kneeling to secure wheelchairs and to conduct vehicle inspections.
 - * Climbing steps and assisting passengers while boarding vehicles.
- * Able to learn the area and use a map.
- * Able to effectively communicate in English, both verbally and in writing.
- * Ability to read and understand training materials, operating manuals and operating and safety rules directives.
- * Be available to work between the hours of 4:30am to 9:00pm.

All Vehicle Operator positions require the applicant to successfully complete our training program. This program trains you to safely and properly operate a transit vehicle, to attain your class B Drivers License, and a Passenger Endorsement.

After successfully completing training, individuals will be hired on a part time probationary status. As a Part Time Vehicle Operator, individuals can expect to work from 10 - 28 hours per week. This includes Saturdays.

The Vehicle Operator's wage scale is:

Training rate - \$9.25 per hour
Starting rate - \$12.00 per hour
6 month rate - \$12.25 per hour
1 year rate - \$12.75 per hour
Each Year Thereafter - \$0.25 Increase

Availability to work

☐ 4:30am-1:00pm ☐ 1:00pm-5:00pm ☐ 5:00pm-09:00pm ☐ Other: _____ (Specify)

By signing below, you indicate that you have reviewed this material, understand it and with knowledge of this information are still interested in being interviewed for this position.

Your Signature: _____

Date: _____



Application for Employment

Note to Applicant:

- Please advise us in advance if you need any type of special accommodation to complete the Application for Employment form or to take any pre-employment test.
- Qualified applicants are considered for all positions without regard to: race, sex, religion, color, age, national origin, marital status, sexual orientation, gender identification, veteran status, disability or other legally protected status.
- A drug-screening test is required for employment. As a matter of policy, Cache Valley Transit District consistently checks reference information, both educational and employment, of all final candidates. For this reason, it is essential that all information requested about the applicant and supplied by the applicant be accurate and complete. Government regulations require that we verify your identity and employment authorization (Form I-9) within three working days of your date of hire. Please be prepared to submit proper documentation.

Instructions: Please Print in black or blue ink. Be sure to answer all questions. If any question does not apply to you answer with No or None.

Today's Date: _____

Position Applied for: _____

Minimum Salary Requirement	
Who referred you to our company?	
<input type="checkbox"/> Our Website <input type="checkbox"/> State Agency <input type="checkbox"/> Employment Agency <input type="checkbox"/> Advertisement <input type="checkbox"/> Internet <input type="checkbox"/> Walk In <input type="checkbox"/> Employee Referral _____ <div style="text-align: right; font-size: small;">(First and Last Name)</div>	
Have you ever worked or applied to work for CVTD before? ___ No ___ Yes	If yes, when?
Do you have a spouse, relative or significant other currently employed with CVTD? ___ No ___ Yes	If yes, provide full name
Have you ever served in the U.S. Military? ___ No ___ Yes	Current Status: Please provide NG22 or DD214 ___ Inactive ___ Retired ___ Other
On what date will you be available if your application for employment is accepted? _____	
Can you perform all essential job functions listed on the job description of the position for which you are applying, with or without reasonable accommodation? ___ No ___ Yes	

General Information			
Last Name	First	Middle	
Present Address	City	State	Zip
How Long?			
List addresses for previous <u>10 years</u> if different; (Attach additional sheet if more space is needed)			
Previous Street Address (if applicable)	City	State	Zip
How Long?			
Previous Street Address (if applicable)	City	State	Zip
How Long?			
Previous Street Address (if applicable)	City	State	Zip
How Long?			
Primary and Secondary Telephone Number(s) including Area Code(s) Primary () Secondary ()		Are you prevented from becoming lawfully employed in the U.S. because of your visa or immigration status? ___ No ___ Yes	
Have you ever been fired or asked to resign by a previous employer? ___ No ___ Yes		If yes, explain	
Have you ever pled no contest or been convicted of a felony, in the past 7 years? ___ No ___ Yes		If yes, explain	
Do you have any pending felony, misdemeanor, or other charges? ___ No ___ Yes		If yes, explain	
Have you pled no contest or been convicted of a drug or alcohol related offense in the past 10 years? ___ No ___ Yes		If yes, explain	



Last Name, First Name: _____ Date: _____

Educational Background							
	Name and Location of School or College	Highest Grade/Year Completed	Grade Average	Last Month/Year Attended	Did you Graduate	If you Graduated, what was your degree and major?	What year did/will you graduate?
Elementary/Junior High School		5 6 7 8					
High School and/or GED		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 _____	
Graduate School		How Long?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Major) _____	
Other School		How Long?			<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree _____ Major) _____	

List any other training or educational programs you have attended.
List any extracurricular activities, offices held while in school.*
List any academic honors or other special recognition you have received.*

* Exclude those that may indicate: race, sex, religion, color, age, national origin, marital status, sexual orientation, gender identification, veteran status, disability or other legally protected status.

Clerical Applicants Only					
	Length of Time	Type		Length of Time	Type
Accounting			10 Key/Calculator		
Word Processing			Typing Skills		WPM
Other (Please List)			Other (Please List)		

Computer Experience				
Software Package(s)	Years	Skill Level (High, Med, Low)	Hardware (PCs or Platforms)	Years of Experience or Skill Level

ASE/Shop Applicants Only					
	Years	Months	Please list other current ASE's below	Years	Months
Automotive Electrical Systems					
Brakes and Steering					
Clutch and Transmission					
Engine Tune Up Diesel					
Engine Tune Up Gas					



Last Name, First Name: _____ Date: _____

The information requested on this page MUST be provided for all positions which require your ability to drive a company-operated vehicle.

License Information					
Driver Licenses	State	License Number	Type	Expiration Date	
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 section 391 of the Federal Motor Carrier Safety Regulation?				___ Yes ___ No	
D. Have you in the past three years failed or refused a DOT-mandated pre-employment test(s)?				___ Yes ___ No	
If the answer to A, B, C, or D is yes, attach statement giving details.					
Driving Experience					
	Class of Equipment	Type of Equipment (Vans, Tank, Flat, etc.)	Dates From	Dates To	Approximate Number of Miles Driven Annually
Straight Truck					
Auto or Van					
Bus					
Other _____					
List states operated in for last five years:					
List special courses or training that will help you as a driver:					
Which safe driving awards do you hold and from whom?					
Have you ever driven a bus? ___ Yes ___ No		If yes, for what company, agency, or school district?		Include date(s)	
Accident Review For Past 5 Years (Attach additional sheet if more space is needed)					
	Date	Nature of Accident (Head-on, Rear-end, upset, Rollover, etc.)	Number of Fatalities		Number of Injuries
Most recent accident (if any)					
Next/Previous					
Next/Previous					
Next/Previous					
Next/Previous					
Traffic Convictions and Forfeitures for the past 5 years (other than parking violations)					
Location	Date	Charge	Penalty		



Last Name, First Name: _____ Date: _____

Employment History				
All employment for the previous <u>ten years</u> must be covered below, including jobs held while in school or in the military. Record your present or last position and list back in chronological order. Be sure to complete all questions for each job. Ask for additional form(s) if necessary. Please explain any gap or periods of unemployment more than 30 days below.				
Employer Name	Dates Employed		Annual Salary (Including Bonus and/or Commission)	
Address, City, State	From <small>MM / YYYY</small>	To <small>MM / YYYY</small>	Starting	Leaving
Supervisor's Name, Title and Phone Number			May we contact? ___Yes ___No	
Position(s) Held- Briefly explain your duties, responsibilities, and number of people supervised: <div style="text-align: center;"> ___ This position was covered under FMCSR. </div>				
Reason for Leaving				
Employer Name	Dates Employed		Annual Salary (Including Bonus and/or Commission)	
Address, City, State	From <small>MM / YYYY</small>	To <small>MM / YYYY</small>	Starting	Leaving
Supervisor's Name, Title and Phone Number			May we contact? ___Yes ___No	
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Supervisor's Name, Title and Phone Number			May we contact? ___Yes ___No	
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Reason for Leaving				
Identify any gaps or periods (more than 30 days) of unemployment information below.				
Reason			Dates (Month/Year)	
			From	To

Employment History continued on next page (if needed)



Last Name, First Name: _____ Date: _____

Employment History				
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Supervisor's Name, Title and Phone Number			May we contact? ___Yes ___No	
Position(s) Held- Briefly explain your duties, responsibilities, and number of people supervised: <div style="text-align: center;"> ___ This position was covered under FMCSR. </div>				
Reason for Leaving				
Identify any gaps or periods (more than 30 days) of unemployment information below.				
Reason			Dates (Month/Year)	
			From	To



Last Name, First Name: _____ Date: _____

Summary of Qualifications

This space is provided for you to briefly summarize any additional qualifications you believe are important in considering your Application of Employment.

Applicants Statement

I certify that all statements made on the Application for Employment and in any subsequently executed medical questionnaire or any other employment documents are true and correct. I understand that any false information, including by omission, that I give may result in termination of my candidacy or subsequent employment.

If an employee relationship is established, I understand that such employment is terminable at will, by either myself or CVTD at any time, for any reason, with or without cause, and with or without notice. I also understand any period of employment is not for a 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 the CVTD.

I authorize the CVTD and its representatives to inquire of all former employers or others who know me or know of me. It is agreed and understood that the CVTD and its agents may conduct background evaluations including, but not limited to, criminal history checks from Federal, State or local authorities to ascertain any and all information of concern, where same is of record or not, and I hereby expressly authorize such inquiries and release all employers and person named herein from all liability for any damages on account of their furnishing such information.

I authorize the CVTD and its representatives to inquire of all former employers or other who know me or know of me. It is agreed and understood that the CVTD and its agents may obtain information including, but not limited to, Department of Transportation (DOT) mandated Pre-employment, refusals to test, alcohol tests of $>.04$, other violations of the DOT alcohol and drug rules, and return to duty and follow-up testing compliance, as applicable, and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their furnishing such information. I acknowledge that any offer of employment is conditioned upon taking a DOT Pre-Employment drug screen and CVTD's receipt of satisfactory result of such a test and, if necessary to determine ability to perform essential duties of the position offered, the results of a physical examination.

By signing below, I certify 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. I certify that I have read and understand, and agree to the above.

Applicant's Signature _____ Date _____

Note: This Application for Employment will be considered active for 90 calendar days.
After 90 calendar days, you must reapply for available positions.



For Employer Use Only			
Notes	Verifications	Signature	Date
	Safety Checks Completed		
	Training Completed		
	Management Review		



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Applicant Questionnaire

Date _____

We, as an employer, comply with various federal, state and local laws and regulations which require us to monitor our Equal Employment Opportunity status on a continual basis. In addition, we comply with various laws and regulations which protect the disabled and Vietnam era and disabled veterans. We desire your assistance in our monitoring efforts by completing this form.

Submission of this information by you is voluntary. Please be assured that you will not be subject to any adverse treatment if you do not provide the information requested.

This information will not be kept as part of your Application for Employment and will be used only to identify you for government reporting purposes. We appreciate your assistance.

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

Last 4 digits of Social Security Number: XXX-XX- _____

Sex (check one) ☐ Male ☐ Female

Group Status (check one)

1. ☐ Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)
2. ☐ White (Not Hispanic or Latino)
3. ☐ Black or African American (Not Hispanic or Latino)
4. ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
5. ☐ Asian (Not Hispanic or Latino)
6. ☐ American Indian or Alaska Native (Not Hispanic or Latino)
7. ☐ Two or more races (Not Hispanic or Latino)

Referral Source (check one)

- | | | |
|---|---|--|
| 1. <input type="checkbox"/> Our Website | 4. <input type="checkbox"/> Employee referral | 7. <input type="checkbox"/> Internet _____ |
| 2. <input type="checkbox"/> Employment Agency | 5. <input type="checkbox"/> Advertisement | 8. <input type="checkbox"/> College Recruiting |
| 3. <input type="checkbox"/> State Agency | 6. <input type="checkbox"/> Walk In | 9. <input type="checkbox"/> Other _____ |

For Office Use Only

Job Title _____

EEO Job Category:

- | | |
|--|--|
| 1.1 <input type="checkbox"/> Executive/Senior Level Officials and Managers | 5 <input type="checkbox"/> Admin/Support Workers |
| 1.2 <input type="checkbox"/> First/Mid Level officials and Mangers | 6 <input type="checkbox"/> Craft Workers |
| 2 <input type="checkbox"/> Professionals | 7 <input type="checkbox"/> Operatives |
| 3 <input type="checkbox"/> Technicians | 8 <input type="checkbox"/> Laborers and Helpers |
| 4 <input type="checkbox"/> Sales Workers | 9 <input type="checkbox"/> Service Workers |

Location/Department Name _____

This Applicant Questionnaire is to be removed from the Application of Employment and filed with the Applicant Tracking Log for the position in which the candidate has applied.