

EMPLOYMENT APPLICATIONS FOR RADAR CONSISTS OF 3 PARTS.

- 1. RADAR EMPLOYMENT APPLICATION**
- 2. CONDITIONS OF EMPLOYMENT**
- 3. RADAR EQUAL OPPORTUNITY FORM**

ALL PARTS OF THE EMPLOYMENT APPLICATION MUST BE RETURNED IN ORDER FOR THE EMPLOYMENT APPLICATION TO BE REVIEWED.

RETURNED EMPLOYMENT APPLICATIONS MISSING PARTS WILL NOT BE CONSIDERED FOR REVIEW.

UHSTS, INC.

P.O. BOX 13825
ROANOKE, VA 24037

Employment Application

Applicant Information

Full Name:					Date:		
	<i>Last</i>		<i>First</i>		<i>M.I.</i>		
Address:							
	<i>Street Address</i>					<i>Apartment/Unit #</i>	
	<i>City</i>					<i>State</i>	<i>ZIP Code</i>
Phone:	()			E-mail Address:			
Date Available:			Social Security No.:			Desired Salary:	\$
Position Applied for:							
Are you a citizen of the United States?	YES ☐	NO ☐	If no, are you authorized to work in the U.S.?			YES ☐	NO ☐
Have you ever worked for this company?	YES ☐	NO ☐	If yes, when?				
Have you ever been convicted of a felony?	YES ☐	NO ☐					
If yes, explain:							

Education

High School:			Address:				
From:		To:		Did you graduate?	YES ☐	NO ☐	Degree:
College:			Address:				
From:		To:		Did you graduate?	YES ☐	NO ☐	Degree:
Other:			Address:				
From:		To:		Did you graduate?	YES ☐	NO ☐	Degree:

References

Please list three professional references.

Full Name:			Relationship:		
Company:				Phone:	()
Address:					
Full Name:			Relationship:		
Company:				Phone:	()
Address:					
Full Name:			Relationship:		

Company:					Phone:	()	
Address:							
Previous Employment							
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:							
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES ☐	NO ☐		
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:							
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES ☐	NO ☐		
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:							
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES ☐	NO ☐		
Company:					Phone:	()	
Address:					Supervisor:		
Job Title:							
Responsibilities:							
From:		To:		Reason for Leaving:			
May we contact your previous supervisor for a reference?				YES ☐	NO ☐		
Military Service							
Branch:					From:		To:
Rank at Discharge:				Type of Discharge:			
If other than honorable, explain:							

Disclaimer and Signature

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize {UHSTS, INC.} to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of {UHSTS, INC.} serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that I would be required to make mandatory contributions to the {UHSTS, INC} Retirement System or to an optional retirement program, if applicable. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____

Date: _____

UNIFIED HUMAN SERVICES TRANSPORTATION SYSTEM, INC.

PRE-EMPLOYMENT APPLICANT NOTIFICATION

CONDITIONS OF EMPLOYMENT

At-Will Employment

Employment by the Transit System is at will of the Transit System and the employee. An employee's employment and compensation can be terminated with or without cause, for a reason or for no reason, and with or without notice, at any time, at the option of the Transit System or the employee. No officers, supervisor, employee or representative of the Transit System, other than the Executive Director, has the authority to enter into any Agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

ALL APPLICANTS ACCEPTED FOR EMPLOYMENT MUST COMPLY WITH THE FOLLOWING REQUIREMENTS.

Check of References, Criminal History Record, Division of Motor Vehicles Record; Child Protective Services Release.

Job applicants must comply with the Transit System's standards for satisfactory personnel and employment reference checks, a criminal history record check, a Division of Motor Vehicles record check, and a Child Protective Services release. All employees if requested, must provide a written authorization from third parties on any personal, employment, and criminal history, to periodically check driving records, and to conduct whatever other reasonable investigation is believed necessary to determine the employee's fitness for continued employment with the Transit System.

An individual must not have been convicted of a Felony, to be considered for employment.

Operator's License

Any person applying for a position as an Operator must at least have a valid Virginia operator's license and be able to obtain a Commercial Driver's License in a specified time. All applicants must provide the Transit System with a copy of their Driving Record before being hired. The Transit System shall not employ as an operator any person whose motor vehicle record reflects the following:

1. Two or more convictions for moving violations within the past 12 months.
2. Three or more convictions for moving violations within the past 36 months.
3. Driving under the influence within the past five years.
4. Reckless driving within the past four years.
5. Speeding in excess of 20 miles per hour over the limit within the past 5 years.
6. Hit and run within the past five years.
7. Suspension or revocation of license.

Physical Examination

The United States Department of Transportation has issued rules on operator eligibility. Among the current rules is the requirement for a physical examination certifying the physical fitness of an employee. This must be completed prior to the employee being allowed to transport passengers under a Commercial Driver's License. The Transit System will pay for this physical upon offering employment to any applicant. All applicants must pass this physical before being employed and must be able to maintain their physical throughout their employment.

Citizenship

The Immigration Reform and Control Act of 1986 requires all employers to verify that employees hired after November 6, 1986, are United States citizens or are aliens authorized to work in this country. All employees are required to furnish proof of the above when an offer of employment is made so that the Transit System may comply with federal law.

Substance Abuse

Applicants for all positions of the Transit System are required to pass a pre-employment urine drug test in accordance with Federal regulations. You will be excluded from consideration for employment with the Transit System if the results of your urine drug test indicate evidence of marijuana, cocaine, opiates, phencyclidine (PCP), and/or amphetamines. In addition, all applications agree to meet all requirements as mandated by the Agency's Drug and Alcohol Program and as required by Federal Transit Administration.

Effective August 1, 2001 the Federal Transit Administration's U.S. DOT's 49 CFR Part 40 regulations state that all DOT regulated employers are required to obtain specific information pertaining to applicant's drug and alcohol test records.

Please answer the following questions. Failure to provide accurate information to the questions below can disqualify you for a position with Unified Human Services Transportation System, Inc.

1. During the past two years, 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 work covered by the DOT agency's drug and alcohol testing rules?

_____Yes _____no

2. Have you ever tested positive for a drug or alcohol test administered by a DOT regulated employer?

_____Yes _____no

3. If you answered yes to any of the above questions, please document successful completion of a return to duty process, including follow-up test. Please give Substance Abuse Professional's name, address, and phone number for further assistance.

4. I hereby authorize the above Substance Abuse Professional to release any and all documentation pertaining to my return to duty process to:

Unified Human Services Transportation System, Inc

P.O. Box 13825

Roanoke, Virginia 24037

Other:

All applicants may be required to meet other requirements that are not stated in the above information.

Application:

I HAVE READ AND UNDERSTOOD THE ABOVE. I ACCEPT THE STATED CONDITIONS FOR CONSIDERATION OF EMPLOYMENT BY THE TRANSIT SYSTEM.

Applicant _____

Date:_____

Revised 3/17/04



UHSTS, Inc.
PO BOX 13825
Roanoke, VA 24037

Equal Employment Opportunity Form

Full Name: _____
Last First M.I.

Date: ____ / ____ / ____

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. The information is voluntary and will only be used for the mandatory reporting on the EEO-1 form for the U.S. Equal Employment Opportunity Commission.

Racial or Ethnic Group

- | | | |
|--|---|---|
| ☐ American Indian/Alaskan | ☐ Asian/Pacific Islander | ☐ Black/African American |
| ☐ Hispanic/Latino | ☐ White/Caucasian | ☐ Other: _____ |

Gender

- | | |
|-------------------------------------|-------------------------------|
| ☐ Female | ☐ Male |
| ☐ Non-Binary | |

Military Service

- | | |
|---|---|
| ☐ Pre-Vietnam Era | ☐ Vietnam Era |
| ☐ Post-Vietnam Era | ☐ Disabled Veteran |

Disability

- | | | |
|------------------------------|-----------------------------|--|
| ☐ Yes | ☐ No | ☐ Prefer Not to Say |
|------------------------------|-----------------------------|--|

How did you hear about your position?

- | | | |
|---------------------------------------|---|---|
| ☐ Newspaper | ☐ Company Employee | ☐ Professional Publication |
| ☐ Job Fair | ☐ Placement Office | ☐ Web Site |
| ☐ Other: _____ | | |

***The EEO-1 Component 1 report is a mandatory annual data collection that requires all private sector employers with 100 or more employees, and federal contractors with 50 or more employees meeting certain criteria, to submit workforce demographic data, including data by job category and sex and race or ethnicity, to the EEOC. The authorities under which EEO-1 Component 1 data are collected include: Section 709(c) of Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000e, et seq., and Sections 1602.7-1602.14, Chapter XIV, Title 29 of the Code of Federal Regulations (CFR); Exec. Order No. 11246, 30 FR 12319 (Sept. 24, 1965) and 40 CFR 60-1.7(a).m**

INFORMATION REQUEST

CRD 93 (06/25/2011)

DMV DIRECT USE ONLY

Fee \$
Add Fee \$

Purpose: Use this form to request driving or vehicle information from DMV records.

Instructions: Type or print clearly.

REQUESTER INFORMATION			
REQUESTER NAME (last) (first) (mi) (suffix)			ORGANIZATIONAL AFFILIATION (if any)
STREET ADDRESS			TELEPHONE NUMBER ()
CITY	STATE	ZIP CODE	FEDERAL TAX ID OR SOCIAL SECURITY NUMBER*
USE AGREEMENT NUMBER (if applicable)			ACCESS CODE (if applicable)
REASON FOR REQUEST (be specific)			
I understand that it is unlawful to use information provided by DMV for any purpose other than the one stated. I certify that the information I have requested with this form will be used only for the stated purpose. I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.			
REQUESTER SIGNATURE			DATE (mm/dd/yyyy)

INFORMATION REQUESTED			
Check one or more boxes below to indicate the type of information you wish to receive. All data fields must be completed for each type of information requested.			
☐ PERSONAL INFORMATION FOR SUBJECT (Includes name and address)			
SUBJECT NAME (print) (last) (first) (mi) (suffix)			
STREET ADDRESS			
CITY	STATE	ZIP CODE	
☐ DRIVING RECORD INFORMATION FOR SUBJECT (Includes license history and conviction data)			
DRIVER LICENSE NUMBER	or	BIRTH DATE (mm/dd/yyyy)	
An authorization from subject is required for employers and others not authorized by Virginia code.			
I authorize the Department of Motor Vehicles to furnish, for this one time only, information pertaining to my driving record to the requester identified above.			
SUBJECT SIGNATURE			DATE (mm/dd/yyyy)
☐ VEHICLE INFORMATION (Includes vehicle description and registration data)			
VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE MAKE	VEHICLE YEAR	
☐ ACCIDENT REPORT			
DRIVER NAME	DRIVER LICENSE NUMBER	ACCIDENT DATE (mm/dd/yyyy)	

* Required by the State Comptroller for debt set-off collection purposes in accordance with Virginia Code §§2.1-196, 2.1-731, 2.1-734, et al.

Continues on Reverse Side

☐ **OTHER INFORMATION (Be specific)**

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DMV CUSTOMER SERVICE CENTER USE ONLY

Proof of Requester's Identification

☐ Valid Driver's License Number _____

☐ Other Photo Identification _____

Proof of Requester's Organization Affiliation

☐ Request on Organization Letterhead Stationery

☐ Business Card from Organization

☐ Law Enforcement Badge Number _____

☐ Other _____

If referred to Headquarters to Fill Request, Complete:

CSR Name _____

CSC Name (not CSC number) _____

Remarks/CSR Stamp

Fee Charged

\$