



To All Prospective Employees:

Cape Girardeau County Transit Authority appreciates you taking the time to apply with us. We hope that your experiences with Cape Girardeau County Transit Authority will be enjoyable once the pre-employment process and final disposition of your application has been rendered.

For consideration of employment, all forms attached must be filled out in their entirety. Any information left blank will be an automatic exclusion for consideration of employment.

You, the applicant, must have proof of a valid driver's license with either a CLASS-E ENDORSEMENT or higher and/or a CHAUFFEUR'S ENDORSEMENT for those that possess a license outside the state of Missouri before consideration of employment.

Cape Girardeau County Transit Authority is a federally funded, non-profit organization and we are not able to hire any person that has had a felony conviction. If you, the applicant, have had a felony conviction you cannot be considered for employment.



CONSENT TO RELEASE INFORMATION

I hereby give my permission to Cape Girardeau County Transit Authority to obtain information relating to my criminal and driving history. The background check history record, as obtained from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this record will be used, in part, to determine my eligibility for a position with Cape Girardeau County Transit Authority. I also understand that as long as I remain an employee with Cape Girardeau County Transit Authority, background checks may be repeated at any time.

I hereby release and discharge Cape Girardeau County Transit Authority, and each of its officers, directors, employees, and agents from and against any and all causes of action, liabilities, and claims resulting from the investigation of my background in connection with my application to become an employee. I further direct and authorize Cape Girardeau County Transit Authority and any investigative agency retained by Cape Girardeau County Transit Authority to conduct the background check and further authorize any third parties, who may be the custodians of, or in possession of, the requested information, to disclose such information in connection with this Authorization.

I understand that if Cape Girardeau County Transit Authority chooses not to extend an offer of an employment position to me based upon the information obtained pursuant to this authorization, that I will not contest said information.

I understand that, although furnishing my Social Security number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate, and that the Social Security number shall not be revealed to a third party except for the express purpose of conducting the background check.

Applicant Full Legal Signature

**Printed Full Legal Name (Including Middle Name)

____/____/____
Date

Social Security Number or Identification Number of Former Country of Residence



PRE-EMPLOYMENT DRUG/ALCOHOL TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, and/or breath for analysis, as shall be determined by Cape Girardeau County Transit Authority in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Cape Girardeau County Transit Authority and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Cape Girardeau County Transit Authority. I further agree to and hereby authorize the release of the results of said tests to the Cape Girardeau County Transit Authority.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at Cape Girardeau County Transit Authority.

I further agree to hold harmless the Cape Girardeau County Transit Authority and its agents and physicians from any liability arising, in whole or in part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Cape Girardeau County Transit Authority consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name

Social Security Number

Signature

____/____/____
Date

REV 12/08



Cape Girardeau County Transit Authority

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

All applicants must meet and are subject to Federal Motor Carrier Safety Administration Guidelines

POSITION APPLYING FOR: _____ DATE: ___/___/___

PERSONAL INFORMATION

Legal Name: First _____ Last _____ Middle Initial _____

Street Address _____ City _____ State _____ Zip Code _____

_____ / _____ / _____
Social Security Number _____ Date of Birth _____

Home Telephone Number _____ Other Telephone Number _____

E-mail: _____ (Optional)

Driver's License Number: _____ State: _____
(Missouri – must have a CLASS-E or higher. Other States – must have a CHAUFFEUR'S ENDORSEMENT)

Are you legally eligible for employment in the United States?

Yes No

United States Visa status, if applicable: _____

Have you ever been convicted of a felony? Yes No
If yes, please refer to the cover letter

Are you at least 21 years old? Yes No

EDUCATION

Name of High School Attended: _____

Address: _____
Street City State Zip Code

Dates Attended: From ____/____/____ To ____/____/____
Month/Year Month/Year

Did You Graduate? Yes No Still Attending

Degree Received/Subjects Studied: _____

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Name of College/University Attended: _____

Address: _____
Street City State Zip Code

Dates Attended: From ____/____/____ To ____/____/____
Month/Year Month/Year

Did You Graduate? Yes No Still Attending

Degree(s) Received/Subjects Studied: _____

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Name of Graduate School/Technical School/Other Attended: _____

Address: _____
Street City State Zip Code

Dates Attended: From ____/____/____ To ____/____/____
Month/Year Month/Year

Did You Graduate? Yes No Still Attending

Degree Received/Subjects Studied: _____

Special courses, training or experience acquired, including military experience:

EMPLOYMENT HISTORY *(Most Recent First)*

Name of Employer: _____

Address: _____
Street City State Zip Code

Job Title/Duties: _____

Dates of Employment

From: ____/____ To: ____/____ Full-Time Part-Time Temporary
Month/Year Month/Year

Starting Salary: _____ Ending Salary: _____

Name of Supervisor: _____

Phone Number: _____ May We Contact? Yes No

Reason for Leaving: _____

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Name of Employer: _____

Address: _____
Street City State Zip Code

Job Title/Duties: _____

Dates of Employment

From: ____/____ To: ____/____ Full-Time Part-Time Temporary
Month/Year Month/Year

Starting Salary: _____ Ending Salary: _____

Name of Supervisor: _____

Phone Number: _____ May We Contact? Yes No

Reason for Leaving: _____

POSITION INFORMATION

Have you ever worked for another Government or DOT entity? Yes No

Employment Status Desired: Full-Time Part-Time Temporary

What hours are you available to work?

If hired, when could you start?

How did you hear about this job?

SKILLS

Clerical/Office Skills: _____

Computer Skills: _____

Name(s) of Software Used: _____

- PC Mac WPM

Languages: _____

Other Special Knowledge or Skills: _____

Please describe any other experience, abilities, or skills that might be helpful in considering your application: _____

CERTIFICATION AND AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omission of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at-will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of Applicant

____/____/____
Date