



ELDER CARE/PUBLIC TRANSIT
 361 26th Street East
 Dickinson, ND 58601
 Elder Care: (701)456-1818
 Public Transit: (701)483-6564
 Fax: (701) 456-1820



Employment Application

- Incomplete applications will not be considered
- Print all information clearly
- Elder Care is an equal opportunity employer
- Pre-employment drug testing is required for transit
- Elder Care is a tobacco free and drug free workplace
- Employment is subject to a criminal background check

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip Code	
Home Phone		Cell Phone	
Email Address			
Date Available		Desired Salary	
Position Applying for			
Where did you hear about the position:			
<input type="checkbox"/> www.jobsnd.com (Job Service) <input type="checkbox"/> Employee <input type="checkbox"/> Contact on my own <input type="checkbox"/> The Dickinson Press <input type="checkbox"/> Friend <input type="checkbox"/> Other _____			
Can you provide, if hired, that you are eligible to work in the United States?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you perform the essential functions of the job with or without a reasonable job accommodation?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If this job requires you to travel, are you able to do so? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?			
Have you ever been charged with a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.			
Do you have a valid driving license? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked in a DOT position for a previous employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been denied a position on the basis of a pre-employment drug or alcohol test? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been terminated from a position on the basis of a positive drug or alcohol test? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever been denied or terminated from a position on the basis of a refusal to drug or alcohol test? Yes <input type="checkbox"/> No <input type="checkbox"/>			

AVAILABILITY

Check if you are willing to work Full Time Part Time Days Evenings Weekends
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday

EDUCATION

High School	Address	
Years Completed	Years Completed: Grade 9 th 10 th 11 th 12 th Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address	
Area of Study	Years Completed: 1 2 3 4 5 Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address	
Area of Study	Years Completed: 1 2 3 4 5 Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

Military Service

Have you ever been in the armed forces? Yes No

Are you now a member of the National Guard? Yes No

Specialty Date Entered: Discharge Date:

REFERENCES

*Please list three work related references. (Friends and relatives **are not** considered professional references, but co-workers are.)*

Full Name	Relationship		
Company	Phone ()		
Address	City	State	Zip Code
Full Name	Relationship		
Company	Phone()		
Address	City	State	Zip Code
Full Name	Relationship		
Company	Phone ()		
Address	City	State	Zip Code

PREVIOUS EMPLOYERS (List your current employer first)

Company	Phone ()	Supervisor
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Address	City	State	Zip
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

Dates of Employment From: To:	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company	Phone ()	Supervisor
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Address	City	State	Zip
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

Dates of Employment From: To:	Reason for Leaving
----------------------------------	--------------------

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Company	Phone ()	Supervisor
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Address	City	State	Zip
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

Dates of Employment From: To:	Reason for Leaving
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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Applicant Drug Testing Acknowledgment

**Stark County Council on Aging (Elder Care/Public Transit)
361 26th St. East
Dickinson, ND 58601
(701) 456-1818**

I understand that as part of my application for employment I must successfully complete a USDOT drug test as required by 49 CFR parts 40 & 655. I understand that a negative test result is required before I will be able to perform a safety sensitive function. Participation in the federal drug and alcohol testing program is a condition of employment.

I also certify that I have not had a positive drug test result or refused to test on a DOT pre-employment drug test in the past 2 years.

Signature of applicant

Witness

Date

Date

Previous Employer Drug and Alcohol Testing Release Form Required by the Dept. of Transportation (49CFR part 40.25)

Agency Requesting: Elder Care/Public Transit, Fax Reply to: 701-456-1820

As a requirement of 49CFR part 40.25 it is necessary to obtain drug and alcohol testing information from applicants' previous covered employer(s). This information must be obtained from all DOT regulated employers from the preceding two years. The documentation **must** be obtained no later than 30 calendar days after the first time a covered employee performs a safety-sensitive function.

Attention Personnel: New hires must fill out and sign this release form

PART 1 TO BE COMPLETED BY APPLICANT

I, _____, hereby authorize the following companies (for which I worked) to furnish the information requested concerning my drug and alcohol test records:

This information will be released to _____ (company/agency)

Previous DOT covered employers for the past 2 years:

Print Clearly

Company Name	Address, City and State	Phone	Fax

This Authorization is valid until withdrawn by me in writing.

Dated this _____ day of _____, 201_____

Name of applicant (print) _____ Signature of applicant _____

Social Security Number _____

PART 2. TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this person received any positive results for controlled substance tests in the past 2 years? Yes, No
2. Has this person received Alcohol test results of 0.04 or greater in the past 2 years? Yes, No
3. Has this person refused to participate in the required testing program in the past two years? Yes, No
4. Has a Substance Abuse Professional evaluated this person? Yes, No

If yes, is he/she in compliance with SAP's recommendations?

If you answered, "Yes" to any of the previous questions please release all documentation relating to the SAP evaluation, assessment, recommendations, and follow up & return to duty testing records.

SAP Name _____ SAP Phone # _____

Company Name _____ Date _____

Name of person releasing information _____ Signature _____

**Fax Completed form as soon as possible to _____ or
Mail to _____**