



**TRIANGLE TRANSIT
Notice of Pre-Employment Screening Test**

Dear Applicant:

As part of its policy to provide employees with a safe, healthy and substance free work environment, Triangle Transit requires pre-employment drug screening.

If the drug test is confirmed as positive, the results will be considered in our decision to employ you and may result in a rejection of your application for employment or the withdrawal of a conditional offer of employment. You may request the results of your test within sixty (60) days of our notice to you of a decision concerning your employment.

You should also understand that Triangle Transit reserves the right to test employees at random for alcohol and drug use in post-accident situations and when there is reasonable suspicion to believe that an employee is under the influence of drugs or alcohol. We also reserve the right, under our policy, to search areas on Triangle Transit premises, including lockers, desks, cars, lunch boxes, and other containers for drugs and alcohol. A copy of our policy is available upon request.

Triangle Transit expects all applicants to truthfully and accurately answer questions on the attached form. Falsification or inaccuracies may produce grounds for denying an application and/or terminating employment. Triangle Transit will initiate procedures as are necessary to effectively enforce its policy. Procedures may include the requirement for employees to cooperate in personal or facility searches when the presence of drugs or alcohol is suspected; in employee medical screening where employee judgement or performance is impaired; and where employee behavior is erratic or employee accidents have occurred. Refusal to cooperate with these procedures may subject employees to discipline and/or termination.

“Illegal drugs” are defined as “controlled substances” under 49 CFR 40.21 of the Drug and Alcohol Act:

- Marijuana
- Opiates
- Amphetamines
- Cocaine
- Phencyclidine (PCP)

Employees taking prescription or nonprescription drugs should report their usage to a supervisor or manager if the effect influences the employee’s ability to perform assigned duties. Failure to follow this procedure may subject the employee to disciplinary action, up to and including termination.

Signature

Date

COMMERCIAL DRIVER LICENSE (CDL) INFORMATION

OBTAINING A CDL LICENSE OR PERMIT:

WRITTEN TESTS: Before operating a transit bus, an individual must pass three written true or false tests: a General Knowledge test, an Air Brakes test and a Passenger Test. In order to pass a person must score 80% or above on each test. Tests are administered by the North Carolina Department of Motor Vehicles (DMV) and may be taken at any Driver License Office. (Offices are open Monday through Friday from 8:00 a.m. to 5:00 p.m.). Call the DMV to confirm testing times before traveling to a DMV site.

APPLICANTS, WITHOUT EXCEPTION, MUST PASS ALL THREE WRITTEN TESTS AND OBTAIN A CDL LICENSE OR PERMIT BY THE FIRST DAY OF TRIANGLE TRANSIT'S TRAINING CLASS.

Qualifications also include three skill tests:

SKILL TESTS: In addition to written tests, applicants must also pass three types of skill tests to qualify for a CDL. Trainees who obtain a CDL Learner's Permit will be given the Skill Tests by a third party examiner. Skill tests will be administered near the end of training class.

NOTE: If an applicant currently holds a Class A or Class B CDL, but does not have a Passenger Endorsement on the license he/she must take the Passenger Test and get the Endorsement before meeting the qualifications to operate a transit bus.

**TRIANGLE TRANSIT
APPLICATION FOR EMPLOYMENT**

Mailing Address: P.O. Box 13787, Research Triangle Park, NC 27709

Location: Imperial Center
4600 Emperor Boulevard Suite #100
Research Triangle Park, NC 27703

Phone: (919) 549-9999

PLEASE READ CAREFULLY

Triangle Transit is firmly committed to a policy of non-discrimination in employment and to a program of achieving total equality of opportunity for all applicants.

1. Triangle Transit applications are accepted for current vacancies only. Current vacancies are published in the local newspapers as vacancies become available and on the Triangle Transit website (triangletransit.org).
2. A separate Triangle Transit application must be completed for each vacancy, although photocopies and facsimile copies are acceptable.
3. Please note the education and experience requirements for each position. They represent the minimum standards that applicants must meet or exceed to receive consideration for employment.
4. Applications must be received in the Triangle Transit offices no later than 5 p.m. on the established closing date.
5. Applicants must complete all parts of the application before it is defined as "complete". Resumes are welcome as a supplement, but are not accepted in lieu of the employment application. Failure to respond to all parts of the application will make it null and void.
6. Applicants will be required as a condition of employment to furnish documentation certifying their identity and eligibility to work in the United States.

An Equal Opportunity Employer

BEFORE SUBMITTING AN APPLICATION, PLEASE CHECK TO SEE IF YOU

1. Listed your phone number correctly and an alternate number where you can be contacted.
2. Listed your zip code correctly.
3. Gave complete and dated information on your training, education and work experience.
4. Completed the Equal Employment Opportunity section.
5. Signed and dated your application; unsigned applications cannot be processed.

Thank you for your interest in employment with the Triangle Transit. Our goal is to recruit the best qualified individuals available to serve the transit population. Although we cannot hire everyone, we can assure that each application is reviewed and considered.

Please know that every consideration is given regarding your application. We will contact you if we wish to schedule an interview.

Follow up phone calls are discouraged.

Application Job Title: _____ Date: _____

PERSONAL DATA

Name _____				
Last	First	Middle		
Last 4 Digits Social Security Number _____				
Present Address _____				
Street & No. – RFD or P.O. Box		City	State	Zip Code
Permanent Address _____				
Street & No. – RFD or P.O. Box		City	State	Zip Code
Telephone _____				
Home		Business		
If neither, where can you be reached? _____				

GENERAL INFORMATION

When will you be available for employment? _____

Are you a United States Citizen or legal alien authorized to work in the United States? Yes No

If you are subject to Selective Service Registration Requirement are you in compliance? Yes No

Are you seeking: Full-time Part-time Temporary

Do you work for Triangle Transit now? Yes No

Are you a former Triangle Transit employee? Yes No

If yes, please indicate: Department: _____ Date terminated: _____

Reason for termination _____

Are you related by blood or marriage to any person currently employed by Triangle Transit? Yes No

If yes, please indicate: Name: _____ Department: _____

Have you ever been convicted of an offense against the law or forfeited or been denied a fidelity bond?

Yes No

If yes, please explain _____

Note: A conviction record does not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, nature of the crime and type of job for which you are applying will be considered.

EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

Schools	Name and Location	Dates Attended	Grad?	Degree Received	Major Coursework
High School			Yes		
			No		
College University			Yes		
			No		
Graduate or Professional			Yes		
			No		
Other educational vocational school, etc.			Yes		
			No		

EMPLOYMENT DATA

In the spaces below, give an employment history that begins with a current or most recent employer. Include military, part-time, summer and significant volunteer work. Be sure to provide a complete history. If additional space is needed please attach a supplement sheet.

May we contact your present employer? Yes No

A. Employer:			Address			Phone:		
Job Title:			Name of Supervisor:			No. Supervised by you:		
Date Employed (mo/yr)		Starting salary \$ per		Ending Salary \$ per		Reason for leaving		
Date Separated (mo/yr)		Job Duties: (Be specific)						
Full time	Years	Months						
Part time	Years	Months						
If part-time, number of hours per week:								

B. Employer:			Address			Phone:		
Job Title:			Name of Supervisor:			No. Supervised by you:		
Date Employed (mo/yr)		Starting salary \$ per		Ending Salary \$ per		Reason for leaving		
Date Separated (mo/yr)		Job Duties: (Be specific)						
Full time	Years	Months						
Part time	Years	Months						
If part-time, number of hours per week:								

**APPLICATION FOR EMPLOYMENT
CONTINUATION SHEET**

Name: _____

Social Security Number: _____

C. Employer:			Address			Phone:			
Job Title:			Name of Supervisor:			No. Supervised by you:			
Date Employed (mo/yr)		Starting salary \$ _____ per		Ending Salary \$ _____ per		Reason for leaving			
Date Separated (mo/yr)		Job Duties: (Be specific)							
Full time	Years								Months
Part time	Years								Months
If part-time, number of hours per week:									

D. Employer:			Address			Phone:			
Job Title:			Name of Supervisor:			No. Supervised by you:			
Date Employed (mo/yr)		Starting salary \$ _____ per		Ending Salary \$ _____ per		Reason for leaving			
Date Separated (mo/yr)		Job Duties: (Be specific)							
Full time	Years								Months
Part time	Years								Months
If part-time, number of hours per week:									

E. Employer:			Address			Phone:			
Job Title:			Name of Supervisor:			No. Supervised by you:			
Date Employed (mo/yr)		Starting salary \$ _____ per		Ending Salary \$ _____ per		Reason for leaving			
Date Separated (mo/yr)		Job Duties: (Be specific)							
Full time	Years								Months
Part time	Years								Months
If part-time, number of hours per week:									

*If applicable, please list the shift you can work:

SKILLS

List field of work for which you are licensed, registered or certified; giving date(s) and source(s) of issuance:

If the position applied for calls for specific courses, please indicate those taken and credit hours received:

Do you have a valid driver license? Yes No State _____

List all states in which you have been licensed to drive in the past 7 years:

State(s) _____ Class/Type _____ Number _____ Exp. Date _____

State(s) _____ Class/Type _____ Number _____ Exp. Date _____

State(s) _____ Class/Type _____ Number _____ Exp. Date _____

NOTE: Verification of a valid driver license is a condition of employment.

Please indicate which of the following skills and/or experience you can demonstrate:

- | | |
|--|--|
| <input type="checkbox"/> Basic Computer | <input type="checkbox"/> Adding machine/Calculator |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Faxing and Scanning |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Other Microsoft Products |
| <input type="checkbox"/> Ability to Learn New Software | <input type="checkbox"/> Customer Service |

Types of equipment you operate: _____

REFERENCES

List three persons who are non-relatives and who have definitive knowledge of your qualifications for the position for which you are applying (i.e. teachers, coworkers). DO NOT repeat the names of supervisors listed previously.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION BY APPLICANT

I certify that, to the best of my knowledge, statements given truly represent my background and experience. In addition, I give the following Authorization to Release information. I hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application to provide the Triangle Transit any information requested. I further authorize the Triangle Transit to conduct a Police and Court Records investigation of my background and Driving Record Check. I further understand that the Triangle Transit will require a pre-employment drug screen and driver physical. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

Applicant's Signature

Date

**TRIANGLE TRANSIT
APPLICANT DATA RECORD**

Applicants are considered for positions for which they qualify. During their employment, employees are treated fairly without regard to race, color, creed, religion, sex, national origin, age, marital status, sexual orientation, military status, or any on-the-job related handicap or medical condition.

As an employer who complies with governmental record-keeping requirements, Triangle Transit would encourage you to complete this form; however, we emphasize that completion of this form is strictly voluntary. Data provided is separated physically from the contents of the employment application.

Date: _____ Position Applied For: _____

Name: _____ Date of Birth: _____

Personal Traits: (Check One)

- | | | |
|---------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Female | <input type="checkbox"/> Black | <input type="checkbox"/> Asian/Pacific Islander |
| | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other, please specify: _____ |

Check any that apply:

- Vietnam Era Veteran Disabled Veteran

How did you learn of this position? (Check One)

- | | |
|--|--|
| <input type="checkbox"/> The News and Observer | <input type="checkbox"/> Employment Security Commission |
| <input type="checkbox"/> Durham Morning Herald | <input type="checkbox"/> Internet |
| <input type="checkbox"/> The Carolinian | <input type="checkbox"/> Walk-in |
| <input type="checkbox"/> Career Builder | <input type="checkbox"/> Triangle Transit Employee _____ |
| <input type="checkbox"/> Other | Employee Name and Title |

Citizenship:

Are you a United States citizen?

- Yes No

If "No", under what legal authority do you exercise the right to work at the Triangle Transit?

Please provide types of legal documentation and verification number.

Transit Driver's Disclosure Form

Effective September 13, 1997, all motor vehicles records are subject to the Federal Driver's Privacy Protection Act (FDPPA) and General Statute (GS) 20-43.1. The FDPPA and (GS) 20-43.1 require that information in the Division of Motor Vehicle Records (MVR) be closed to the public. Personal information from these records may be released to individuals or organizations that qualify under one of the fourteen exceptions listed on the back on this form. These exceptions are summarized statements of permissible uses.

Name of Driver: _____

DL#: _____ State of DL#: _____ Phone # _____

Address of Driver: _____

By signing this form you are granting the company access to your personal information under exception number 13 of the FDPPA and GS 20-43.1

Name of Company: Triangle Transit

Signature of Driver: _____

Today's Date: _____

My signature on this document acknowledges that I understand that improper release of information and/or false representation to gain information from DMV'S record is prohibited and is subject to civil action.

Name of Company: Triangle Transit

Name of Contact/requester: Laurie Barrett

Date: _____ Phone #: 919-485-7450

Signature of Contact Person: _____

FEDERAL DRIVER'S PRIVACY PROTECTION ACT
Enacted by Congress August 14, 1994

Chapter 123, Section 2721 requires that personal information from the Division of Motor Vehicles' records be closed to the public. This refers to photos, social security numbers, drivers license numbers, names, addresses, telephone numbers and medical information.

General Purpose: The Division of Motor Vehicle, any officer, employee or contractor, therefore, shall not knowingly disclose or otherwise make available to any person or entity personal information about any individual obtained by the Division in connection with a motor vehicle record.

Permissible Uses: Personal information SHALL be disclosed for use in connection with matters of:

- A. Motor vehicle or driver safety and theft
- B. Motor vehicle emissions
- C. Motor vehicle product alterations, recalls or advisories
- D. Performance monitoring of motor vehicles and dealers by motor vehicle manufacturers
- E. Removal of non-owner records from the original owners if motor vehicle manufacturers to carry out purpose of the Automobile Information Act, the Motor Vehicle Information and Cost Saving Act, the National Traffic and Motor Safety Act of 1966, the Anti-Car Theft Act of 1992 and the Clean Air Act.

Exceptions:

Personal information MAY be released for the following reasons: (Law qualifying number on release)

- 1. For use by any government agency, or any private person or entity acting on behalf of a Federal, State, or local agency in carrying out its functions.
- 2. For use in matters of motor vehicle or driver safety and theft, motor vehicle emissions, motor vehicle product alterations, recalls or advisories, performance monitoring of motor vehicles, motor vehicle parts and dealers, motor vehicle market research activities, including survey research, and removal of non-owner records from the original owner records of motor vehicle manufacturers
- 3. For use in the normal course of business by a legitimate business, but only:
 - a. To verify accuracy of personal information
 - b. To obtain correct information, but only for purposes of:
 - 1. Preventing fraud by the individual
 - 2. Pursuing legal remedies against the individual
 - 3. Recovering on a debt or security interest against the individual
- 4. For use in connection with any civil, criminal, administrative, or arbitrate proceeding in any Federal, State or local court or agency (includes the execution or enforcement of judgments and orders or court orders)
- 5. For use in research activities and statistical reports
 - a. Personal information must not be:
 - 1. Published
 - 2. Redisclosed
 - 3. Used to contact individuals
- 6. For use by insurance companies in connection with claims investigation, antifraud activities, rating or underwriting.
- 7. For use in providing notice to owners of towed or impounded vehicles
- 8. For use by private investigators or licensed security service
- 9. For use by employer to verify information regarding CDL
- 10. For use in connection with private toll facilities
- 11. For any other use if person has opportunity to refuse disclosure on DMV forms (Prohibited by NC General Statute 20-43.1).
- 12. For bulk surveys, marketing or solicitations (Disclosure must be in accordance with NC General Statute 20-43.1)
- 13. For use by any requester that has obtained written consent of the individual to whom the information pertains.
- 14. For any use specifically authorized under the law of the State that holds the record, if such use is related to the operation of a motor vehicle or public safety.