

TO: All Applicants of Ottumwa Transit Authority
RE: Application Process
DATE: October, 2005

Attached to this cover letter are the application forms that must be completed to apply for any position within the Ottumwa Transit Authority. Also included is the job description and physical requirements for the position open. Each applicant must provide the following information.

Driver's License Information

- 1. Current Driver's License Number: _____
- 2. Current CDL Number: _____
- 3. Endorsements: _____ Expiration Date: _____

Pre-employment Information

I understand that in the event an offer of employment is made, I will be subject to:

	YES	NO
1. Driver's License Check	_____	_____
2. Iowa Criminal History Check	_____	_____
3. Iowa Child Abuse Check	_____	_____
4. Pre-employment Physical	_____	_____
5. Pre-employment Drug Screening	_____	_____
6. Pre-employment Hearing Test	_____	_____

This information will be obtained at the employer's expense.

Further, I understand that if I accept this offer, but fail to continue for a period of 90 days, I will be responsible for pre-employment expenses incurred. _____ YES _____ NO.

Post-employment Information

I understand that in the event I accept an offer of employment, I will:

	YES	NO
1. Complete the Specified Training	_____	_____
2. Abide by all rules and regulations	_____	_____

Including, but not limited to: Drug/Alcohol Testing, Personnel Policies and Procedures.

BY MY SIGNATURE, I CERTIFY THAT ANSWER GIVEN ARE TRUE AND COMPLETE.

Signature

Date

**STATE OF IOWA
NON-LAW ENFORCEMENT RECORD CHECK REQUEST
FORM A**

TO: Iowa Division of Criminal Investigation
Bureau of Identification
Wallace State Office Building
Des Moines, IA 50319
(515)281-5138 (voice – days)
(515)281-4776 (voice – evenings)
(515)242-6876 (fax)

FROM: Ottumwa Transit Authority
Attention: Pam Ward
2417 S. Emma Street
Ottumwa, IA 52501
(641)683-0695 (voice)

(641)683-0671 (fax)

I am requesting an **Iowa Criminal History** check on:

(Type or Print Legibly)		
REQUEST		
<hr/> Last Name (Mandatory)	<hr/> First Name (Mandatory)	<hr/> Middle Name (Recommended)
<hr/> <hr/> / <hr/> / <hr/>	<hr/>	<hr/>
Date of Birth (Mandatory)	Sex (Mandatory)	Social Security Number (Recommended)
<hr/> Signature of Requestor		

There is a separate Form "A" required for each last name submitted.

DCI Use Only	
RESULTS	
As of _____, a name and date of birth check revealed:	
CCH Record Attached <input type="checkbox"/>	No CCH Record Found <input type="checkbox"/>
DCI Initials _____	

WAIVER	
I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.	
<hr/> Signature	<hr/> Date

AUTHORIZATION FOR RELEASE OF CHILD ABUSE INFORMATION

This form must be used to authorize release of child abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person about whom information is requested. Send both copies to the Central Abuse Registry, Iowa Department of Human Services, Hoover Building, Fifth Floor, Des Moines, Iowa 50319-0114.

PART A: To be completed by the person requesting information.

1.	Requester			
	Address			
	City	State	Zip Code	Phone Number ()
	2. The information concerns:			
2.	Name (first, middle initial, last):			
	Maiden Name or Alias (if applicable):		Birth Date	Social Security Number
	Address:			
	City:	State	Zip Code	County
3.	What is the purpose of your request for child abuse information?			
4.	I have read and understand the legal provisions for handling child abuse information which are printed on the back of this form.			
	Signature:			Date:

PART B: To be completed by the person authorizing the Department of Human Services to release child abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry in a child abuse report as having abused a child (Iowa Code 235A.15). To the best of my knowledge, all or part of the information contained in Part A of this form is correct.	
Signature:	Date:

PART C: To be completed by the Central Abuse Registry or designee.

1.	<input type="checkbox"/> The person named in item A-2 is listed on the Child Abuse Registry as having abused a child.
2.	<input type="checkbox"/> The person named in item A-2 is not listed on the Child Abuse Registry as having abused a child..
3.	<input type="checkbox"/> This request for information is denied because the form is incomplete.
Signature:	
Date:	
Comments:	

LEGAL PROVISIONS FOR THE HANDLING OF CHILD ABUSE INFORMATION

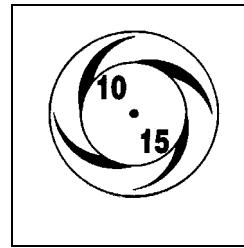
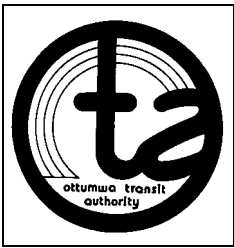
Redissemination of Child Abuse Information (Iowa Code 235A.17)

A person, agency, or other recipient of child abuse information shall not redisseminate this information. However, redissemination is permitted when all of the following conditions apply:

- ◆ The redissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom the information would be redisseminated would have independent access to the same information under Iowa Code Section 235A.15.
- ◆ A written record is made of the redissemination, including the name of the recipient and the date and purpose of the redissemination.
- ◆ The written record is forwarded to the Registry within 30 days of the redissemination.

Criminal Penalties (Iowa Code 235A.21)

- ◆ Any person is guilty of a criminal offense when the person:
 - Willfully requests, obtains, or seeks to obtain child abuse information under false pretense.
 - Willfully communicates or seeks to communicate child abuse information to any agency or person except in accordance with Iowa Code Sections 235A.15 and 235A.17.
 - Is connected with any research authorized pursuant to Iowa Code Section 235A.15 and willfully falsifies child abuse information or any records relating to child abuse.
- ◆ Upon conviction for each offense, the person shall be punished by a fine of up to \$1,000 or imprisonment for not more than two years, or by both fine and imprisonment.
- ◆ Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child abuse information except in accordance with Iowa Code Sections 235A.15 and 235A.17 shall be fined not more than \$100 or be imprisoned not more than ten days for each such offense.
- ◆ Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapter 235A shall be grounds for the immediate withdrawal of any authorized access that the person might otherwise have to child abuse information.



TRANSIT

RELEASE OF INFORMATION AUTHORIZATION

By my signature below, I hereby authorize the administrative staff of Ottumwa Transit Authority to provide a copy of the official background check provided by the Iowa Department of Human Services from the Central Abuse Registry to the administrative staff of Headstart.

Employee Signature

Date