

Regional Transportation Program

Application for Employment for Part-Time Driver

Name: _____ Date: _____
Last Name, First Name

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

Email: _____ Available to Start on: _____

Were you employed previously by RTP? Yes No Dates _____
Are you legally eligible to work 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

EDUCATION

Do you have a high school diploma or a GED?

Certification Obtained?
 Yes No

School Name: _____

School Location: _____

Other Schooling Name: _____

Yes No

Area of Study: _____

Certification Name: _____

How many years did you attend this school? _____

Other Schooling Name: _____

Yes No

Area of Study: _____

Certification Name: _____

How many years did you attend this school? _____

SERVICE RECORD

Branch of Service _____ Discharge Date _____ Rank _____

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

WORK HISTORY

If you attach a resume that covers the requested information, you may skip this section.

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 _____

ADDITIONAL INFORMATION

Please note any additional skills, training or experience that relates to your ability to perform the position.

DRUG & ALCOHOL TESTING

If you have worked in a "Safety Sensitive" position within the past 2 years AND were subject to DOT pre-employment and random drug testing, check the "yes" box. **If you are unsure, please leave this blank.**

Yes No

REFERENCES

Please list three people that are not related to you who 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

_____ I understand that any job offer is contingent upon results of pre-employment drug testing, criminal background checks, motor vehicle checks & DHHS checks, & that continued employment with RTP would be contingent on maintaining those satisfactory results for any future checks. I release RTP, its directors, officers, agents & employees from any claim arising in connection with the use of such examination.

_____ I have reviewed the attached documents titled, "Job Description" and "DOT Functional Assessment," and I certify that to the best of my knowledge, I am able to perform the essential functions of the job with or without reasonable accommodations.

_____ I understand that participation in the Alcohol and Drug program is a condition of employment, and that I must receive a "negative" test result before I may perform a "Safety Sensitive" function.

_____ I understand that at hiring and then on an ongoing basis, RTP uses "Driver Selection Standards," which assign point values to various driving violations to determine if I am eligible to drive for RTP. I understand that I can review the criteria at any time by asking for a copy of the Driver Selection Standards, that if at any time my score goes above the acceptable limit, I am no longer eligible to drive for RTP.

_____ I understand that per the Commercial Motor Vehicle Safety Act of 1986 I may only have one driver's license (which must be issued by the State of Maine) and agree to surrender any driver's licenses issued by any other state to the state which issued that license. I agree to notify RTP of any traffic violations/citations (except parking tickets), license restrictions, suspensions, revocations, and/or cancellations immediately and within 30 days of their occurrence, regardless of the jurisdiction or severity of the violation, and regardless of if the infraction was with my personal vehicle or in a company-owned vehicle. Additionally, I agree to report to RTP all commercial driving done within the last 10 years.

_____ 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

Notice: The position you are applying for requires passing the following pre-employment checks: Criminal History, DHHS background, DOT Drug and Alcohol, and References. RTP will pay for all required checks. RTP is an equal opportunity employer and does not discriminate based on race, color, national origin, ancestry, religion, gender, disability, veteran status, age, sexual orientation, marital status, or genetic information. If you need an accommodation to complete this application, participate in an interview, or in employment, please consult the hiring manager.

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.

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: Manager of Transit Operations, but works with entire Dispatch team.

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

DOT FUNCTIONAL ASSESSMENT

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

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RELEASE 7 DOCUMENTATION OF PRE-EMPLOYMENT TESTING

Information by Applicant Required by 49 CFR 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 _____

Witness _____

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

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**Regional Transportation Program
Pre-Employment Urinalysis & Breath Analysis 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