

Ottumwa Transit Application for Employment

To: All Applicants of Ottumwa Transit
RE: Application Process
DATE: 01-30-12

Attached to this cover letter are the application forms that must be completed to apply for any position within the Ottumwa Transit. Also included is the job description and physical requirements for the position open. Each applicant must provide the following information. The Ottumwa Transit is a smoke free environment and a drug free work place.

Driver's License Information

Name as it appears on Driver's License: _____

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: ____
7. Previous Drug Program Participation 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: ____

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Including, but not limited to: Drug/Alcohol Testing, Personnel Policies and Procedures. Note: Ottumwa Transit reserves the right to rescind the job offer to any applicant who is found to have a non-negative or test refusal at a previous job.

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

Signature _____

Date _____

TRANSIT DRIVER

DEFINITION

Supervised by the Operations Manager, the person in this position shall be responsible for driving public transit bus service, as developed by the Ottumwa Transit, adhering to schedules adopted by the City of Ottumwa.

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 Ottumwa Transit.

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

Driving experience preferred, but not required.

PAY

Applicable fringe benefits will be paid to drivers as determined by the City of Ottumwa and/or the collective bargaining agreement.

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

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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 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.

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.

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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: __✓__

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In a work day, the job requires use of feet as in operation of foot controls:

	Continuously 66%-100% 6-8 hours	Frequently 34%-65% 4-6 hours	Occasionally 1%-33% 1-3 hours	Never
Both	✓			
Right	✓			
Left	✓			

Does the job require sensory acuity?

Vision Yes: ✓ No: (Both eyes corrected to 20/40)
 Smell Yes: No: ✓
 Hearing Yes: ✓ No: (Standard set by DOT physical evaluation)
 Taste Yes: No: ✓
 Touch Yes: ✓ No: (Standard set by DOT physical evaluation)

Does the job require:

Working at unprotected heights Yes: No: ✓
 Being around moving machinery Yes: ✓ No: (Pre-trip inspections)
 Driving automotive equipment Yes: ✓ No: (Buses & Vans)
 Exposure to marked changes in
 Temperature and humidity Yes: ✓ No: (Boarding lift passengers)
 Exposure to dust, fumes, gases Yes: No: ✓
 Working on uneven ground Yes: No: ✓
 Communication through spoken
 word Yes: ✓ No: (Radio dispatch/passengers)
 Communication through written
 word Yes: ✓ No: (Dispatch orders)
 Structured breaks and lunch times Yes: ✓ No: (Lunch)
 Confined space entry Yes: No: ✓
 Limited mobility Yes: No: ✓
 Wearing a respirator Yes: No: ✓
 Other special equipment Yes: No: ✓
 Comments: _____

Completed by: Mark Hagist Title: Transit Administrator
 Signature: _____ Date: _____

DEPARTMENT OF SAFETY AND HEALTH SERVICE REVIEW

Overall physical job requirements: Light: Moderate: Heavy:
 Work environment rating: Controlled: Uncontrolled:

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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.

Position (s) applied for: _____	Date: _____
How did you learn about us? <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: _____	
Last Name: _____	
First & Middle Name: _____	
Address: _____	
City, State, Zip: _____	
Telephone Number: _____	
Social Security Number: _____	

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: _____

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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			

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)

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REFERENCES:

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1.

2.

3.

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:			

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:

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Applicant's Statement

- I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements 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 my previous participation in a drug and alcohol program will be verified with my previous employer as authorized by my release of information form. Further, I understand that OTA reserves the right to rescind the job offer if I have had a non-negative or test refusal at a previous job.

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