



Butler County Regional Transit Authority
3045 Moser Court
Hamilton, Ohio 45011
Phone 513-785-5237 - Fax 513-785-5227

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name: _____ Date: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Social Security # _____

Are you at least 25 years old? Yes No

Have you been previously employed by BCRTA? Yes No

If yes, type of duties performed: _____

Do you have any relatives or friends employed by BCRTA? Yes No

If yes, give names and relationship to you: _____

Type of work applied for: Full time Part time

Rate of salary expected: _____

When would you be available for work? Date: _____

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
AM (5AM to 12 PM)							
PM (12 PM to 6 PM)							
Evening (6PM to 12 AM)							

Ohio Driver's License #: _____ Expiration Date: _____

Do you have a Commercial Driver's License (CDL)? Yes No

(Not having a CDL will not disqualify you from employment.)

If yes, what CDL Class? _____ Endorsements? _____

During the past five years (other than traffic violations), have you been convicted in a court of law? Yes No

If yes, give details: _____

Any moving traffic violations? Yes No

If yes, how many?

Give dates and type of violations: _____

Has your Driver's License from any state ever been revoked? Yes No

If yes, give state and details:

Have you been in any traffic accidents in the last five (5) years? Yes No

If yes, describe:

As a condition of employment, do you consent to an initial physical examination as required by the Ohio Department of Transportation? Yes No

Do you consent to taking physical examinations at other times as required by BCRTA? Yes No

WORK EXPERIENCE

Name of Employer _____
Address of Employer _____
Supervisor Name _____ Phone # _____
Employed from (date): _____ To (date): _____
Duties _____

Reason for leaving _____

Name of Employer _____
Address of Employer _____
Supervisor Name _____ Phone # _____
Employed from (date): _____ To (date): _____
Duties _____

Reason for leaving _____

Name of Employer _____
Address of Employer _____
Supervisor Name _____ Phone # _____
Employed from (date): _____ To (date): _____
Duties _____

Reason for leaving _____

Please give three personal references – not relatives or former employers (*persons in the Butler County area, if possible*).

Name: _____
Phone # or
email address: _____
Business/Occupation: _____

Name: _____
Phone # or
email address: _____
Business/Occupation: _____

Name: _____
Phone # or
email address: _____
Business/Occupation: _____

EDUCATION

Name of school attended: _____
Highest grade completed: _____
Applicable skills acquired related to position (such as customer service, driver training, computer skills):

Are you now engaged in or planning any schoolwork or study? Yes No

If yes, explain:

In the area below, please describe any additional information or special qualifications you have for the position(s) requested. Include special machines or equipment you operate, hobbies which have taught you qualifying skills, etc:

I certify that the facts I have given in this application are true and correct and I hereby make application for employment in the services of BCRTA with the full understanding that, in the event of my employment, any withholding of information or the making of false statements, either in my application or to the BCRTA Medical Examiner, is cause for my discharge without notice.

Applicants Signature

Date

! NOTICE TO APPLICANTS !

All new employees must pass a background and drug test for employment. You are required to submit a urine specimen at a designated collection site. Your urine specimen will be tested at a laboratory approved by the Federal Transit Administration for the following drug substances: marijuana, cocaine, opiates, phencyclidine (PCP) and amphetamines.

You will be subject to further urine testing on a random unannounced basis; when there is a reasonable cause to believe you have used prohibited substances; following an accident; or prior to return to duty. If you fail to pass a drug test or undergo treatment for drug or alcohol abuse you will be required to report within five days to the BCRTA Management any conviction for violation of a criminal drug statute.

Certification: I have read and understand this notice and agree to all of the provisions thereof:

Applicants Signature

Date

TO BE ANSWERED BY ALL APPLICANTS

Do you authorize BCRTA to make any investigation considered necessary in regard to your application, including contacting former Employers?

Yes

No

**BUTLER COUNTY REGIONAL TRANSIT AUTHORITY FTA
APPLICANT DRUG TESTING
NOTIFICATION AND ACKNOWLEDGEMENT**

I hereby acknowledge and understand that, as part of my application for employment with BUTLER COUNTY REGIONAL TRANSIT AUTHORITY for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U. S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having no evidence of prohibited drug use.

I will be tested for the following drugs: **Marijuana, cocaine, Phencyclidine (PCP), Opiates, MDMA (Ecstasy), and Amphetamines.**

I understand that if I receive a positive test result or I refuse to submit (includes adulterated or substituted specimen), I must comply in accordance with 49 CFR Part 40, Subpart O as amended the requirements of the return-to duty process and cannot perform safety-sensitive functions for any DOT regulated employer until I receive a negative return-to duty test result.

Date: _____

Applicant Name (Print):

Applicant Signature:

(Your application will not be considered for employment for a covered safety-sensitive position unless this acknowledgement is completed and signed.)

**BUTLER COUNTY REGIONAL TRANSIT AUTHORITY Applicant/Driver
Certification Statement**

SECTION I: TO BE COMPLETED BY APPLICANT

In accordance with 49 CFR §40.25 as amended you as the an applicant seeking to begin performing safety-sensitive duties for the first time with BUTLER COUNTY REGIONAL TRANSIT AUTHORITY must document whether you have engaged in any prohibited drug and/or alcohol conduct with a previous DOT-regulated employer (s) who have employed you during any period during the two (2) years before date of application with BUTLER COUNTY REGIONAL TRANSIT AUTHORITY. I understand that, in accordance with DOT regulations the BUTLER COUNTY REGIONAL TRANSIT AUTHORITY is required to contact the DOT-regulated employer (s) for which I have been employed with during any period during the two (2) years before date of application with BUTLER COUNTY REGIONAL TRANSIT AUTHORITY.

I certify that this information is complete and accurate. I understand that failure to accurately report information may result in my not being retained for employment by the BUTLER COUNTY REGIONAL TRANSIT AUTHORITY.

Applicant's Name: _____

Applicant's Social Security Number: _____ Date of Application: _____

Applicant's Signature: _____

Drug and Alcohol Testing History Information To Report

	Yes	No	Date of Violation
In accordance with 49 CFR §40.25 I have information to report	___	___	
Verified positive controlled substance test result	___	___	
Refusal to be tested (including verified adulterated or substituted test results)	___	___	
Confirmed alcohol test result with a concentration of 0.04 or greater	___	___	
Other violations of DOT drug and alcohol testing regulations	___	___	
Completion of Return-to-Duty Process in accordance with 49 CFR §40, Sub O	___	___	

If you have answered **YES** to any of the above drug and alcohol testing violations please provide below a brief description of the occurrence:

At the time of the violation I was an applicant _____

At the time of the violation I was an employee _____

Please list below the name of both the employer that has the information on the violation and/or the completion of my Return-to Duty Process and the Substance Abuse Professional (SAP) who provided my evaluation and recommendations.

Name of Previous Employer and/or company applied to: _____

Designated Employer Representative (DER): _____

Company Address: _____

Company Phone Number: _____

SAP Name: _____

SAP Telephone Number: _____

SAP E-mail Address: _____

SAP Address: _____