

Driver's License # _____ State _____
 When applying as a Driver or in the Maintenance area, depending on the position, you must have or pass the Mississippi Commercial Drivers License (CDL) Class "B" with "P" endorsement with no air brake restriction. Do you presently have this: _____ Yes _____ No

I authorize a Motor Vehicle Report to be run as a prospective employee. _____ Initial here

Who should we contact in case of an emergency?
 Name: _____ Phone Number: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

DRUG STATEMENT

I understand that a urinalysis drug screen will be a part of the examination as required by Federal Transit Administration regulations 653.41 Please Initial _____

CONSENT FOR DRUG TESTING

To protect the health and safety of our employees and customers, to maintain a productive work force, and to preserve CTA's reputation, we strictly enforce rules against unlawful manufacture, distribution, dispensing, use, sale, purchase, solicitation, possession, or transfer of illegal drugs, other controlled substances or alcohol or sale of alcohol and drugs in compliance with the provisions of Chapter 7 of Title 71 of the Mississippi Statutes and as required by Federal Transit Administration Regulations, Guidelines, and CTA's policy and procedures as a Drug Free Work Place . For those reasons, we require that every applicant test negative on a pre-employment drug test, which screens for the presence of specific drugs and their metabolites, after being offered a position, and as a condition of employment. Each applicant is required to attest to his/her consent to test, before that individual can be considered for a position with CTA. If you have a positive confirmed test result or you refuse to submit to the pre-employment drug screening test, you will not be eligible for employment with CTA.

I hereby consent and agree to participate in the proper drug and alcohol screening to be in compliance with the federal guidelines at any medical facility designated by CTA, to be used to determine the presence of drugs or their metabolites in my system. I hereby further give my consent to the medical facility or testing laboratory to furnish the results of any test performed on my specimen to the medical review officer, which will follow all required steps in notifying the applicant and then the company according to federal guidelines. I understand that I will be required to provide CTA with proof that I do not have illicit drugs or their metabolites in my system by testing negative on the pre-employment drug screening test, prior to and as a condition to commencing employment with CTA. If employed, I hereby give my consent to CTA to require such additional specimens from time to time, in accordance with CTA's drug and alcohol testing policies or programs, as a condition of continued employment with CTA. I certify that I have not taken any drugs that could effect the results of my drug screening.

My signature below acknowledges that I have read and I understand that this consent was freely and knowingly given.

Print Name: _____ Social Security Number: _____

Signature: _____ Date: _____

SKILLS

Education (Circle the highest completed): High School: 7 8 9 10 11 12
 College: 1 2 3 4 5 6 Type of Degree: _____ Where? _____

Typing Speed (WPM): _____ Business Machines Used: _____

Other Skills, certificates, or training that we should consider: _____

Employment Experience**All address must be complete**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

YOU MUST GIVE STREET ADDRESS, CITY, STATE AND ZIP CODES ON ALL EMPLOYERS

1. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

2. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

3. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

4. Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

RELATIVES AND FRIENDS EMPLOYED AT THIS COMPANY

Name	Relationship	Name	Relationship

REFERENCES

Please list at least three (3) references whom you have known for at least three years, whom we may contact. Do not include relatives, former employers or clergy. **MUST COMPLETE ALL INFO BELOW**

Name	St.Address, City & Zip Code	Telephone Number
		()
		()
		()

MUST BE READ AND SIGNED BY APPLICANT

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize you to make such investigation and inquiries about my character, honesty, habits, ability, driving record, records of conviction, obtain consumer reports if any, and that persons who know me, now and/or in the past, may be contacted and questioned about me, to which I hereby give my consent. Further, I understand that I may be required to obtain a State or Work permit, as a prior condition of my employment. I also understand that CTA has an employment relationship, which is known as employment-at-will. I understand that this means that, if I am hired, I am not required to work for any set period of time, nor is CTA required to employ me for any set period of time. Employment status can not be changed in this respect. I understand that any false statements, misrepresentations made by me, or material omissions made by me, on this application will be sufficient grounds for immediate discharge. I understand, also, that I am required to abide by all rules and regulations of CTA.

Having made application to CTA and desiring them to be informed of my past record and character, whether it be driving record history, financial, academic, military, medical, employment, judicial, or personal reference, I, the undersigned, hereby authorize the release of all such information, privileged or otherwise, to CTA and its representatives, and release all contributing parties of such information from any charge or liability whatsoever because of furnishing said information.

NOTICE TO APPLICANT

Applicant - If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following two questions:

1. Can you perform the functions described in the job description? _____
2. Please explain , how, with or without reasonable accommodations you will be able to perform those functions.

Applicant's Signature: _____ **Date:** _____

Witness Signature _____ **Date:** _____

FOR SUPERVISORS/PERSONNEL DEPARTMENT USE ONLY

DATE	POSITION	INTERVIEWED BY	COMMENTS

EMPLOYMENT DATA RECORD

During employment employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or the personnel file. **Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip
Social Security No.		

Current Job

Check One: Male Female Age: _____

Check One Of The Following: (Ethnic Origin)

<input type="checkbox"/> White (Not Hispanic/Latino)	<input type="checkbox"/> Native Hawaiian/Pacific Islander (Not Hispanic/Latino)
<input type="checkbox"/> Asian (Not Hispanic/Latino)	<input type="checkbox"/> Two or more Races (Not Hispanic/Latino)
<input type="checkbox"/> Black or African American (Not Hispanic/Latino)	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Other	<input type="checkbox"/> American Indian/Alaskan Native (Not Hispanic/Latino)

Check If Any Of The Following Are Applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

CRIMINAL BACKGROUND CHECK

I, _____, as a prospective employee of COAST TRANSIT
(PRINT NAME)

AUTHORITY, do hereby authorize and consent to a criminal background check being done as a condition of consideration for employment with COAST TRANSIT AUTHORITY I authorize any Law Enforcement Agency, Federal, State or Local, for and in the State (s) of _____ to release this information to and for
(LIST STATES)

the exclusive use of COAST TRANSIT AUTHORITY. All Data Records are kept in a confidential file and are not a part of the personnel file.

List Residence for the Past Five Years and how many years at each location :

Street Address		City	&	County	State	Zip Code	Years	Agency Stamp
Street Address		City	&	County	State,	Zip Code	Years	Agency Stamp
Street Address		City	&	County	State,	Zip Code	Years	Agency Stamp
Street Address		City	&	County	State,	Zip Code	Years	Agency Stamp
Street Address		City	&	County	State,	Zip Code	Years	Agency Stamp

NAME: _____ **S.S.** _____ - _____ - _____

DATE OF BIRTH _____ **RACE:** _____ **SEX:** _____

APPLICANT SIGNATURE: _____ **DATE:** _____

WITNESS SIGNATURE: _____ **DATE:** _____

The above mentioned has appeared before the witness and presented proper identification to the witness to confirm the above as being his/her signature.

NOTARY PUBLIC

MY COMMISSION EXPIRES

SEAL

Name of Applicant _____ Soc. Sec. No. ____ - ____ - ____
(PLEASE PRINT)

I authorize you to furnish Coast Transit Authority the below information and release you from any liability from releasing the above information.

Applicant's Signature: _____ Date _____

.....
TO: _____ Date ____/____/____

The person named above has applied for a position with our company and has given us your name as a reference. Will you kindly furnish the information requested and return to April Everett @ 228-896-8081. **ANY INFORMATION YOU FURNISH US WILL BE TREATED WITH THE STRICTEST CONFIDENCE.** References are only a part of the criteria used in our hiring procedure. Sincerely, April Everett, CTA Personnel Coordinator

Section A

The applicant has given us the following information concerning employment with you.

1. Position Held _____ Final Salary _____
2. Dates employed: From: _____ To _____
3. Does information agree with your records? ____ Yes ____ No If not, Please state correct information; _____
4. Reason for Termination? Resignation? Other. If other please explain.

5. Would you re-employ ____ Yes ____ No If not please explain.

6. Was employee's attendance & cooperation satisfactory? ____ Yes ____ No

Signature of person completeing _____ Title _____ Date ____/____/____

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you have applied for, but did not obtain, safety sensitive transportation work covered by DOT agency Drug & Alcohol testing Rules during the past two years. [CFR 49, PART 40.25(j)] Yes No

If Yes, please explain _____

Signature

DATE