



Are you available for work on nights and weekends?  Yes  No  
Would you be able to work overtime, if necessary?  Yes  No

Have you ever been terminated or asked to resign from a job?  Yes  No  
(Answering yes to this question will not necessarily disqualify an applicant from employment)  
Please explain: \_\_\_\_\_

Do you have any other experience, training, qualifications or skills that make you especially suited for work at Bloomington Transit?  Yes  No List below.

Are you prevented from lawfully becoming employed in this country because of Visa or immigration Status?  Yes  No  
(Proof of citizenship or Immigration status will be required upon employment.)

Have you ever, under your name or another name, been *convicted* of, (or pleaded guilty to) or are you currently charged with any crime?  Yes  No Please elaborate: \_\_\_\_\_

(A current charge or conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain each conviction fully, when, where and of what you were convicted and the disposition of the case(s): \_\_\_\_\_

Are you currently under arrest, or released on bond or on your own recognizance, pending trial for a criminal offense?  Yes  No

Do you have a driver's license?  Yes  No If yes, what state? \_\_\_\_\_

Your driver's license number: \_\_\_\_\_

Is your driver's license currently suspended? \_\_\_\_\_

Has your driver's license ever been suspended? \_\_\_\_\_

List any moving violations within the past three years \_\_\_\_\_

Have you ever been convicted for driving under the influence (DUI)?  Yes  No

In the past two years have you refused or had a positive, adulterated or substituted test result on a DOT drug screen?  Yes  No

In the past two years have you refused or had a positive, adulterated or substituted test result on a DOT pre-employment drug screen?  Yes  No

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodations?  Yes  No

## EDUCATION

High School Graduate?

Yes  No

Name of High School \_\_\_\_\_

Date and location of your GED certificate \_\_\_\_\_

Name of College you attended \_\_\_\_\_

Did you graduate?  Yes  No

Major and Type of Degree \_\_\_\_\_

## Trade/Business/Correspondence Schools

Name \_\_\_\_\_

Types of Degrees \_\_\_\_\_

May we inquire of your present employer?  Yes  No

Have you applied to this office before?  Yes  No When? \_\_\_\_\_

## FORMER EMPLOYERS Please list all present and past employment for the last 10 years.

*As part of the application process and consistent with the job described, we may seek information related to your character, work habits, performance, experience, driving records, court records, education, and credentials. The correct telephone numbers of past employers are critical. Please complete this section even if you are attaching a resume.*

### CURRENT OR MOST RECENT EMPLOYER

Name and Address: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_

Ending salary or wage: \_\_\_\_\_

Your position and duties: \_\_\_\_\_

Exact reason for leaving \_\_\_\_\_

Did you leave this employment voluntarily?  Yes  No

### SECOND MOST RECENT EMPLOYER

Name and Address: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ to: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Your Supervisor's Name: \_\_\_\_\_

Ending salary or wage: \_\_\_\_\_

Your position and duties: \_\_\_\_\_

Exact reason for leaving \_\_\_\_\_

Did you leave this employment voluntarily?  Yes  No

**THIRD MOST RECENT EMPLOYER**

Name and Address: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ to: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Your Supervisor's Name: \_\_\_\_\_  
Ending salary or wage: \_\_\_\_\_  
Your position and duties: \_\_\_\_\_

Exact reason for leaving \_\_\_\_\_  
Did you leave this employment voluntarily?  Yes  No

**FOURTH MOST RECENT EMPLOYER**

Name and Address: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ to: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Your Supervisor's Name: \_\_\_\_\_  
Ending salary or wage: \_\_\_\_\_  
Your position and duties: \_\_\_\_\_

Exact reason for leaving \_\_\_\_\_  
Did you leave this employment voluntarily?  Yes  No

**FIFTH MOST RECENT EMPLOYER**

Name and Address: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ to: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Your Supervisor's Name: \_\_\_\_\_  
Ending salary or wage: \_\_\_\_\_  
Your position and duties: \_\_\_\_\_

Exact reason for leaving \_\_\_\_\_  
Did you leave this employment voluntarily?  Yes  No

**SIXTH MOST RECENT EMPLOYER**

Name and Address: \_\_\_\_\_  
Dates of employment: \_\_\_\_\_ to: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Your Supervisor's Name: \_\_\_\_\_  
Ending salary or wage: \_\_\_\_\_  
Your position and duties: \_\_\_\_\_

Exact reason for leaving \_\_\_\_\_  
Did you leave this employment voluntarily?  Yes  No

**UNEMPLOYMENT HISTORY:** Please list any time(s) you were not employed (after leaving school) in the last 10 years. You do not need to include periods of one month or less.

Time Period	Reason Unemployed
_____	_____
_____	_____

## REFERENCES:

List three persons **not related to you**, whom you have known at least one year, and who are familiar with your professional reputation/work performance.

1. Name and address \_\_\_\_\_  
Business \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
# Years acquainted \_\_\_\_\_
2. Name and address \_\_\_\_\_  
Business \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
# Years acquainted \_\_\_\_\_
3. Name and address \_\_\_\_\_  
Business \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
# Years acquainted \_\_\_\_\_

In case of emergency notify:

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## PLEASE LIST YOUR RESIDENCES OF THE PAST SEVEN YEARS (PLEASE INCLUDE COUNTY)

Example: 130 W. Grimes Lane, Bloomington, IN 47403, Monroe County

1. \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_
2. \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_
3. \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_
4. \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_
5. \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_
6. \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_
7. \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

By my signature and initials placed below, I declare under penalty of perjury that the information provided in this employment application (and accompanying resume, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer will be conditional based on the satisfactory review of my qualifications including any and all background or drug screening which may be required. \_\_\_\_\_Initials

If Bloomington Transit makes a job offer, subject to the results of a physical examination, I give permission for a physical examination including a pre-employment drug screen. [Results will be held in confidence by Bloomington Transit except where release of such information is required by law.] \_\_\_\_\_Initials

I voluntarily and knowingly authorize any past employer, educational institution, law enforcement agency, state, local or federal agency, military branch, the National Personnel Records Center, personal references, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle records, educational history, licensing, employment (including character, earnings history and reasons for termination) or any other information requested by Bloomington Transit to determine my eligibility for employment. \_\_\_\_\_Initials

I agree to immediately notify Bloomington Transit if I am convicted of a crime while my job application is pending, or during my employment, if hired. If I become employed, I agree to comply with the rules, regulations, policies and procedures of Bloomington Transit. \_\_\_\_\_Initials

I certify that all of the information provided on this application is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this application. If there is a current opening in the position you are seeking and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the entire interview process is completed. This includes a complete background check and pre-employment drug screen. If we have no current openings, your application will be kept active for 180 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in our company.

**ONLY APPLICANTS SELECTED FOR INTERVIEWS WILL BE CONTACTED**

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment - must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs - to which it has provided the data - of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- Inaccurate information must be corrected or deleted. ACRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- You can dispute inaccurate items with the source of the information. If you tell anyone - such as a creditor who reports to a CRA - that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers, or reports that contain medical information. ACRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

### For Questions or Concerns Regarding:

### Please Contact:

CRAs, creditors and others not listed below

Federal Trade Commission  
Bureau of Consumer Protection FCRA  
Washington, DC 20580 202-326-3761

National banks, federal branches/ agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency  
Compliance Management, MS 6-6  
Washington, DC 20219 800-613-6743

Federal Reserve System member banks (except national banks; and federal branches/agencies of foreign banks)

Federal Reserve Board  
Consumer & Community Affairs  
Washington, DC 20551 202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Office of Thrift Supervision  
Consumer Programs  
Washington, DC 20552 800-842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name)

National Credit Union Administration  
1775 Duke Street  
Alexandria, VA 22314 703-518-6360

Banks that are state-chartered or are not Federal Reserve System members

Federal Deposit Insurance Corporation  
Compliance & Consumer Affairs  
Washington, DC 20429 800-934-FDIC

Air, surface or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Department of Transportation  
Office of Financial Management  
Washington, DC 20590 202-366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture  
Office of Deputy Administrator-GIPSA  
Washington, DC 20205 202-720-7051



## Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the reverse side of this document.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

This report will be processed by:  
ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524

Applicant's Name: \_\_\_\_\_  
(Please Print)

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Give copy with Summary of Rights to applicant. Retain a copy for your files.

# VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

Bloomington Transit is attempting to gather data regarding its Affirmative Action/Equal Opportunity efforts under Section 503 of the Rehabilitation Act of 1973. Such information will enable BT to design affirmative action efforts that may be more successful than those currently used and to evaluate the success of the present program. The information on this form is strictly confidential and will not be matched with your application for employment. The information requested is voluntary and is used for statistical purposes only.

We consider applicants for all positions without regard to their race, ancestry, color, religion, sex, national origin, age, veteran status, sexual orientation or disability.

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Where did you learn of the job vacancy?

- Newspaper
- Employment Office
- Word of mouth
- Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Race:

- American Indian                      origins in North America, to exclude Alaska
- Asian                                        origins in Far East, S.E. Asia, India or Pacific Islands
- African American                        origins in Africa
- Hispanic                                    origins in Mexico, Puerto Rico, Cuba, Central or S. America
- Caucasian/White                         origins in Europe, North Africa or Middle East

Veterans/U.S. Military Status

- Non-Veteran
- Pre-Vietnam Veteran
- Pre-Vietnam Veteran with service incurred disability
- Vietnam Era Veteran (8-5-64 - 5-7-75)
- Vietnam Era Veteran with service incurred disability
- Post Vietnam Veteran
- Post Vietnam Veteran with service incurred disability

**BLOOMINGTON TRANSIT IS AN EQUAL OPPORTUNITY  
EMPLOYER**

## PRE-EMPLOYMENT SCREENING POLICY

As part of the process of weighing an applicant's qualifications and determining his or her suitability for the open positions, Bloomington Transit requires background checks for all finalists for a position. ADP Select, a consumer-reporting agency, conducts these background checks.

All applicants for employment with Bloomington Transit are asked to sign a release form authorizing the appropriate background checks. Any applicant who refuses to sign a release form is no longer considered eligible for employment. Applicants are also expected to provide references from their former employers as well as educational reference information that can be used to verify academic accomplishments and records.

The background check will include verification of information provided on the completed application for employment, the applicant's resume or on other forms used in the hiring process. Information to be verified includes, but not limited to, social security number, and previous addresses. Bloomington Transit will also conduct a reference check and verification of the applicant's education and employment background as stated on the employment application or other documents listed above.

The background check will also include a criminal record check. If a felony conviction is discovered, before an employment decision is made, a determination will be made as to whether the conviction is related to the position for which the individual is applying or if it would present safety or security risks.

Additional checks such as driving record or credit report may be made on applicants for particular job categories if appropriate and job related.

If an applicant is denied employment wholly or partially because of the information obtained in a background check conducted by ADP Select, the applicant will be informed of this and given the name, address, and phone number of the vendor to contact if he or she has specific questions about the result of the check or wants to dispute its accuracy.

**Any applicant who provides misleading, erroneous, or willfully deceptive information to Bloomington Transit on an employment application, resume, or in a selection interview, is immediately eliminated from further consideration for employment with Bloomington Transit.**

APPENDIX A  
BLOOMINGTON PUBLIC TRANSPORTATION CORPORATION  
SUBSTANCE ABUSE PROGRAM

Complete this form only if you are applying for a **safety sensitive position** and have formerly been employed by a DOT regulated employer.

**Release of Information Form—49 CFR Part 40 Drug and Alcohol Testing**

**Section I.** To be completed by the new employer, signed by the employee, and transmitted to the previous employer.

Employee Printed or Typed Name \_\_\_\_\_  
Employee Social Security # \_\_\_\_\_

I authorize release of information from my Department of Transportation regulated drug & alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I-A  
New Employee Name: **Bloomington Public Transportation Corporation**  
Address: 130 W. Grimes Lane Bloomington, IN 47403  
Phone #: 812-332-5688, Fax: 812-332-3660

Designated Employer Representative: \_\_\_\_\_

I-B  
Previous Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Designated Employer Representative(if Known): \_\_\_\_\_

**Section II:** To be completed by the previous employer and transmitted by mail or fax to the new employer: II-A In the two years prior to the date of the employee's signature(in Section I), for DOT regulated testing.

- |   |                |
|---|----------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES ___ NO ___ |
| 2. Did the employee have verified positive drug tests?  | YES ___ NO ___ |
| 3. Did the employee refuse to be tested?  | YES ___ NO ___ |
| 4. Did the employee have other violations of DOT agency Drug & Alcohol testing regulation?                | YES ___ NO ___ |
| 5. Did a previous employer report a drug & alcohol rule violation to you?                                 | YES ___ NO ___ |
| 6. If you answered "YES" to any of the above items, did the employee complete the return-to-duty process? | YES ___ NO ___ |

NOTE: If you answered "YES" to item 5, you must provide the previous employer's report. If you answered "YES" to item 6, you must also transmit the appropriate return-to-duty documentation(e.g. SAP report(s), follow-up testing record)

II-B  
Name of person providing information in Section II-A: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone# \_\_\_\_\_  
Date: \_\_\_\_\_

**APPLICANT'S WRITTEN CONSENT FORM**

I \_\_\_\_\_, give my consent to my former employer(s)  
\_\_\_\_\_, to release the information requested above

Ian Patton, Operations Manager, or Brenda Underwood, Human Resources, at  
Bloomington Public Transit Corporation, 130 West Grimes Lane Bloomington, IN  
47403. Phone 812-332-5688, Fax 812-332-3660