

DRIVING EXPERIENCE RECORD

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, BUS, CAR., PICKUP)	FROM	TO	Comments

EXPERIENCE AND QUALIFICATION

(All driver licenses held last 3 years.)

STATE	LICENSE NO.	CLASS	EXPIRATION DATE

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Have you ever been disqualified subject to Section 391.15 of the Federal Motor Carrier Safety Regulations? Yes No (if the answer to either A, B, or C is yes, attach statement providing details)

ACCIDENT RECORD FOR PAST THREE YEARS

MO.-YR.	TYPE ACCIDENT	TYPE EQUIPMENT	DEATH OR INJURIES INVOLVED	NIGHT OR DAY	PREVENTABLE

APPLICANT: READ AND SIGN BEFORE COMPLETING THIS APPLICATION:

I hereby give authority to the employer or his agents to investigate my background in order to ascertain any and all information of concern to my record, whether same is of record or not, and I release employers and persons named herein from all liability for any damages on account of his furnishing such information.

I understand that misrepresentation or omission of facts asked for on this employment application will, if I am hired, result in my immediate discharge.

It is also agreed and understood that I will furnish such additional information and complete such examinations as may be required to complete my employment file.

I understand that this application does not represent an employment contract and that, if hired, my employment can be terminated, with or without cause, at any time at the option of either the Company or myself.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date _____
 Applicant's _____
 Signature _____

Interview date _____ Hire Date _____
 If not hired, note reason why _____
 Remarks _____
 Date Interviewer's Signature _____

APPLICANT, DO NOT WRITE BELOW THIS LINE. FOR COMPANY USE ONLY.

APPLICANT'S AUTHORIZATION
TO OBTAIN PAST CONTROLLED SUBSTANCES AND ALCOHOL TEST RESULTS

I, _____, understand that as a condition of hire with **Indiana County Transit Authority** I must give them written authorization to receive the results of all DOT-required controlled substances and/or alcohol tests (including any refusals to be tested) from ALL companies for which I have worked as a driver, or for which I took a pre-employment controlled substances and/or alcohol test, during the past two (2) years. I also authorize **Indiana County Transit Authority** to contact and receive results from any consortium that represents the companies I worked for or applied to. I understand that my signing of this authorization does not guarantee me a job or guarantee that I will be offered a position with **Indiana County Transit Authority**

Listed below are ALL of the companies for which I worked as a driver, or to which I applied as a driver during the past two (2) years. I authorize **Indiana County Transit Authority** to obtain from those companies, and I authorize those companies to furnish **Indiana County Transit authority**, the following information concerning my controlled substances and alcohol tests: (I.) all positive controlled substances test results during the past two (2) years; (II.) all alcohol test results of 0.04 or greater during the past two (2) years; (III.) all alcohol test results of 0.02 or greater but less than 0.04 during the past two (2) years; (IV.) all instances in which I refused to submit to a DOT-required controlled substances and/or alcohol test during the past two (2) years.

The following is a list of ALL of the companies for which I worked as a driver, or to which I applied for work as a driver, during the past two (2) years:

<u>Company name & address</u>	<u>Dates worked for/applied to</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

APPLICANT CERTIFICATION:

I have read and understood this authorization to release my past controlled substances and alcohol test results. I certify that all of the information which I have furnished on this form is true and complete, and that I have identified ALL of the companies for which I have either worked, or applied for work, as a driver during the past two years.

Signature of Applicant _____
Print Name _____
Last 4 SS# _____ DOB _____

