

Malheur Council on Aging & Community Services

SAFETY SENSITIVE APPLICATION FOR EMPLOYMENT

Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position or Type of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Graveyard <input type="checkbox"/> Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Salary Desired	Date Available	
Do you have a valid driver's license in the state you live in? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>All job applicants will be subject to a criminal background check prior to hiring.</i>		

EDUCATION AND TRAINING

High School Graduate Or General Education (GED) Test Passed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If no, list the highest grade completed						
College, Business School, Military (Most recent first)						
Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year	Major or Subject
		Quarterly or Semester Hours	Other (Specify)			
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					
	From			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	To					

Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Occupational License, Certificate or Registration	Number	Where Issued	Expiration Date
Languages Read, Written or Spoken Fluently Other Than English			

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

(Maximum 1000 characters)

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason For Leaving
Employer	Telephone Number () -	From (Month/Year)

Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 1000 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason For Leaving		May We Contact This Employer? <input type="checkbox"/> Yes

Malheur Council on Aging & Community Services provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability or genetics. In addition to federal law requirements, Malheur Council on Aging & Community Services' complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, and transfer, leaves of absence, compensation and training.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____

Date _____

Interviewer's Comments:

PRE-EMPLOYMENT DRUG TESTING

ACKNOWLEDGEMENT

I, hereby acknowledge and understand that, as part of my application for employment for a Position which involves the performance of safety-sensitive functions as defined by 49 CFR Part655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that my employment is contingent on the passing of the aforementioned drug test, and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

Signature of Applicant

Date

Print Name

Date

(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgment is completed and signed)

CONFIDENTIAL
SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT
Previous US Department of Transportation Drug and Alcohol Testing

I _____
Print First Name, Middle Initial, and Last Name

_____ last four of social security #

Attest that:

I have NOT participated in DOT-regulated drug and alcohol testing with previous employers. Please skip the questions and sign the bottom of this form.

Attest that:

I HAVE participated in DOT-regulated drug and alcohol testing with previous employers. Please answer the questions below:

1. Have you tested positive (0.04 or greater) for alcohol in the last two years?

Yes _____ No _____

2. Have you had a verified positive drug test result in the last two years?

Yes _____ No _____

3. Have you refused a required drug or alcohol test in the last two years (or had a verified adulterated or substituted drug test result)?

Yes _____ No _____

4. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?

Yes _____ No _____

5. Have you violated any other DOT drug or alcohol testing regulation within the last two years?

Yes _____ No _____

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain Why:

(Use additional pages as necessary)

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."

Sign _____

Date _____