

Application For GITS Employment for the County of Gates

GENERAL INFORMATION

Name (Last, First/Maiden)	Name you prefer to use:	
	Date of Application:	
	Date of Birth:	
Home Address: (for past 3 years)		
City, State Zip:		
Home Address: (for past 3 years)		
City, State Zip:		
Home Phone:	Business Phone:	Social Security Number:
Do you have or could you get a valid driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you have or could you get a valid CDL? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you have unlimited access to a car? <input type="checkbox"/> yes <input type="checkbox"/> no
US Citizen? <input type="checkbox"/> yes <input type="checkbox"/> no	If Not Give Visa No. & expiration:	

Have you ever been convicted of an offense against the law, forfeited collateral, or are now under charges for any offense against the law (not including traffic violations or any offense committed before your twenty-first birthday which was finally resolved in a juvenile court or under a youth offender law?) A conviction will not necessarily disqualify you.
 YES NO (If yes, please attach an explanation.)

POSITION APPLIED FOR

Title:	Salary Desired:
Referred By:	Date Available:

REFERENCES

Please list three individuals, other than relatives or personal acquaintances, whom we can contact to provide a reference on your behalf. They should have knowledge of your work experience and/or education. Former employers, supervisors, professors, colleagues, etc. are examples. Please type or print and use complete mailing addresses.

Name	Street/Box Number/City/State	Zip Code	Telephone

1) Please state in your own handwriting any FTA Drug & Alcohol Tests which were returned positive and explain any problems suggested or required thereof.

2) Please list and explain all motor vehicle accidents in which you were involved during the 3 years preceding the date of application.
(Specify the date and nature of each accident and any fatalities or personal injuries caused thereof).

3) Please list all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the 3 years preceding the date the application is submitted.

EMPLOYMENT HISTORY

Present or Last Employer		
Address		Supervisor's Name
Job Title	Salary	Telephone Number
Date Employed ____ / ____	Duties: _____ _____ _____	
Date Separated ____ / ____		
Reason for Leaving		

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Present or Last Employer		
Address		Supervisor's Name
Job Title	Salary	Telephone Number
Date Employed ____ / ____	Duties: _____ _____ _____	
Date Separated ____ / ____		
Reason for Leaving		

List any other experiences, awards, or activities that would enhance your qualifications.

I certify that I have given true, accurate and complete information on this form and any supplements. I authorize educational institutions, associations, registration and licensing boards and others to furnish whatever detail is available concerning my qualifications. I authorize investigations of all statements made in this application and understand that false information or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and/or criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30; G.S.14-122.I). Notwithstanding any provision of State or Federal law, I expressly waive any right I may have to review material or information received from a previous employer or educational institution under promise of confidentiality.

The employer is required by law to verify an applicant's representations about credentials and other qualifications relevant to employment. If employed, you must submit proof of identity and eligibility for legal employment credentials must be verified within ninety days of employment.

Signature _____ Date _____
This form must be signed on the line above or the application will not be considered.

Gates County policy prohibits discrimination based on race, sex, color, creed, national origin, age or ability.

Return application to: Gates County Inter-Regional Transportation System, 714 Main Street, Gatesville, NC 27938

CONFIDENTIAL DATA SHEET

This information is requested solely for the purpose of determining compliance with Federal civil rights laws; your response will not affect consideration of your application. Hiring officials will not have access to this information. By completing this data sheet you will help us ensure that our recruiting and hiring practices are nondiscriminatory.

The name you provide here will be used on all official documents.

Name:

Last _____ First _____ Middle _____ (Maiden)

Age: _____ Sex: Male Female

Date of Birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____
Month Day Year

Place of Birth: _____

Ethnic Group:

- White (non-Hispanic)
- Black (non-Hispanic)
- Hispanic (Mexican, Puerto Rican, Cuban, central or South American, other Spanish origin regardless of race)
- Asian (including Pacific Islander)
- American Indian (including Alaskan native)

Disability Status:

A disability is any impairment which substantially limits one or more life activities. A disabled person is one who (1) actually has such an impairment; (2) has a record of such an impairment; or (3) is regarded as having such an impairment.

Non-disabled persons should check "None/Prefer not to Report".

The reporting of a disability is strictly voluntary.

- None/Prefer not to Report
- Blind/Severely Visually Impaired
- Deaf/Severely Hearing Impaired
- Mental Retardation
- Mentally Restored
- Nervous System/Neurological Disorder
- Respiratory Impairment
- Loss/Limited
- Non-Ambulatory (Must use Wheelchair)
- Other Orthopedic Impairment (refers to amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)
- Other (Please Describe) _____
- Learning Disability

A photograph is optional.

CONFIDENTIAL

SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT

Previous US Department of Transportation Drug and Alcohol Testing

Applicant First Name, Middle Initial, Last Name _____

Social Security Number _____

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?

Yes _____ (if yes, complete #1 and #2)

No _____ (if no, skip to #2)

1. In the last two years, have you ever:

a) Tested positive (0.04 or greater) for alcohol?

Yes _____

No _____

b) Had a verified positive drug test result?

Yes _____

No _____

c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?

Yes _____

No _____

d) Violated any other DOT drug or alcohol testing regulation within the last two years?

Yes _____

No _____

2. 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 _____

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."

Signed _____

Date _____

