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.

Employment Job Application

		Applicant	Informatio	on		
Full Name:					Date:	
	Last	First	THE STATE OF THE S	M.I.		***************************************
Address:						
	Street Address				Apartmen	t/Unit #
	E					
	City			State	e ZIP Code	
Phone:			Email			
Date Availab	ole:	Social Security No.:			sired Salary:\$	
Position App	lied for:					
	izen of the United States	YES NO			to work in the U.S.?	YES NO
Have you ev	er worked for this compar	YES NO	If yes, whe	en?		
Have you ev	er been convicted of a fel	YES NO Only?				
If yes, explai	n:					
			ation		pant pant	
High School:	1	Address:				
From:	To:	_ Did you graduate?	YES N	O Diploma:		
College:		Address:				
From:	To:	_ Did you graduate?	YES N			
Other:		Address:				19
From:	To:		YES NO	0		
		Previous Employr	nent Last	5 Years		
Company:					Phone:	
-					pervisor:	
Job Title: _		Starting Sa	alary:\$	E	Ending Salary:	<u> </u>
Responsibiliti	es:					
From:						

May we contact your previous supervisor for a reference?	YES NO			
Company:		Phone:		
Address:		Phone:Supervisor:		
	-			
Responsibilities:				
From: To:				
May we contact your previous supervisor for a reference?	YES NO			
Company:		Phone:		
Address:		Supervisor:		
Job Title: Starting S	Starting Salary:\$			
Responsibilities:				
From: To:				
May we contact your previous supervisor for a reference?	YES NO			
Military	Service			
Branch:	From:_	To:		
Rank at Discharge:	Type of Discharge:_			
f other than honorable, explain:				
DRIVING EX	KPERIENCE			
Class of Driver's License				
How many years have you been driving?				
/ears driving a commercial/company vehicle				
Have you ever had a suspended or revoked license?	_			
es If yes, which type and when	No			
Oo you have personal automobile insurance?				

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						
Have you tested po	drug screen is required of all employees. Safety sensitive employees are required to be part of m Drug and Alcohol Testing program.						
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 posit	tive result or refuse to test?						
Yes	No						
If you had a positive documentation?	result or refused to test, have you successfully completed the return to duty process and have						
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.

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	ou from safely performing the above duties?						
Yes							
If this application leads to employment, I understand that fals may result in my release.	e or misleading information in my application or interview						
Signature:	Date:						
References							
Please list three professional references.							
Full Name: Company: Address:							
Full Name:	Relationship:						
Company:							
Address:							
Full Name:							
Company:							
Address:							