Thank you for applying with Cache Valley Transit District. We are currently accepting applications for persons to join our team as Vehicle Service Workers.

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 Service Worker Qualifications:
* Safety Conscious at all times.
* Excellent customer relations skills.
* Punctual and able to maintain a good attendance record.
* Eighteen (18) years of age or older.
* Able to pass a Pre-Employment DOT Drug Screen in accordance with 49 CFR parts 40 & 655.
* Current driver license (class D or above) with at least one year driving experience.
* Good Driving record – no more than 2 moving violations in the past three years.
* No Physical limitations preventing individuals from:
  * Pushing/pulling a pressure washer.
  * Bending, stooping, twisting or kneeling to clean interiors of busses including under and around seats, floors, and walls of bus.
  * Climbing steps while cleaning interior and exterior of vehicles.
  * Safely Operating motor vehicles in tight spaces up to 40 feet in length.
* Ability to read and understand training materials, operating manuals and operating and safety rules directives.
* Able to effectively communicate in English, both verbally and in writing.
* Be available to work between the hours of 6:30pm to 10:30pm.

If you are offered a conditional offer of employment, individuals are required to submit to a pre-employment background and motor vehicle record check.

After successfully completing training, individuals will be hired on a probationary status. As a Vehicle Service Worker, individuals can expect to work approximately 15 hours per week. This includes Saturdays.

The Vehicle Service Worker’s wage scale is:

Starting rate - $19.95 per hour
Each Year Thereafter – Up to $0.50 increase

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:

Justification: _____________________________

Who referred you to our company?

- CVTD Website
- State Agency
- Employment Agency
- Advertisement
- Social Media
- Internet
- Walk-in
- Employee Referral

(First and Last Name)

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Present Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>How Long?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Email Address: _____________________________

List your addresses for past 10 years if different; (attach additional sheet if more space is needed)

<table>
<thead>
<tr>
<th>Previous Street Address (if applicable)</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>How Long?</th>
</tr>
</thead>
<tbody>
<tr>
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<th>City</th>
<th>State</th>
<th>Zip</th>
<th>How Long?</th>
</tr>
</thead>
<tbody>
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</table>

Telephone Number(s) including Area Code(s):

Primary ( ) Secondary ( )

Are you legally authorized to work in the United States?

__No __Yes

Have you ever been fired or asked to resign by a previous employer?

__No __Yes

If yes, explain: ____________________________________________
Last Name, First Name: _____________________________________ Date: _______________________

### Educational Background

<table>
<thead>
<tr>
<th>Name and Location of School or College</th>
<th>Name and Location of School or College</th>
<th>Highest Grade/Year Completed</th>
<th>Grade Average</th>
<th>Last Month/Year Attended</th>
<th>Did you Graduate</th>
<th>Major/Degree</th>
<th>What year did/will you graduate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School and/or GED</td>
<td>9 10 11 12</td>
<td>__Yes</td>
<td>__No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td>1 2 3 4</td>
<td>__Yes</td>
<td>__No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other School</td>
<td>How Long?</td>
<td>__Yes</td>
<td>__No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List any other training or educational programs you have attended:

List any academic honors or other special recognitions you have received:*

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

---

The information requested below MUST be provided for all positions which require your ability to drive a company-owned vehicle.

### License Information

<table>
<thead>
<tr>
<th>Driver Licenses</th>
<th>State</th>
<th>License Number</th>
<th>Type</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ___Yes ___No
B. Have you ever had any license, permit, or privilege suspended or revoked? ___Yes ___No
C. Have you ever been disqualified to drive subject to §391 of the Federal Motor Carrier Safety Regulation? ___Yes ___No
D. In the past three years, have you 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

<table>
<thead>
<tr>
<th>Class of Equipment</th>
<th>Type of Equipment (Vans, Tank, Flat, etc.)</th>
<th>Dates From</th>
<th>Dates To</th>
<th>Approximate Number of Miles Driven Annually</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straight Truck</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auto or Van</td>
<td></td>
<td></td>
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<tr>
<td>Bus</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other _____</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

List the states you have operated in for the last five years:

List special courses or training that you have taken that will help you as a driver:

List any safe driving awards 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 the Past 5 Years (Attach additional sheet if more space is needed)

<table>
<thead>
<tr>
<th>Date</th>
<th>Nature of Accident (Head-on, Rear-end, upset, Rollover, etc.)</th>
<th>Number of Fatalities</th>
<th>Number of Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Most recent accident (if any)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Next/Previous</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Next/Previous</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Traffic Convictions and Forfeitures for the past 5 years (other than parking violations)

<table>
<thead>
<tr>
<th>Location</th>
<th>Date</th>
<th>Charge</th>
<th>Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Employment History

All employment for the previous ten years 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. Include additional forms if necessary. Please explain any gap or periods of unemployment lasting more than 30 days below.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Dates Employed</th>
<th>Wage History (Including Bonus and/or Commission)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From MM / YYYY To MM / YYYY</td>
<td>Starting Leaving</td>
</tr>
</tbody>
</table>

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:

___ This position was covered under FMCSR.

Reason for Leaving

<table>
<thead>
<tr>
<th>Employer</th>
<th>Dates Employed</th>
<th>Wage History (Including Bonus and/or Commission)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From MM / YYYY To MM / YYYY</td>
<td>Starting Leaving</td>
</tr>
</tbody>
</table>

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:

___ This position was covered under FMCSR.

Reason for Leaving
Last Name, First Name: _____________________________________ Date: _______________________

<table>
<thead>
<tr>
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<th>Wage History (Including Bonus and/or Commission)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address, City, State

From MM / YYYY To MM / YYYY

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:

___ This position was covered under FMCSR.

Reason for Leaving

<table>
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<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Address, City, State

From MM / YYYY To MM / YYYY

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:

___ This position was covered under FMCSR.

Reason for Leaving

Please explain any gap or periods of unemployment below.

Identify any gaps (more than 30 days) of unemployment below.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Dates (Month/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
</tr>
<tr>
<td></td>
<td>To</td>
</tr>
</tbody>
</table>

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.

CVTD is an Equal Opportunity Employer That Values Diversity
Applicant’s 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 that I give, or omission of information, 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 me or Cache Valley Transit District (CVTD) at that 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 that written exceptions are permitted only when they are signed by the General Manager of CVTD. In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification form upon hire.

I authorize CVTD and its representatives to contact all former employers or others who know me or know of me. It is agreed and understood that 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 persons named herein from all liability for any damages on account of their furnishing such information.

It is agreed and understood that CVTD and its agents may obtain information including, but not limited to, Department of Transportation mandated Pre-employment information, 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. I acknowledge that any offer of employment is conditioned upon taking a DOT pre-employment drug screen and CVTD’s receipt of satisfactory negative 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 also certify that I have read, 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.
Optional Applicant Questionnaire

Date ___________________

CVTD, 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 including laws and regulations which protect 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): ____________________________________________

<table>
<thead>
<tr>
<th>Sex (check one)</th>
<th>___Male</th>
<th>___Female</th>
</tr>
</thead>
</table>

Group Status (check one)

1. ___ Hispanic or Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture of origin regardless of race)
2. ___ White (Not Hispanic or Latino)
3. ___ Black or African American (Not Hispanic of 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. ___ Our Website 4. ___ Employee referral 7. ___ Internet 10.___ Other
2. ___ Employment Agency 5. ___ Advertisement 8. ___ College Recruiting
3. ___ State Agency 6. ___ Walk-in 9. ___ Social Media

For Office Use Only

Job Title ___________________________________________________________________________________

EEO Job Category:

1.1 ___ Executive/Senior Level Officials and Managers 5 ___ Admin/Support Workers
1.2 ___ First/Mid-level Officials and Managers 6 ___ Craft Workers
2 ___ Professionals 7 ___ Operatives
3 ___ Technicians 8 ___ Laborers and Helpers
4 ___ Sales Workers 9 ___ 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.