

**\*\*ATTN: SOME PAGES NEED TO BE FILLED  
OUT ON BOTH SIDES\*\***

**APPLICANT FLOW DATA**

Applicants are considered without regard to race, color, creed, national origin, religion, sex, disability, age, marital status, or veteran status. The information requested below will be used to determine the effectiveness of our recruitment efforts and to meet Federal Requirements. This data will be kept separate from your employment file. Your answers will not affect your employment opportunities.

**PLEASE CHECK (OR FILL IN) THE APPROPRIATE RESPONSE IN "EACH" CATEGORY  
MARK ALL THAT APPLY**

**POSITION APPLYING FOR:**

- Driver
- Automotive Technician
- Dispatcher
- Data Entry/Reservationist
- Other

**CURRENT EMPLOYMENT STATUS:**

- Student
- Homemaker
- Employed
- Second Job
- Changing Jobs
- Unemployed

**ETHNIC BACKGROUND:**

- Black/African American
- Hispanic or Latino
- Asian
- Native Hawaiian/Pacific Islander
- American Indian/Alaskan Native
- White/Caucasian

**GENDER:**

- Female
- Male

~~~~~

**HOW DID YOU LEARN ABOUT THE POSITION? PLEASE CHECK "ALL" THAT APPLY!**

- |                                                |                                                        |
|------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Rehire                | <input type="checkbox"/> Walk-In                       |
| <input type="checkbox"/> Transit Team Employee | <input type="checkbox"/> Community Agency: Which _____ |
| <input type="checkbox"/> Friend/Relative       | <input type="checkbox"/> School: Which _____           |
| <input type="checkbox"/> Car/Truck Decals      | <input type="checkbox"/> Telephone Book                |
| <input type="checkbox"/> Indeed                | <input type="checkbox"/> Facebook                      |
| <input type="checkbox"/> Job Dig               | <input type="checkbox"/> Other Newspaper: Which _____  |



**1154 NORTH 5th ST MINNEAPOLIS MN 55411**

*\*Signature required on the back of this page\**

As part of our employment process, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

- Consumer reports may include background, employment history, academic and/or professional credentials, military service, credit history, and driving history. The information gathered also may involve a criminal history and/or alcohol or drug use history, if any.
- An investigative consumer report may include information about your character, general reputation, personal characteristics and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. This also may include contacts of all listed prior employers to verify your employment history.
- If your employment falls under the federal Department of Transportation (“DOT”) and the Federal Motor Carrier Safety Administration (“FMCSA”), including 49 CFR § 391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled “Rights Under the Fair Credit Reporting Act”. Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

**Notice to California Applicants:** Under California law, the reports ordered about you for employment purposes within the State of California are defined as “investigative consumer reports.” These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under California Civil Code § 1786.22, you may view the report(s) maintained at iiX during normal business hours. You also may obtain a copy by submitting proper identification and paying the cost of duplication by appearing at iiX in person, by mail, or by telephone. iiX is required to have personnel available to explain the report(s) and to explain any coded information. If you appear in person, you may be accompanied by a person of your choice, if s/he furnishes proper identification.

**Notice to Massachusetts Applicants:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING CRIMINAL RECORD INFORMATION.

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation’s Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable

federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my employment records, driving history records, driving performance and safety history, criminal history, credit history, civil records, workers' compensation (post-offer only), alcohol and drug testing, verification of my academic and/or professional credentials, and information and/or copies of documents from any military service records.

I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of information. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

**DOT Drivers.** I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

\_\_\_\_\_  
Applicant's / Employee's Full Name (Print clearly)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's / Employee's Signature Date of Signature

- **California Applicants:** Check here \_\_\_\_\_ to have a copy of your consumer report sent directly to you. The **employer or prospective employer is to provide a copy of the report to you** in accordance with California Civil Code § 1786.16.
- **Minnesota and Oklahoma Applicants:** Submit a written request to have a copy of your consumer report sent directly to you.

# TRANSIT TEAM INC.

(612) 332-3323  
TEL



(612) 332-7075  
FAX

1154 NORTH 5th ST MINNEAPOLIS MN 55411

## Driver Record Check From

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Please Circle Yes or No For Each Question:

Have you ever been denied a driver's license or had one suspended or revoked? Yes No

Have you had any violations in the past 5 years? Yes No

Have you had any auto accidents in the past 5 years? Yes No

If the answer to any question was "Yes", please explain (give dates of violations and/or accidents)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I am aware that a consumer report (MVR) will be obtained on me in the course of consideration for employment and every six months while employed with Transit Team, Inc.**

**I hereby grant permission to Company Insurance Agent, Insurance Information Exchange (IIX), TLT Research and/or Transit Team, Inc. to secure a Motor Vehicle Report on me. I also affirm that the statements made above are stated truthfully and without reservation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**This release expires at the end of employment with Transit Team, Inc. or in six months for non-hired applicants.**

**Notice and Authorization**

I, \_\_\_\_\_ hereby consent and authorize Transit Team, Inc. to prepare or cause to be prepared a consumer report including, but not limited to obtaining a consumer report and information as to my character, general reputation, personal characteristics MVR records and criminal records. This report may involve personal interviews with sources such as neighbors, friends, associates, past employers and educational institutions. Public records may be used in this report, such as civil and criminal records (as reported by the BCA) and driving records that are deemed to have a bearing on my job performance. \*In using a consumer report for employment purposes, before taking any adverse action based in whole or part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates, a copy of the report and a description in writing of the rights of the consumer under this title, as prescribed by the Federal Trade Commission section 609(c)(3)\*.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Other Names Used (maiden, alias etc.)**  
\_\_\_\_\_

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Please check the following states also:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

MN/DOT has issued new STS guidelines. Part of these new guidelines affects the way we do the Motor Vehicle Records and Criminal Background reports.

**MVR**

We will now need a check to be done on any other Drivers License you have held in the last three years.

Please list any other states you have held a DL in for the last three years.

If you have only held a Minnesota drivers license for the last 3 years, please initial here \_\_\_\_\_

Otherwise, please list below any drivers license held for 3 years prior.

| State | Name held in | Number |
|-------|--------------|--------|
| _____ | _____        | _____  |
| _____ | _____        | _____  |
| _____ | _____        | _____  |

**CRIMINAL BACKGROUND**

We will now need a check to be done in any other state you have lived in for the last ten years.

If you have only lived in Minnesota for the last 10 years, please initial here \_\_\_\_\_

Otherwise, please list below any other states you have lived in for 10 years prior.

| State | Name used if different |
|-------|------------------------|
| _____ | _____                  |
| _____ | _____                  |
| _____ | _____                  |
| _____ | _____                  |

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# DOT-Regulated Test Notification Appointment Form

**Employee/Applicant:** Please review the Drug/Alcohol Testing Procedures on the reverse side.

Company Name: Transit Team, Inc. Location: Minneapolis, MN

Print Employee/Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_)\_\_\_\_\_

**Relevant DOT Operating Administration:**

FMCSA     FTA     FAA     FRA     PHMSA     Coast Guard

**Type of DOT Test Scheduled** (*check one*):

Pre-Employment                       Post-Accident                                       Random

Reasonable Cause                       Return-to-Duty                                     

Other \_\_\_\_\_

Post Rehabilitation/Follow-Up     Periodic (Coast Guard Only)

**Type of Test(s) Required:**

Drug Test                                       Blood Alcohol Test (Coast Guard only)

Saliva Alcohol Test (QED)               Breath Alcohol Test (EBT)

Clinic Name: \_\_\_\_\_

Clinic Phone Number: (\_\_\_\_)\_\_\_\_\_

Clinic Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Test Appointment Date: \_\_\_\_\_

Time: \_\_\_\_\_ a.m. / p.m.

**NOTICE TO INDIVIDUALS SUBJECT TO DOT-TESTING:** You are hereby notified that the above-described drug and/or alcohol test is required pursuant to the Department of Transportation testing regulations set forth in 49 CFR Part 382 (FMCSA), 49 CFR Part 655 (FTA), 14 CFR Part 121 App. I & J (FAA), 49 CFR Part 219 (FRA), 49 CFR Part 199 (PHMSA), or 46 CFR Parts 4 and 16 (Coast Guard). This notice is provided to you in accordance with the applicable regulations.

***NOTE:*** This certificate should be retained in a secured file.

# **Drug and Alcohol Testing Procedures**

As required by the company policy, you have been scheduled for an appointment at the collection site listed on the reverse-side of this sheet for a drug and/or alcohol test. Please report to this site at the time scheduled and be prepared to provide a urine specimen of approximately two (2) ounces for drug testing. An alcohol test may also be required.

Strict privacy will be provided during specimen collection unless otherwise required or allowed by DOT urine specimen collections procedures. The collections site must immediately perform an observed collection if: 1) the collector is directed by the Designated Employer Representative to do so; 2) the collector observed materials brought to the collection site or the employees conduct clearly indicated an attempt to tamper with the specimen; 3) the temperature on the original specimen was out of range; or 4) the original specimen appeared to have been tampered with.

**The collection process for drug testing will consist of the following:**

- Provide collector with the "*DOT Regulated Test Appointment Form*" (Form MF101/reverse-side of this sheet).
- Present government issued personal identification (Photo I.D.) or company issued badge to collector.
- Coats, briefcases, hats, purses, etc. are not allowed into the collection room.
- You will be instructed to wash your hands before the collection.
- You will be provided with a private area to void unless otherwise specified. If you are unable to provide a urine specimen, you will be given up to forty (40) ounces of fluid during a three (3) hour period. If you remain unable to provide a void after the three (3) hour period, your DER will be contacted and you will be instructed on how to proceed.
- Keep your specimen container in sight at all times until sealed for transportation.
- Fill out the Custody & Control Form (CCF) completely.
- All drug test results will be processed through a U.S. Department of Health & Human Services/Substance Abuse & Mental Health Services Administration (HHS/SAMHSA)-certified laboratory and will be forwarded to the Medical Review Officer (MRO) at Lexis Nexis.
- The results from the MRO will be directed to your employer's Designated Employer Representative (DER).

**The collection process for alcohol testing will consist of the following:**

- A blood draw (Coast Guard only); or
- A screening test utilizing an Evidential Breath Testing (EBT) device or a saliva alcohol testing device.
- If the screening test registers above the established cut-off level, a confirmatory test by breath or blood is required.

**NOTE:** Failure to comply with this "Test Appointment Form" may be grounds for disciplinary action, up to and including termination or being considered unqualified for employment by the company.



# **Pre-Employment/Pre-Placement Acknowledgement Form**

## **Pre-Employment Tests Only:**

*Applicants please read and sign below.*

I HEREBY ACKNOWLEDGE that I have been informed by the Company of the requirement to submit to a pre-employment drug and/or alcohol test, as required by the U.S. Department of Transportation (DOT) regulations and Company policy. I understand that the DOT regulations require all prospective employees for safety-sensitive positions submit to a drug and/or alcohol test. A urine specimen will be collected at a site selected by the company and tested for drugs at a HHS/SAMHSA-certified laboratory. The laboratory results of the drug test will be reviewed, reported, and maintained by the Medical Review Officer (MRO) selected by the company. If the drug test result is negative, the MRO will report the test result to the company. I will be given an opportunity to discuss a positive laboratory test result with the MRO before the drug test is reported to the company as a verified positive.

I understand that if my drug and/or alcohol test is verified/confirmed as positive, if it is determined that there has been any interference with the collection or testing process (including adulteration and/or switching specimens) or if I refuse to submit to the required pre-employment drug and/or alcohol test, I will be considered unqualified for employment in a safety-sensitive position by the Company.

I also understand that, if hired, I will be required to submit to additional drug and/or alcohol tests as required by DOT regulations and as outlined in the Company policy and supportive material.

I acknowledge that the Company's offer of employment is conditioned on a negative test result and I will not be allowed to perform safety-sensitive functions unless and until I pass the required pre-employment drug and/or alcohol test.

***If you have any questions, please discuss them with the Company before signing.***

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Required if applicant is less than 18 years of age:***

I am the parent/guardian of \_\_\_\_\_. I hereby consent to his/her participation in a pre-employment drug and/or alcohol test as detailed above. I understand that test results will only be disclosed to the applicant.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

***NOTE: This certificate should be retained in a secured file.***



1154 NORTH 5th ST MINNEAPOLIS MN 55411

**To All Applicants or Current Employees Applying  
For Safety Sensitive Positions:**

Please Print

Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Have you ever 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 DOT agency drug and alcohol testing rules during the past two (2) years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES, Transit Team Inc. cannot use you to perform safety-sensitive functions, until and unless you document successful completion of the return-to-duty process as stated in Federal Department of Transportation Regulations 49 CFR Part 40. Please send this documentation to Transit Team Inc. Human Resources, Attn: Susie Deisch, 1154 5<sup>th</sup> Street North, Minneapolis, MN 55411.

**Authorization for Past Drug and Alcohol Test Results**

I hereby authorize my former employers to release to Transit Team Inc. the following information about me that has occurred within the past two (2) years from the date of this inquiry:

1. Alcohol test with a result of 0.04% or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested (including verified adulterated or substituted drug test results);
4. Other violations of DOT agency drug and alcohol testing regulations; and
5. With respect to any employee who violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements (including follow-up tests).

I understand that as a requirement for consideration for employment with Transit Team Inc., federal regulations require me to give written authorization to Transit Team Inc. to obtain the results of the above DOT required Drug and Alcohol tests (including any refusals to be tested) from all of the companies for which I was employed in a safety sensitive position for the past two (2) years. I understand that my signing of this authorization does not guarantee that I will be offered a position with Transit Team Inc. This information is to be released to Transit Team Inc. pursuant to Federal Department of Transportation Regulations 49 CFR Part 40.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date