



1101 Barnett Rd, Suite 108
Ladysmith, WI. 54848
Phone: (715) 532-1000

APPLICATION FOR EMPLOYMENT

This Commission is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this Commission to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, this Commission intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

PLEASE PRINT PLAINLY – BE SURE TO SIGN THIS APPLICATION

County _____ Date _____

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Other where you can be reached: _____

Have you been previously employed by this Commission? _____ Yes _____ No

If yes, when? _____ In what capacity? _____

Who referred you to this Commission? _____ Our Advertisement _____ Job Service _____ Internet
_____ Employment Agency _____ Friend/Relative _____ No One

Do any of your relatives work for our Commission? _____ Yes _____ No

If yes, please list: _____

Are any of your relatives Board Members? _____ Yes _____ No

If yes, please list: _____

EMPLOYMENT DESIRED

Position (s) applied for _____

Full time _____ Part time _____ Date available to start _____

Do you have a valid driver's license and reliable transportation should the job require travel? ____ Yes ____ No

PERSONAL DATA

Are you legally eligible for employment in the United States? ____ Yes ____ No

If under 18, can you, after employment, submit a work permit? ____ Yes ____ No

Were you ever convicted of a crime anywhere, including in Federal, State, Local, Military and/or Tribal Courts? ____ Yes ____ No

If yes, please explain: (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment).

List any professional, trade, business or civic activities, offices held, hobbies or personal interests (Exclude those which indicate race, color, religion, sex or national origin):

List any other skills, specialized or vocational training (i.e. computer knowledge, communication, leadership, etc.), experiences or reasons why you feel you are qualified for the position for which you are applying:

EDUCATION

Name and Location of <u>School</u>	No/Years <u>Completed</u>	Did you <u>graduate</u>	Course of <u>Study</u>	<u>Degree</u>
High School _____	_____	_____	_____	_____
College _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Tech School _____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REFERENCES

List three people (no relatives) you have worked with and whom we may contact for a reference.

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

EMPLOYMENT HISTORY

Please give accurate and complete information. Start with present or most recent employer:

Company Name _____ Phone No. _____

Address _____ Employed from ____/____ to ____/____

Name of Supervisor _____

Position and Responsibilities _____

Reason for Leaving _____

Company Name _____ Phone No. _____

Address _____ Employed from ____/____ to ____/____

Name of Supervisor _____

Position and Responsibilities _____

Reason for Leaving _____

Company Name _____ Phone No. _____

Address _____ Employed from ____/____ to ____/____

Name of Supervisor _____

Position and Responsibilities _____

Reason for Leaving _____

May we communicate with your present employer? ____ Yes ____ No

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE YOU SIGN YOUR NAME.

I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct to the best of knowledge and belief, and are made in good faith. I authorize the Rusk County Transit Commission to make any investigations and inquiries into my employment history and other related matters as may be necessary in arriving at an employment decision. I release from liability, employers, schools, law enforcement agencies and any other sources disclosing information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in the application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without recourse against this Commission.

(Please initial here). _____

I further understand that this application and any other Commission documents, including employee handbooks, are not intended to create and do not create, an employment contract between the Commission and myself.

(Please initial here). _____

If employed, I agree to abide by all of the work and safety rules of the Commission. I understand that this Commission is committed to maintaining a drug-free workplace. I am aware that the Commission **MAY** require a drug test as a part of the hiring process. Also, if employed, I realize that the Commission **MAY** conduct random drug testing of employees. I have read, understand and agree to the above statement.

(Please initial here). _____

I understand that all employees are considered "AT WILL" employees as that term has been interpreted by the State of Wisconsin and its adjudicative and legislative authorities.

SIGN HERE _____ DATE _____

Drug and Alcohol Job Application Documentation

US DOT/FTA Safety-Sensitive Positions

Applicant Acknowledgement of Pre-Employment Drug Testing¹

I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a pre-employment drug test under the authority of the U.S. Department of Transportation (US DOT), Federal Transit Administration (FTA).

I acknowledge and understand that my employment is contingent on the passing of the pre-employment drug test, and I will not be assigned to perform a safety-sensitive function unless my pre-employment drug test has verified a negative drug test result.

¹ An application for a safety-sensitive position will not be considered for employment unless this acknowledgement is completed and signed.

Employee Name: Print Name	
Employee Signature:	
Date:	

** Confidential **

Safety Sensitive Employee Job Application Questions

Previous US Department of Transportation Drug and Alcohol Testing

Applicant Name

First Name, Middle Initial, Last Name

Social Security Number

Questions

Have you ever participated in US DOT-regulated drug and alcohol testing with previous employers?

Check: Yes or No

	Yes. If yes, complete #1 and #2.
	No. If no, skip to #2.

1. In the last (2) two years, have you ever:	Check: Yes or No			
a. Tested positive (0.04 or greater) for alcohol?	Yes		No	
b. Had a verified positive drug test result?	Yes		No	
c. Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?	Yes		No	
d. Violated any other DOT drug or alcohol testing regulation?	Yes		No	
2. Have you 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 US DOT agency drug and alcohol testing rules?	Yes		No	

If you responded 'Yes' to any of the questions above, have you been evaluated by a Substance Abuse Professional (SAP) as required by 49 CFR Part 40, Subpart O (40.285)? Attach the written report from the SAP.	Yes		No	
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If you responded 'Yes' , to any of the questions above, did you complete USDOT's Return-to-Duty process, including follow-up testing, as required by 49 CFR Part 40, Subpart O? <i>Attach the written report from the SAP.</i>	Yes		No	
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"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."

Applicant Signature	Date
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** Confidential **

Authorization for Release of Information from Previous Employer USDOT Drug and Alcohol Testing²

Instructions:

- A separate form must be filled out **for each** US DOT-regulated Employer who employed the **Applicant** during the two-year period proceeding the date of the employee's application or transfer.
- **Section I** is to be completed by the **Applicant** and **New Employer** and transmitted to the **Previous Employer**.
- **Section II** is to be completed by the **Previous Employer** and returned to the **New Employer**.

Section I

Applicant Authorization

Employee Name:	
Employee SS or ID Number: Last 4 digits of SS Number	

I hereby authorize release of drug and alcohol testing records from my previous U.S. Department of Transportation (USDOT) regulated employer in accordance with USDOT Regulation 49 CFR Part 40, Section 40.25. I understand the information released in **Section II-A** by my previous employer, is limited to the following USDOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of USDOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for **(Insert New Employer Name here)**. This authorization for release of information is valid for one year from the date of signature.

Applicant Signature:	Wet Signature of Applicant Required Here
Date:	

Contact Information: (Completed by **New Employer**)

New Employer Name:	
Contact Name: (Designated Employer Representative)	
Address:	
Phone:	
Email Address:	

² [49 CFR Part 40.25](#) requires employers to request information from DOT-regulated employer(s) who have employed the applicant during the two years before the date of the application. Employers must obtain an applicant's written consent. Applicants refusing to provide written consent must not be permitted to perform safety-sensitive functions.

Previous Employer Company Name:	
Contact Name, if known: (Designated Employer Representative)	
Address:	
Phone:	
Email Address:	

Authorization for Release of Information from Previous Employer USDOT Drug and Alcohol Testing (continued)

Section II – Completed by Previous Employer and transmitted to **New Employer**.

Section II-A.

In the two (2) years prior to the date of the employee's signature (in Section I), for USDOT-regulated testing, did the employee perform DOT defined safety-sensitive work for your organization?	
	Yes. If yes, see questions below.
	No. If no, sign below and return the form.

If yes , did the following situations ever occur during the time the employee worked for your organization within the last two years?				
1. Did the employee test positive (0.04 or greater) for alcohol?	Yes		No	
2. Did the employee have a verified positive drug test(s) result?	Yes		No	
3. Did the employee refuse to be tested for a required drug or alcohol test?	Yes		No	
4. Did the employee violate any other USDOT drug or alcohol testing regulation?	Yes		No	
5. Did a previous employer report a drug or alcohol rule violation to you?	Yes		No	
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Or, indicate N/A	Yes		No	

Note: If you answered "**yes**" to item 5, you must provide the previous employer's report to the **New Employer**. If you answered "**yes**" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record) to the **New Employer**.

Section II-B.

Provide the name and contact information at the **Previous Employer** providing information in Section II-A.

Previous Employer Company Name:	
Contact Name , if known: (Designated Employer Representative)	
Contact Name Signature	Insert signature here
Address:	
Phone:	
Email Address:	

Please return this form to the prospective/**New Employer** at the address provided.