



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**

OR

HumanResources@RTPrides.org

Please enclose a photocopy of your driver's license.

**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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Dates _____
Are you legally eligible to work in the USA?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Are you over the age of 21?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Have you had your US driver's license for at least 5 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

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

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

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

The Department of Transportation categorizes certain jobs as "Safety Sensitive." If you have worked in a "Safety Sensitive" position within the past two years and were subject to DOT pre-employment and random drug testing, check the "yes" box. Yes No
If you are unsure, please leave this blank for now.

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

Additional Information

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

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 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 DHHS checks, and I release RTP, its directors, officers, agents and 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.
- _____ 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

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

Date

**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

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