



Regional Transportation Program

Employment Application Part-Time Driver

Please return completed application to:

**ATTN: Human Resources
Regional Transportation Program, Inc.
127 St. John Street
Portland, ME 04102**

Please enclose a photocopy of your driver's license.

**Regional Transportation Program
Application for Employment**

Name: _____ Date: _____
Last Name, First Name

Address _____ Telephone: _____
Street, City, State, Zip

Desired position: _____ Rate: \$ _____ Available to Start on: _____

Were you employed previously by RTP? Yes No If yes, dates _____

Are you legally eligible for employment in the USA? Yes No

Are you over the age of 21? Yes No

Have you had your US driver's license for at least 5 years? Yes No

Please provide a copy of your license

Have you ever been convicted of a crime, excluding minor traffic offenses, which has not been annulled, expunged, or sealed by a court? Yes No

If yes, please explain: _____

(You will not be denied employment solely due to a conviction record, unless the offense is related to the job for which you have applied.)

Education

(Please complete all applicable information)

Highest Grade Completed: _____ **Date:** _____

High School: _____ Diploma/GED Date: _____

College Name: _____ Major: _____

Address: _____ Degree & Date: _____

Other Schooling Name: _____ Focus: _____

Address: _____ Certification & Date: _____

Other Schooling Name: _____ Focus: _____

Address: _____ Certification & Date: _____

WORK HISTORY (Please begin with your current or most recent position)

Name and Address of Employer _____

Job Title _____ Start Date _____ End Date _____

Duties _____

Supervisor Name and Title _____ Phone Number _____

May We Contact Your Supervisor? _____ Reason for Leaving _____

Name and Address of Employer _____

Job Title _____ Start Date _____ End Date _____

Duties _____

Supervisor Name and Title _____ Phone Number _____

May We Contact Your Supervisor? _____ Reason for Leaving _____

Name and Address of Employer _____

Job Title _____ Start Date _____ End Date _____

Duties _____

Supervisor Name and Title _____ Phone Number _____

May We Contact Your Supervisor? _____ Reason for Leaving _____

Service Record

Branch of Service _____ Discharge Date _____ Rank _____

Current Membership in National Guard or Reserve _____ End of Obligation _____

Drug & Alcohol Testing

In the past two years have you worked in a job that was "Safety Sensitive" and subject to pre-employment and random drug testing?

Yes _____ No _____

If yes, an additional "Release of Information of Alcohol & Controlled Substance Testing" form is required

NOTICE: The position you are applying for requires the following pre-employment checks: Motor Vehicle, Criminal History, DHHS background, Physical, Drug, Reference. RTP will pay for all required checks.

**RELEASE 7 DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICANT/DRIVER
REQUIRED BY PART 40.25(j).**

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

NAME _____ DATE _____

SOCIAL SECURITY # _____

Applicant/Driver to answer items listed below.

During the past two (2) years have you tested positive on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

During the past two (2) years have you refused to test on a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

Date _____ Name (printed) _____

Signature of Applicant / Driver _____

Witness _____

Record keeping requirements: If "Yes" to either question –5 year retention
If "No" to both questions – discard after employment terminates

Applicant Drug Testing Acknowledgement

I understand that if I am the candidate chosen for employment, then as part of the application process, I must successfully complete a USDOT drug test as required by 49 CFR Part 40 and 655. I understand that a negative result is required before I will be able to perform a safety sensitive function. Participation in the federal drug and alcohol program is a condition of employment.

I also certify that I have not had a positive result on a pre-employment drug test in the past two (2) years.

Applicant Signature

Date

REGIONAL TRANSPORTATION PROGRAM, INC

PRE-EMPLOYMENT URINALYSIS AND BREATH ANALYSYS CONSENT FORM

I understand that as required by the Federal Transit Administration Regulations, Title 49 Code of Federal Regulations, Section 655.41, all safety sensitive applicants of this employer must be tested for controlled substances and alcohol as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances, and the breath sample collection and testing for alcohol.

I understand that a verified positive test result for controlled substances and/or an alcohol concentration of 0.02 or higher will render me unqualified to operate a commercial motor vehicle and/or work for Regional Transportation Program.

The medical review officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer. If the results are positive, the controlled substance will be identified.

Alcohol test results will be maintained by the employer.

The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Applicant's Name – Print

Date

Applicant's Signature

Additional Information

Please note any additional skills, training or experiences which relate to your ability to perform the position.

Attached is a job description. Can you perform the essential functions of this job with or without reasonable accommodations? _____ Yes _____ No

References

(Please list three persons, not related to you, whom you have known for at least one year).

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Years Acquainted</u>

Please Read, Initial Each Statement and Sign Below

	The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that if employed, any false statement on this application may result in failure to consider my application further, or if hired, my dismissal
	I understand and agree that any job offer may be contingent upon the results of a physical examination, pre-employment drug testing, motor vehicle checks, criminal background checks, and/or DHHS checks, and I release RTP, its directors, officers, agents or employees from any claim arising in connection with the use of such examination.
	I give permission for RTP to contact any persons in this application that I have listed as previous or current employers and any persons I have listed as references.
	I authorize investigation of any and all information, personal or otherwise contained in my application, related papers, and/or job interviews. I give permission to do any / all necessary checks / tests, and I hereby release all parties from all liability for any damages that may result from furnishing such information to RTP
	I understand that if I am hired, employment is 'at will' and may be terminated by me or the employer at any time

Signature

Date

JOB DESCRIPTION

Job Title: Driver

Summary of Responsibilities: Safely transports RTP riders along designated route in compliance with RTP policies and procedures and within allotted time frames.

Essential Functions:

1. Transports assigned riders within allotted time frames by following designated route, stopping at designated locations, assisting riders on and off the bus.
2. Maintains safe conditions by complying with traffic regulations, observing traffic conditions, avoiding dangerous situations, and enforcing passenger safety rules.
3. Maintains communications with Mobility Management Team via two-way radio
4. Completes accurate, complete, and timely records as required by RTP policies and procedures.
5. Supports safety efforts by reporting needed service to Mobility Management Team and/or Maintenance.

Additional Responsibilities:

1. Completes pre / post trip daily vehicle reports (VCR) and provides completed report to Maintenance.
2. Performs related duties as assigned by Mobility Management Team.

Job Qualifications:

1. Current Maine Driver's License (CDL if required with passenger designation).
2. Ability to receive and maintain a current Medical Examiner's Certificate to RTP's specifications.
3. Ability to pass motor vehicle, criminal background and DHHS background checks at initial hire and regular intervals.
4. Ability to load, secure, and unload individuals using disability aids including wheelchairs.
5. General knowledge of roads in service areas.
6. Ability to complete written records required by applicable RTP policies and procedures.
7. Ability to communicate effectively and with sensitivity with riders and to maintain effective working relationships with other RTP staff members. Ability to communicate with MMT via two-way radio system.

Reports to: Dispatchers & Transportation Supervisor

Direct Reports: None

Classification: Hourly, non-exempt

Date: August 29, 2019

I have read the above job description for the position of driver.

Applicant's Signature

Date

RTP Driver Selection Standards

HOW THE SELECTION STANDARDS LIST WORKS

This list is intended as a guideline in selecting new drivers and for evaluating the ongoing records of hired & volunteer drivers. A check of each driver's license record will be done annually. All drivers are informed of the standards for acceptable drivers and their responsibility to immediately report any citations or accidents, either during service to **RTP** or on personal time. A potential driver is not approved until he/she passes **RTP's** eligibility screening (application, background checks, review of selection guidelines, pre-employment drug test, DOT physical, and reference checks).

To enable an objective evaluation of each applicant's record, a point system has been adopted. A person scoring above the recommended point level is not eligible for employment. The system works by running the driving records for the applicable driver and comparing any citations or accidents that have occurred within the last five (5) years with the list of point values. The driver's ten (10) year record may also be reviewed in determining potential risk. The total points are compared with the **acceptable standard of four (4) or fewer points**. Each citation is counted separately, even if the driver received more than one citation for the same incident. The potential driver must also meet all other eligibility screening requirements.

Points	Citation
1	Defective or problem equipment
1	No insurance in vehicle / expired insurance
1	Expired license / license not on person
1	Failure to signal
1	Seat belt violation
1	Speeding (5 to 9 over)
1	Impeding traffic (traveling too slowly)
2	Improper child restraint
2	Headphones or illegal TV
2	Illegal turns
2	Failure to yield or stop
2	Following too closely
2	Illegal lane change / improper lane travel
3	Violation of a school bus sign
3	Illegal passing
3	No insurance
3	Speeding (10 – 14 over)
3	At fault accident
4	Failure to appear
4	No valid license
4	Speeding (15 or over)
5	Unsatisfied bench warrant
5*	Driving with license suspended or revoked
5*	Hit & run (misdemeanor)
5**	Eluding a police vehicle
5**	DWI, OUI, Reckless/Negligent driving
5**	Vehicle assault / homicide, hit & run (felony)
5**	More than one accident in 3 – 5 years

* Disqualified if in last five (5) years.

** Disqualified if in last ten (10) years.

I understand that these standards are used in rating my driving record at my initial hiring and also annually. If at any time my score goes above the acceptable limit stated above, I am no longer eligible to be a driver for RTP. I also understand that I must immediately report any citations (tickets) I get whether they are in an RTP or personal vehicle.

Signature

Date

As Part of our pre-employment and recertification physical, this functional assessment will be conducted by our health provider. In order to be a driver with RTP, you must be able to pass this test at pre-employment and recertification.

Essential Functions:

Sitting	3 – 7 hours / day
Walking	1 – 3 hours / day
Lifting	25 – 50 lbs with good body mechanics or 10 – 25 lbs with improper body mechanics
Twisting	Moderate twisting: 121 – 480 twists / day (480 based on 1 twist per minute)
Bending	Moderate bending: 121 – 480 bends / day (480 based on 1 bend per minute)
Squat/Kneel	1 – 3 hours / day – need not be continuous
Endurance	Moderate energy requirements (5 – 7 mets)
Wrist Position	Slight deviation of wrist
Right Hand	61 – 100% of job cycle time
Either Hand	61 – 100% of job cycle time
Both Hands	61 – 100% of job cycle time
Near Vision	Requires 20/40 near vision
Far Vision	Requires 20/40 far vision
Color Discrim	Requires discrimination among red, green and white
Visual Depth	Moderate depth perception required
Hearing	Requires hearing whispered voice at 8 feet (FAA class II)
Infections	Moderate exposure to infections
Low Temperature	Work environment below 15 F
High Temperature	Work environment over 90 F
Slippery Surfaces	Moderate amount of time on slippery surfaces (3 – 7 hrs / day)
Uneven Surfaces	Moderate amount of time on uneven surfaces (3 – 7 hrs / day)
Confined Spaces	Work in cramped positions / confined spaces (3 – 7 hrs / day)
Vibration	Pronounced or continuous vibration (7 or more hours / day)

Work Skills Assessment Criteria

FUNCTIONAL ROM:

NECK – Look left, right, up and down

BACK – Twist right, left, bend forward and touch floor, back bend/extend

UPPER EXTREMITIES – Reach overhead, touch behind neck, touch behind back, touch shoulders

LOWER EXTREMITIES – full squat, kneel right, kneel left. Step up and down 12”

- Lifting floor to waist 40lbs
- Lift overhead 20lbs
- Carry 25lbs fifty feet and up and down steps (groceries)
- Push right and left (rotary plate 5) 35lbs of force (doors, lockdowns, sweeping)
- Push cart 90lbs of force (scooter, power chair, or manual chair plus occupant up and down ramps, over rough terrain such as gravel or snow covered driveways, in and out of vehicle)

I have read the criteria specified above and certify to the best of my knowledge I am able to perform the essential functions of the Driver position. I understand that if I am considered as a candidate, I will be sent to RTP’s health provider for a pre-employment physical. If I do not pass such physical, I cannot drive for RTP. I also understand that recertification physicals are a requirement of this position, and that if I do not pass the recertification physical, I can no longer be employed as a driver by RTP.

Applicant’s Signature

Date

REGIONAL TRANSPORTATION PROGRAM, INC.

NOTICE TO DRIVERS AND CERTIFICATE OF COMPLIANCE

I. NOTICE TO DRIVERS:

The Commercial Motor Vehicle Safety Act of 1986 provided for a new set of controls over the drivers of commercial vehicles. To meet the provisions of that Act, RTP adopted the following requirements for all RTP drivers. Effective July 1, 1987, each and every RTP driver shall:

1. Have only one driver's license, which must be issued by the State of Maine.
2. Surrender any driver's licenses issued by any other state(s) to the state that issued the license.
3. Notify the State of Maine and RTP of any and all traffic violations which he or she has been convicted of (with the exception of parking violations) within thirty (30) days of said conviction, regardless of the jurisdiction in which the violation occurred and/or the severity of the violation. For this purpose you are also considered to have been convicted of traffic violation if you have paid any fine and/or court costs, or have forfeited bond or collateral on account of any traffic violation.
4. Notify RTP immediately when and if his or her driver's license has been suspended, revoked, canceled or he or she is, for any reason, disqualified from operating the vehicle(s) which he or she was hired to drive.
5. Report to RTP any and all commercial driving done within the last ten years.

II. CERTIFICATION BY DRIVER:

I hereby certify that I have read, understand and will comply with the preceding rules adopted by RTP to carry out the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, which became effective on July 1, 1987.

Driver's Name (print) _____ Last four digits of
Social Security No. _____

Driver's Address _____

License: State _____ Type/Class/Endorsement _____ Number _____

I further certify that the above vehicle driver's license is the only one I hold.

Driver's Signature

Date



**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: **2060**

Danielle Beesley
Regional Transportation Program, Inc.
127 St. John Street
Portland, ME 04102

I, _____, authorize the Maine Department of Health and Human Services to release
(Please print clearly)
confidential information to the above agency regarding whether I have been involved in a substantiated Maine
Child Protective Services case and the nature of that involvement.

I understand that:

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008. This release will expire upon the disclosure of the information as authorized. o The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine; a postage paid return envelope is enclosed.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine; a postage paid return envelope is enclosed.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH: _____ ALIASES (including maiden): _____

SIGNATURE: _____ DATE: _____

MAINE ADDRESS: _____

RESULT BELOW (To be completed by DHHS):

As of _____, this person has no substantiated findings of Child Abuse or Neglect in the State of Maine.

DHHS, OCFS, Child Protective Staff

IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT →

Updated 2019

**MAINE DEPARTMENT OF EDUCATION
APPLICATION FOR INITIAL EDUCATIONAL APPROVAL**

1. NAME (First, MI, Last, and optional suffix such as Jr., III)		2. Social Security Number		3. Other name(s) under which Your records are filed		DATE	
4. Mailing Address			5. EMAIL Address		6. City or Town		7. State
8. Zip Code	9. Home Phone	10. Sex ____ Male ____ Female	11. Date of Birth / / mo. day yr.	RETURN TO: DEPARTMENT OF EDUCATION CERTIFICATION OFFICE 23 STATE HOUSE STATION, AUGUSTA, ME 04333-0023			

THE FOLLOWING QUESTIONS MUST BE ANSWERED AND THE BOX CHECKED:

1. Have you ever had any professional certificate or license revoked or suspended or voluntarily surrendered it? YES _____ NO _____
2. Have you ever received a reprimand or other disciplinary action involving any professional certification or license? YES _____ NO _____
3. Have you ever been convicted of any misdemeanor or felony offense no matter the age? (this would include OUI's) YES _____ NO _____
4. Have you ever been substantiated by any states health and human services department for child abuse, either sexual or physical? YES _____ NO _____
5. Are you required to register as a sex offender in any state? YES _____ NO _____
6. Do you currently have any outstanding criminal charges or warrants of arrest pending against you in this state or another state or country? YES _____ NO _____
7. Have you ever been investigated by an employer for inappropriate conduct or left a position while an investigation was pending; or to stop an investigation from moving forward? YES _____ NO _____

If the answer is yes to any of the above, please attach a detailed explanation.

- I understand that this application contains no misrepresentations or falsehoods. I understand that misrepresentations or falsehoods may be cause for denial or revocation of my educational credential. I understand that I must notify the Commissioner of the Maine Department of Education in writing within 30 days if in the future the answers to any of these questions change.

Have you had your fingerprints taken as required by the Criminal History Record Check? (See enclosed instructions.)

_____ YES _____ NO

If yes, where _____ Date: _____

I authorize the Dept. of Education to charge the applicable fees for this application:

M/C ___ VISA ___ EXPIRATION DATE _____ CREDIT CARD NUMBER _____

I hereby declare or affirm under penalty in the law for unsworn falsification that this application, and any supporting documentation provided in support of this application, contains no willful misrepresentations or falsifications and that the information given by me is true, accurate, and complete to the best of my knowledge and belief, and so far as based on information and belief, I believe the information to be true. I understand that my answers may be verified and that I may be declared ineligible for certification and subject to civil or criminal penalties if there are any misrepresentations.

SIGNATURE OF APPLICANT _____ **DATE** _____