



Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

REFERENCES: Give below the names of three (3) persons not related to you whom you have known at least one (1) year.

1. \_\_\_\_\_  

Name	Address & Phone	Years Acquainted
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2. \_\_\_\_\_  

Name	Address & Phone	Years Acquainted
------	-----------------	------------------
3. \_\_\_\_\_  

Name	Address & Phone	Years Acquainted
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Commercial Driver's License Number? \_\_\_\_\_

Do you have a Passenger Endorsement? \_\_\_\_\_

Have you ever been refused a CDL? \_\_\_\_\_

If so, give details: \_\_\_\_\_

Have you had more than three (3) points taken off of your license/CDL in the past 7 years: \_\_\_\_\_

If so, give details: \_\_\_\_\_

Have you ever been arrested for driving while intoxicated? \_\_\_\_\_ If so, give details:

How many years of professional driving experience? \_\_\_\_\_

(List former employers for whom you drove professionally for the past 10 years:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Have you fulfilled your military obligations?  yes  no  N/A

Branch \_\_\_\_\_ Rank \_\_\_\_\_

Do you pledge yourself, if employed, and during your employment, to comply with the company's rules and regulations now in existence, or which may hereafter be established? \_\_\_\_\_

Do you grant the company permission to investigate any references you have given? \_\_\_\_\_

Do you agree that if you are employed by MTA, MTA shall thereafter at any time and from time to time have the right to require a medical examination by a company physician of your physical and mental condition, to include (but not limited to) x-ray examination and laboratory tests, and that it shall further be a condition of your employment that you be mentally and physically qualified (as determined by medical examination) to perform the designated duties of your position? \_\_\_\_\_

Do you give Mountain Transit Authority permission to investigate your DMV record? \_\_\_\_\_

Do you give MTA permission to conduct a background check, which may include a review of sex offender registries and criminal history records? \_\_\_\_\_

In part consideration for my employment, I agree to return upon demand, or on severing my connection with this company, all company property then in my possession, and whenever requested, to make and verify an affidavit containing a full and truthful statement of any and all accidents, dismissals, assaults, etc., of which I may have knowledge.

If given an opportunity, I agree to work on a trial basis for the probationary period of six (6) weeks and, if retained at the end thereof, to work faithfully thereafter and give my best efforts in the interest of the MTA. I agree to operate any type of coach that MTA may request me to operate.

(Operators must provide themselves with a standard watch upon entering employment with MTA).

I HEREBY WARRANT THAT THE FOREGOING ANSWERS ARE TRUE IN EVERY PARTICULAR, AND I FURTHER AGREE TO RESIGN IMMEDIATELY FROM THE EMPLOY OF THE MTA SHOULD ANY ONE OF MY STATEMENTS OR ANSWERS ON THIS APPLICATION BE FOUND UNTRUE, OR SHOULD MY PAST RECORD, UPON EXAMINATION BY THE COMPANY, PROVE UNSATISFACTORY.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's signature

(You can use the back of this application to provide any additional information).

**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