

Ottumwa Transit Authority Application for Employment

To: All Applicants of Ottumwa Transit Authority

RE: Application Process

DATE: 12/8/09

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: _____
4. Expiration Date: _____

Pre-Employment Information

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

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

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

An offer of employment is subject to Board approval, I understand that I have a right to be present when this is presented to the Board and request a closed session: Yes: ___ No: ___

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:

1. Complete that specified training Yes: _____ No: _____
2. Abide by all rules and regulations Yes: _____ No: _____

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

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

Signature

Date

Ottumwa Transit Authority Application for Employment

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

To: Iowa Division of Criminal Investigation
Bureau of Identification, 1st Floor
215 East 7th Street
Des Moines, IA 50319
(515) 725-6066
(515) 725-6080 (Fax)

From: Ottumwa Transit Authority
Attn: Pam Ward
2417 South Emma Street
Ottumwa, IA 52501
(641) 683-0695
(641) 683-0671 (Fax)

I am requesting an **IOWA CRIMINAL HISTORY** check on:

(Type or Print Legibly)

REQUEST

Last Name (mandatory)

First Name (mandatory)

Middle Name (recommended)

_____/_____/_____
Date of Birth (mandatory)

Sex (mandatory)

_____-_____-_____
Social Security Number (recommended)

Signature of Requester

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

No CCH Record found

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 the law.

Signature

Date

Form No. 595-1489 (4/07)

Ottumwa Transit Authority Application for Employment

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.

Signature

Date

Ottumwa Transit Authority Application for Employment

Iowa Department of Human Services

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 the original to the Central Abuse Registry, Iowa Department of Human Services, 1305 E Walnut Street, Fifth Floor, Des Moines, Iowa 50319-0114.

PART A: To be completed by the person requesting information.								
1. Requester:	Ottumwa Transit Authority							
Address:	2417 South Emma Street							
City:	Ottumwa	State:	IA	Zip Code:	52501	Phone Number:	(641) 683-0695	
2. The information concerns:								
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?	Employment							
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:								

470-3301 (Rev. 7/04)

Copy 1: Central Registry

Copy 2: Returned to Requester

2417 South Emma Street
Ottumwa, IA 52501
641-683-0695
800-227-6390

Page 4 of 12

Ottumwa Transit Authority Application for Employment

OTA TRANSIT DRIVER

DEFINITION

Supervised by the Transit Administrator, the person in this position shall be responsible for driving public transit bus service, as developed by the OTA, adhering to schedules adopted by the Board of Trustees.

Additional duties may include driving in-town special trips, delivering vehicles to the maintenance and/or cleaning facility and other driving duties as determined by the Transit Administrator or designee.

QUALIFICATIONS

The individual must have or be able to obtain a Commercial Driver's License (CDL) with passenger endorsement and any other endorsements required to operate the bus.

The individual is required to satisfactorily pass a City of Ottumwa physical and Department of Transportation physical, prior to employment.

The individual must have a good driving record as determined by a DOT license search.

The individual must agree to complete a two-week training program, at a training rate of pay, prior to employment.

The individual will be required to participate in all training exercises provided by the OTA.

The individual will be required to participate in all drivers meetings with OTA staff.

Driving experience preferred, but not required.

PAY

Applicable fringe benefits will be paid to drivers as determined by the OTA Board of Transit Trustees and/or the collective bargaining agreement.

These same qualifications shall apply to full-time as well as part-time employees.

DATE: 12-08-09

Pam Ward, Transit Administrator

DATE: 12-08-09

Janet Richards, Personnel Officer

Ottumwa Transit Authority Application for Employment

Physical Job Requirement Analysis

Date of Analysis: 11-16-09

Class Description: Bus Driver Job Code: 607 / 124

Work Hours: 40 or less than 40 Number of Days per Week: 5 – 7

Over-time: Minimal How Often: Rare Seasonal: N/A

Licenses/certifications required in the job:

CDL, Class B with passenger and air brake endorsement OR

CDL, Class C with passenger endorsement

Physical Requirements

The maximum duration an employee is required to do the following

Standing: 5% Walking: 5% Sitting: 90% Total 100%

The work environment is 95% inside and 5% outside. Total 100%

In a work day, the job requires:

	Continuously 66%-100% 6-8 hours	Frequently 34%-65% 4-6 hours	Occasionally 1%-33% 1-3 hours	Never
Bend/Crouch/Squat			✓	
Crawl				✓
Climb Steps			✓	
Climb Ladders				✓
Reach above shoulder level			✓	
Lift above shoulder level				✓
Kneel			✓	
Balance				✓
Push/Pull			✓	
Throwing				✓
Walking on uneven ground				✓
Working in trenches				✓
Working above ground	✓			

Comments: Driver must be able to assist the passengers and may be asked to carry a passenger's parcels.

The heaviest weight lifted while either sitting or standing in one place is: 25-30lbs.

Examples of lifting requirements of this weight are: groceries, carts, moving or positioning a wheelchair.

The heaviest weight carried while walking from place to place weighs: 25-30lbs.

Examples of lifting requirements of this weight are: groceries or carts.

Ottumwa Transit Authority Application for Employment

The heaviest pushed/pulled weight is: varies.

The objects name is: passengers in wheelchairs and it is pushed/pulled a distance of 10 feet at a frequency of several times daily.

In a work day, the job requires lifting:

	Continuously 66%-100% 6-8 hours	Frequently 34%-65% 4-6 hours	Occasionally 1%-33% 1-3 hours	Never
Lifting up to 10 lbs		✓		
11 – 25 lbs		✓		
26 – 50 lbs			✓	
51 – 100 lbs				✓
Over 100 lbs				✓

In a work day, the job requires carrying an object distances greater than 10 feet:

	Continuously 66%-100% 6-8 hours	Frequently 34%-65% 4-6 hours	Occasionally 1%-33% 1-3 hours	Never
Carrying under 10 lbs		✓		
11 – 25 lbs		✓		
26 – 50 lbs			✓	
51 – 100 lbs				✓
Over 100 lbs				✓

In a work day, the job requires use of hands for repetitive actions:

	Continuously 66%-100% 6-8 hours	Frequently 34%-65% 4-6 hours	Occasionally 1%-33% 1-3 hours	Never
Light grasping – Right	✓			
Left	✓			
Firm grasping – Right			✓	
Left			✓	
Fine manipulation – Right				✓
Left				✓

Does the job require specific grip strength? Yes: _____ No: ✓

Ottumwa Transit Authority Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position (s) applied for: _____	Date: _____						
<p>How did you learn about us?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Advertisement</td> <td style="width: 33%;"><input type="checkbox"/> Friend</td> <td style="width: 33%;"><input type="checkbox"/> Walk-In</td> </tr> <tr> <td><input type="checkbox"/> Employment Agency</td> <td><input type="checkbox"/> Relative</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>		<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In					
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other: _____					
<p>Last Name: _____</p> <p>First & Middle Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Telephone Number: _____</p> <p>Social Security Number: _____</p>							

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes: ____ No: ____

Have you ever filed an application with us before? Yes: ____ No: ____
 • If yes, give date: _____

Have you even been employed with us before? Yes: ____ No: ____
 • If yes, give date: _____

Are you currently employed? Yes: ____ No: ____

May we contact your present employer? Yes: ____ No: ____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes: ____ No: ____

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work; Full Time Part Time Shift Work Temporary

Are you currently on "lay off" status and subject to recall? Yes: ____ No: ____

Can you travel if a job requires it? Yes: ____ No: ____

Have you been convicted of a felony within the last 7 years? Yes: ____ No: ____

Conviction will not necessarily disqualify an applicant from employment.

• If yes, please explain: _____

Ottumwa Transit Authority Application for Employment

EDUCATION:	Elementary School	High School	College/University	Graduate/Professional
Name & Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities:				
Describe any honors you have received:				
State any additional information you feel may be helpful to us in considering your application:				

Indicate any foreign languages you can speak, read, and/or write:			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

<p>List professional, trade, business or civic activities and offices held: (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or any other protected status)</p> <hr/> <hr/>
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<p>REFERENCES: Give name, address, and telephone number of three references who are not related to you and are not previous employers.</p>
1.
2.
3.

Ottumwa Transit Authority Application for Employment

EMPLOYMENT EXPERIENCE:			
Start with your present or last job. Include any job-related military service assignments and volunteer activities. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or any other protected status)			
Employer	Dates Employed-From	Dates Employed-To	Work Performed:
Address			
Telephone Number (s)	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Job Title	Supervisor		
Reason for leaving:			
Employer	Dates Employed-From	Dates Employed-To	Work Performed:
Address			
Telephone Number (s)	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Job Title	Supervisor		
Reason for leaving:			
Employer	Dates Employed-From	Dates Employed-To	Work Performed:
Address			
Telephone Number (s)	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Job Title	Supervisor		
Reason for leaving:			

Have you ever had any job-related training in the United States military?

Yes: ____ No: ____

If yes, please describe: _____

Special Skills and Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience:

Ottumwa Transit Authority Application for Employment

Applicant's Statement

- I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statement contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

In the event of employment, I understand that I will be given a pre-employment physical, which will include a drug screening. The physical will be at the expense of the employer.

Signature

Date