

**\*\*ATTN: SOME PAGES NEED TO BE FILLED  
OUT ON BOTH SIDES\*\***

**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  
MARK ALL THAT APPLY**

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 or Latino  
    Asian  
    Native Hawaiian/Pacific Islander  
    American Indian/Alaskan Native  
    White/Caucasian

GENDER:       Female  
    Male

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**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): \_\_\_\_\_



**1154 NORTH 5th ST MINNEAPOLIS MN 55411**

**Driver Record Check From**

To: Corporate 4 Insurance Agency  
7220 Metro Blvd.  
Edina, MN 55439

Phone: (952) 893-9218  
Fax: (952) 893-9402

From: Transit Team, Inc.  
1154 N 5<sup>th</sup> Street  
Minneapolis, MN 55411

Phone: (612) 332-3323  
Fax: (612) 332-7075

**Employment Status:** \_\_\_\_\_ **Applicant** \_\_\_\_\_ **Current Employee**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Please Circle Yes or No For Each Question:**

Have you ever been denied a driver's license or had one suspended or revoked? Yes No

Have you had any violations in the past 5 years? Yes No

Have you had any auto accidents in the past 5 years? Yes No

If the answer to any question was "Yes", please explain (give dates of violations and/or accidents)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I am aware that a consumer report (MVR) will be obtained on me in the course of consideration for employment and every six months while employed with Transit Team, Inc. I hereby grant permission to Corporate 4 Insurance Agency, Insurance Information Exchange (IIX), TLT Research and/or Transit Team, Inc. to secure a Motor Vehicle Report on me. I also affirm that the statements made above are stated truthfully and without reservation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This release expires at the end of employment with Transit Team, Inc. or in six months for non-hired applicants.**

**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.)**

\_\_\_\_\_

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Please check the following states also:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MN/DOT has issued new STS guidelines. Part of these new guidelines affects the way we do the Motor Vehicle Records and Criminal Background reports.

**MVR**

We will now need a check to be done on any other Drivers License you have held in the last three years.

Please list any other states you have held a DL in for the last three years.

If you have only held a Minnesota drivers license for the last 3 years, please initial here \_\_\_\_\_

Otherwise, please list below any drivers license held for 3 years prior.

| State | Name held in | Number |
|-------|--------------|--------|
| _____ | _____        | _____  |
| _____ | _____        | _____  |
| _____ | _____        | _____  |

**CRIMINAL BACKGROUND**

We will now need a check to be done in any other state you have lived in for the last ten years.

If you have only lived in Minnesota for the last 10 years, please initial here \_\_\_\_\_

Otherwise, please list below any other states you have lived in for 10 years prior.

| State | Name used if different |
|-------|------------------------|
| _____ | _____                  |
| _____ | _____                  |
| _____ | _____                  |
| _____ | _____                  |

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# DOT-Regulated Test Notification Appointment Form

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

Company Name: Transit Team, Inc. Location: Minneapolis, MN

Print Employee/Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**Relevant DOT Operating Administration:**

FMCSA     FTA     FAA     FRA     PHMSA     Coast Guard

**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.              |

**NOTICE TO INDIVIDUALS SUBJECT TO DOT-TESTING:** You are hereby notified that the above-described drug and/or alcohol test is required pursuant to the Department of Transportation testing regulations set forth in 49 CFR Part 382 (FMCSA), 49 CFR Part 655 (FTA), 14 CFR Part 121 App. I & J (FAA), 49 CFR Part 219 (FRA), 49 CFR Part 199 (PHMSA), or 46 CFR Parts 4 and 16 (Coast Guard). This notice is provided to you in accordance with the applicable regulations.

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

# **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 “*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 Lexis Nexis.
- 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.

# **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 U.S. Department of Transportation (DOT) regulations and Company policy. I understand that the DOT regulations require all prospective employees for safety-sensitive positions 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 required by DOT regulations and 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 and I will not be allowed to perform safety-sensitive functions unless and until I pass the required pre-employment drug and/or alcohol test.

***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.***





1154 NORTH 5th ST MINNEAPOLIS MN 55411

**To All Applicants or Current Employees Applying  
For Safety Sensitive Positions:**

Please Print

Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two (2) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, Transit Team Inc. cannot use you to perform safety-sensitive functions, until and unless you document successful completion of the return-to-duty process as stated in Federal Department of Transportation Regulations 49 CFR Part 40. Please send this documentation to Transit Team Inc. Human Resources, Attn: Susie Deisch, 1154 5<sup>th</sup> Street North, Minneapolis, MN 55411.

**Authorization for Past Drug and Alcohol Test Results**

I hereby authorize my former employers to release to Transit Team Inc. the following information about me that has occurred within the past two (2) years from the date of this inquiry:

1. Alcohol test with a result of 0.04% or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested (including verified adulterated or substituted drug test results);
4. Other violations of DOT agency drug and alcohol testing regulations; and
5. With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests).

I understand that as a requirement for consideration for employment with Transit Team Inc., federal regulations require me to give written authorization to Transit Team Inc. to obtain the results of the above DOT required Drug and Alcohol tests (including any refusals to be tested) from all of the companies for which I was employed in a safety sensitive position for the past two (2) years. I understand that my signing of this authorization does not guarantee that I will be offered a position with Transit Team Inc. This information is to be released to Transit Team Inc. pursuant to Federal Department of Transportation Regulations 49 CFR Part 40.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date