

APPLICANT FLOW DATA

Applicants are considered without regard to race, color, creed, national origin, religion, sex, disability, age, marital status, or veteran status. The information requested below will be used to determine the effectiveness of our recruitment efforts and to meet Federal Requirements. This data will be kept separate from your employment file. Your answers will not affect your employment opportunities.

PLEASE CHECK (OR FILL IN) THE APPROPRIATE RESPONSE IN "EACH" CATEGORY

POSITION APPLYING FOR: Driver
 Automotive Technician
 Dispatcher
 Data Entry/Reservationist
 Other

CURRENT EMPLOYMENT STATUS: Student
 Homemaker
 Employed
 Second Job
 Changing Jobs
 Unemployed

ETHNIC BACKGROUND: Black/African American
 Hispanic
 Asian/Pacific Islander
 Native American/Alaskan
 White/Caucasian

GENDER: Female
 Male



HOW DID YOU LEARN ABOUT THE POSITION? PLEASE CHECK "ALL" THAT APPLY!

<input type="checkbox"/> Rehire	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Transit Team Employee	<input type="checkbox"/> Community Agency: Which _____
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> School: Which _____
<input type="checkbox"/> Car/Truck Decals	<input type="checkbox"/> Telephone Book
<input type="checkbox"/> Employment News	<input type="checkbox"/> Employment Weekly
<input type="checkbox"/> Job Dig	<input type="checkbox"/> Other Newspaper: Which _____

RELEASE TO GIVE REFERENCE

In order to provide Transit Team, Inc. with information and opinions that may be useful to Transit Team, Inc. in its hiring decisions, I hereby authorize any person, school, current or past employer, organization or entity disclosed in my resume, application or interview to provide any information regarding me, including without limitation, information concerning my performance, reputation and character. I acknowledge that the information divulged may be negative or positive with respect to me. Nevertheless, pursuant to this authorization, I unconditionally release such person, school, employer, organization or entity from any and all legal liability for furnishing such information and in making such statements.

A photocopy of this signed release shall have the same force and effect as the original release signed by me.

Applicant Signature: _____

Applicant Name (Please Print): _____

Drug / Alcohol Test Request

Employer:	<u>Transit Team, Inc.</u>		
Location:	1154 N 5 th St. Minneapolis, MN 55411		
Collection site:			
Lab acct. #:			
Employer address:	1154 N 5 th St. Minneapolis, MN 55411	Date test to be done:	
Donor name:		Soc. sec. #:	
Donor is regulated by the following agency: <input type="checkbox"/> FMCSA (DOT) <input type="checkbox"/> RSPA (DOT) <input type="checkbox"/> FAA (DOT) <input type="checkbox"/> FTA (DOT) <input type="checkbox"/> FRA (DOT) <input type="checkbox"/> USCG (DOT) <input checked="" type="checkbox"/> non- DOT <input type="checkbox"/> other _____ -	Company Representative Fax This Form To 866-262-8693	The following procedure(s) should be completed: <input checked="" type="checkbox"/> drug screen urine specimen collection only <input type="checkbox"/> breath alcohol test only <input type="checkbox"/> both urine collection and breath alcohol test <input type="checkbox"/> physical _____ _____ _____ other	The reason for testing is: (please check one) <input checked="" type="checkbox"/> pre-employment <input type="checkbox"/> random <input type="checkbox"/> post-accident <input type="checkbox"/> reasonable suspicion <input type="checkbox"/> follow-up <input type="checkbox"/> return-to-duty <input type="checkbox"/> other

ATTENTION DRUG SCREEN URINE SPECIMEN COLLECTOR:

- 1) Please use the pre-printed chain-of-custody form already supplied to your facility or brought in by the donor (the Medical Review Officer should be listed as **Dr. Stuart Hoffman** or **Medical Review Services**). If you do not have a pre-printed form, call ChoicePoint Client Relations immediately at (866) 489-3839. They will help you customize a form to use for this collection. **DO NOT SEND THE DONOR AWAY.**
- 2) Please fax the completed MRO copy of the chain-of-custody form immediately to:
 Medical Review Officer, 866-355-1297 c/o Medical Review Services, 480 Quadrangle Dr. Ste. A, Bolingbrook, IL 60440

ATTENTION BREATH ALCOHOL TECHNICIAN (BAT): Please complete BOTH of the following steps

- 1) Please report the test result as follows:
 - Immediately **fax** a copy of the testing form, front and back, including all EBT printouts, to our toll free, secured and confidential fax at (800) 595-0054, ATTN: BAT Review
 - If the result is **POSITIVE** (confirmation test result of .020 or greater), please also **immediately** (while the donor is still there if possible) **phone** the **DER** of the company indicated.
- 2) Please fax the employer copy of the testing form to the employer listed above.

Drug and Alcohol Testing Procedures

As required by the company policy, you have been scheduled for an appointment at the collection site listed on the reverse-side of this sheet for a drug and/or alcohol test. Please report to this site at the time scheduled and be prepared to provide a urine specimen of approximately two (2) ounces for drug testing. An alcohol test may also be required.

Strict privacy will be provided during specimen collection unless otherwise required or allowed by DOT urine specimen collections procedures. The collections site must immediately perform an observed collection if: 1) the collector is directed by the Designated Employer Representative to do so; 2) the collector observed materials brought to the collection site or the employees conduct clearly indicated an attempt to tamper with the specimen; 3) the temperature on the original specimen was out of range; or 4) the original specimen appeared to have been tampered with.

The collection process for drug testing will consist of the following:

- Provide collector with the “*Non-DOT Regulated Test Appointment Form*” (Form MF101/reverse-side of this sheet).
- Present government issued personal identification (Photo I.D.) or company issued badge to collector.
- Coats, briefcases, hats, purses, etc. are not allowed into the collection room.
- You will be instructed to wash your hands before the collection.
- You will be provided with a private area to void unless otherwise specified. If you are unable to provide a urine specimen, you will be given up to forty (40) ounces of fluid during a three (3) hour period. If you remain unable to provide a void after the three (3) hour period, your DER will be contacted and you will be instructed on how to proceed.
- Keep your specimen container in sight at all times until sealed for transportation.
- Fill out the Custody & Control Form (CCF) completely.
- All drug test results will be processed through a U.S. Department of Health & Human Services/Substance Abuse & Mental Health Services Administration (HHS/SAMHSA)-certified laboratory and will be forwarded to the Medical Review Officer (MRO) at ChoicePoint.
- The results from the MRO will be directed to your employer’s Designated Employer Representative (DER).

The collection process for alcohol testing will consist of the following:

- A blood draw (Coast Guard only); or
- A screening test utilizing an Evidential Breath Testing (EBT) device or a saliva alcohol testing device.
- If the screening test registers above the established cut-off level, a confirmatory test by breath or blood is required.

NOTE: Failure to comply with this “Test Appointment Form” may be grounds for disciplinary action, up to and including termination or being considered unqualified for employment by the company.

**MF101 DOT – Reverse (1/04)
ChoicePoint**

Test Notification Appointment Form

Employee/Applicant: Please review the Drug/Alcohol Testing Procedures on the reverse side.

Company Name: _____ Location: _____

Print Employee/Applicant's Name: _____

Date: _____ Social Security Number: _____

Home Phone Number: (_____) _____

Type of DOT Test Scheduled (check one):

- Pre-Employment Post-Accident Random
 Reasonable Cause Return-to-Duty
Other _____
 Post Rehabilitation/Follow-Up Periodic (Coast Guard Only)

Type of Test(s) Required:

- Drug Test Blood Alcohol Test (Coast Guard only)
 Saliva Alcohol Test (QED) Breath Alcohol Test (EBT)

Clinic Name: _____

Clinic Phone Number: (_____) _____

Clinic Address: _____

City, State & Zip: _____

Test Appointment Date: _____

Time: _____ a.m./p.m.

Pre-Employment/Pre-Placement Acknowledgement Form

Pre-Employment Tests Only:

Applicants, please read and sign below.

I HEREBY ACKNOWLEDGE that I have been informed by the Company of the requirement to submit to a pre-employment drug and/or alcohol test, as required by the Company policy. I understand that the Company Policy requires all prospective employees submit to a drug and/or alcohol test. A urine specimen will be collected at a site selected by the company and tested for drugs at a HHS/SAMHSA-certified laboratory. The laboratory results of the drug test will be reviewed, reported, and maintained by the Medical Review Officer (MRO) selected by the company. If the drug test result is negative, the MRO will report the test result to the company. I will be given an opportunity to discuss a positive laboratory test result with the MRO before the drug test is reported to the company as a verified positive.

I understand that if my drug and/or alcohol test is verified/confirmed as positive, if it is determined that there has been any interference with the collection or testing process (including adulteration and/or switching specimens) or if I refuse to submit to the required pre-employment drug and/or alcohol test, I will be considered unqualified for employment in a safety-sensitive position by the Company.

I also understand that, if hired, I will be required to submit to additional drug and/or alcohol tests as outlined in the Company policy and supportive material.

I acknowledge that the Company's offer of employment is conditioned on a negative test result..

If you have any questions, please discuss them with the Company before signing.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____ Date: _____

Required if applicant is less than 18 years of age:

I am the parent/guardian of _____. I hereby consent to his/her participation in a pre-employment drug and/or alcohol test as detailed above. I understand that test results will only be disclosed to the applicant.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Date: _____

NOTE: This certificate should be retained in a secured file.

Notice and Authorization

I, _____ hereby consent and authorize Transit Team, Inc. to prepare or cause to be prepared a consumer report including, but not limited to obtaining a consumer report and information as to my character, general reputation, personal characteristics MVR records and criminal records. This report may involve personal interviews with sources such as neighbors, friends, associates, past employers and educational institutions. Public records may be used in this report, such as civil and criminal records (as reported by the BCA) and driving records that are deemed to have a bearing on my job performance. *In using a consumer report for employment purposes, before taking any adverse action based in whole or part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates, a copy of the report and a description in writing of the rights of the consumer under this title, as prescribed by the Federal Trade Commission section 609(c)(3)*.

Date: _____ **Signature:** _____

Print Name: _____

Address _____

City _____ **State** _____ **Zip** _____

Social Security Number _____ **Date of Birth** _____

Other Names Used (maiden, alias etc.)

Please check the following states also:
