

JACKSON COUNTY MASS TRANSIT DISTRICT

Successful JCMTD applicants:

- Will take a pre-employment drug test and must have a negative result
- Minimum 25 years of age (insurance requirements).
- Good driving history for the past 3 years. Not more than one moving violation or one at fault accident. Motor Vehicle Records are requested upon hire and application information is verified. Termination of employment would occur for unreported items.
- No DUI convictions.
- Will provide proof of personal auto insurance.
- Jackson County Mass Transit District provides transportation for Federal and State programs and therefore may not hire persons with felony convictions on their record.
- Verifiable, positive work history with no separations due to substance abuse violations.
- Drivers must meet DOT physical qualifications (49 CFR 391.41). Medical conditions such as insulin dependent diabetes is disqualifying under DOT regulations.
- Driving positions have bona fide physical requirements due to the need to safely evacuate passengers in the event of an emergency, assist wheelchair passengers and other disabled passengers as required by ADA regulations.
- Drivers must have the ability to lift 50 pounds to assist clients and bend, stoop, and kneel to do wheelchair securement.

Classroom driver training will be a minimum of five (5) days.

A training period of a minimum of three (3) months apply to all new employees.

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Employment Job Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit # City State ZIP Code

Phone: Email

Date Available: Social Security No.: Desired Salary:\$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES NO Diploma:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

Previous Employment Last 5 Years

Company: Phone:

Address: Supervisor:

Job Title:

Responsibilities:

From: To: Reason for Leaving:

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May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

DRIVING EXPERIENCE

Class of Driver's License _____

How many years have you been driving? _____

Years driving a commercial/company vehicle _____

Have you ever had a suspended or revoked license?

Yes _____ If yes, which type and when _____ No _____

Do you have personal automobile insurance?

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Yes _____ No _____

Number of accidents involved in as a driver of a private car in the last 5 years _____

Number of accidents involved in as a driver of a commercial/company car in the last 5 years _____

Date of last accident _____

Description

Were you issued a ticket?

Yes _____ No _____

Drug Screen Information

A pre-employment drug screen is required of all employees. Safety sensitive employees are required to be part of an ongoing Random Drug and Alcohol Testing program.

Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer for DOT safety sensitive positions, but did not obtain employment during the past two years?

Yes _____ No _____

Have you been part of a DOT random testing program in the last two years?

Yes _____ No _____

Did you have a positive result or refuse to test?

Yes _____ No _____

If you had a positive result or refused to test, have you successfully completed the return to duty process and have documentation?

Yes _____ No _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that no employment offer is being made at this time. I certify the information on this application is true and correct without any significant omission of any kind whatsoever. I understand if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interview may be grounds for immediate discharge.

I authorize Jackson County Mass Transit District to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, and qualifications. I authorize any third party to release to Jackson County Mass Transit District any and all information and documentation it requests. This information may include, but is not limited to dates of employment, positions held, responsibilities, base compensation and bonus or commissions (if applicable), job performance, education, transcript, criminal history, etc. A copy of this authorization may be accepted as an original. In addition, I hereby waive my right to bring any cause action against these parties for defamation, invasion of privacy, or any other reason because of their statements.

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I agree that, if I am employed, I will abide by all the rules and regulations of Jackson County Mass Transit District. I further understand that no one at Jackson County Mass Transit District is authorized to enter into any written or verbal employment contract with me for any definite period of time without the express written consent of the Executive Director. I also understand that if I am hired, my employment will be at will and may be terminated by myself or by Jackson County Mass Transit District at any time for any reason or for no reason, with or without prior notice.

Drivers have bona fide physical requirements in order to fulfill ADA regulations for public transportation service. Applicants with driving requirements must be able to maneuver and secure wheelchair passengers and assist other disabled passengers. Drivers must also be physically able to evacuate passengers in the event of an emergency.

Do you have any physical limitations that would prevent you from safely performing the above duties?

Yes _____ No _____

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____