



**WORK HISTORY** (Please begin with your current or most recent position)

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Name and Address of Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Final Pay Rate \_\_\_\_\_

Supervisor Name and Title \_\_\_\_\_ Phone Number \_\_\_\_\_

May We Contact Supervisor? \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Name and Address of Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Final Pay Rate \_\_\_\_\_

Supervisor Name and Title \_\_\_\_\_ Phone Number \_\_\_\_\_

May We Contact Supervisor? \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Name and Address of Employer \_\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_ Starting Pay \_\_\_\_\_ Final Pay Rate \_\_\_\_\_

Supervisor Name and Title \_\_\_\_\_ Phone Number \_\_\_\_\_

May We Contact Supervisor? \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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**Service Record**

Branch of Service \_\_\_\_\_ Discharge Date \_\_\_\_\_ Rank \_\_\_\_\_

Current Membership in National Guard or Reserve \_\_\_\_\_ End of Obligation \_\_\_\_\_

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**Drug & Alcohol Testing**

In the past two years have you worked in a job that was "Safety Sensitive" and subject to pre-employment

And random drug testing? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, a additional "Release of Information of Alcohol & Controlled Substance Testing" form is required*

**RELEASE 7 DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICANT/DRIVER  
REQUIRED BY PART 40.25(j).**

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

Applicant/Driver to answer items listed below.

During the past two (2) years have you tested positive on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES \_\_\_\_\_ NO \_\_\_\_\_

During the past two (2) years have you refused to test on a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart O.

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

Date \_\_\_\_\_ Name (printed) \_\_\_\_\_

Signature of Applicant / Driver \_\_\_\_\_

Witness \_\_\_\_\_

Record keeping requirements: If "Yes" to either question –5 year retention  
If "No" to both questions – discard after employment terminates

## **Applicant Drug Testing Acknowledgement**

I understand that if I am the candidate chosen for employment, then as part of the application process, I must successfully complete a USDOT drug test as required by 49 CFR Part 40 and 655. I understand that a negative result is required before I will be able to perform a safety sensitive function. Participation in the federal drug and alcohol program is a condition of employment.

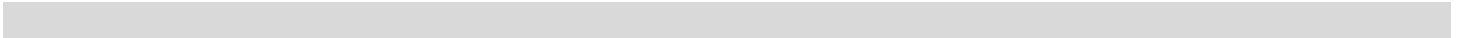
I also certify that I have not had a positive result on a pre-employment drug test in the past two (2) years.

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Applicant Signature

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Date



**REGIONAL TRANSPORTATION PROGRAM, INC  
PRE-EMPLOYMENT URINALYSIS AND BREATH ANALYSYS CONSENT FORM**

I understand that as required by the Federal Highway Administration Regulations, Title 49 Code of Federal Regulations, Section 382.301, all safety sensitive applicants of this employer must be tested for controlled substances and alcohol as a pre-condition for employment.

I consent to the urine sample collection and testing for controlled substances, and the breath sample collection and testing for alcohol.

I understand that a verified positive test result for controlled substances and/or an alcohol concentration of 0.04 or higher will render me unqualified to operate a commercial motor vehicle and/or work for Regional Transportation Program.

The medical review officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer. If the results are positive, the controlled substance will be identified.

Alcohol test results will be maintained by the employer.

The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

\_\_\_\_\_  
Applicant's Name – Print

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature



**Additional Information**

Please note any additional skills, training or experiences which relate to your ability to perform the position for which you are applying.

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Attached is a job description. Can you perform the essential functions of this job with or without reasonable accommodations?    \_\_\_\_\_ Yes                      \_\_\_\_\_ No

**References** (Please list three persons, not related to you, whom you have known for at least one year).

<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Years Acquainted</u>

**Please Read, Initial Each Statement and Sign Below**

The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that if employed, any false statement on this application may result in failure to consider my application further, or if hired, my dismissal. \_\_\_\_\_

I understand and agree that any job offer may be contingent upon the results of a physical examination, pre-employment drug testing, motor vehicle checks, criminal background checks, and/or DHHS checks, and I release RTP, its directors, officers, agents or employees from any claim arising in connection with the use of such examination. \_\_\_\_\_

I give permission for RTP to contact any persons in this application that I have listed as previous or current employers and any persons I have listed as references. \_\_\_\_\_

I authorize investigation of any and all information, personal or otherwise contained in my application, related papers, and/or job interviews. I give permission to do any / all necessary checks / tests, and I hereby release all parties from all liability for any damages that may result from furnishing such information to RTP. \_\_\_\_\_

I understand that if I am hired, employment is 'at will' and may be terminated by me or the employer at any time. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## JOB DESCRIPTION

**Job Title:** Driver

**Summary of Responsibilities:** Safely transports RTP riders along designated route in compliance with RTP policies and procedures and within allotted time frames.

**Essential Functions:**

1. Transports assigned riders within allotted time frames by following designated route, stopping at designated locations, assisting riders on and off the bus.
2. Maintains safe conditions by complying with traffic regulations, observing traffic conditions, avoiding dangerous situations, and enforcing passenger safety rules.
3. Maintains communications with Mobility Management Team via two-way radio
4. Completes accurate, complete, and timely records as required by RTP policies and procedures.
5. Supports safety efforts by reporting needed service to Mobility Management Team and/or Maintenance.

**Additional Responsibilities:**

1. Completes pre / post trip daily vehicle reports (VCR) and provides completed report to Maintenance.
2. Performs related duties as assigned by Mobility Management Team.

**Job Qualifications:**

1. Current Maine Drivers License (CDL if required with passenger designation).
2. Ability to receive and maintain a current Medical Examiner's Certificate to RTP's specifications.
3. Ability to pass motor vehicle, criminal background and DHHS background checks at initial hire and regular intervals.
4. Ability to load, secure, and unload individuals using disability aids including wheelchairs.
5. General knowledge of roads in service areas.
6. Ability to complete written records required by applicable RTP policies and procedures.
7. Ability to communicate effectively and with sensitivity with riders and to maintain effective working relationships with other RTP staff members. Ability to communicate with MMT via two-way radio system.

**Reports to:** Mobility Management Team / Mobility Programs Manager

**Direct Reports:** None

**Classification:** Hourly, non-exempt

**Date:** 01-2010

I have read the above job description for the position of driver.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date



Dear Applicant:

The position you are applying for requires pre-employment checks. Please refer to the list below to see what checks are required. RTP will pay for all required checks.

<b>Position</b>	<b>Required Checks</b>
Driver	Motor Vehicle Criminal History DHHS background Physical Drug Reference

## RTP Driver Selection Standards

### HOW THE SELECTION STANDARDS LIST WORKS

This list is intended as a guideline in selecting new drivers and for evaluating the ongoing records of hired & volunteer drivers. A check of each driver's license record will be done annually. All drivers are informed of the standards for acceptable drivers and their responsibility to immediately report any citations or accidents, either during service to **RTP** or on personal time. A potential driver is not approved until he/she passes **RTP's** eligibility screening (application, background checks, review of selection guidelines, pre-employment drug test, DOT physical, and reference checks).

To enable an objective evaluation of each applicant's record, a point system has been adopted. A person scoring above the recommended point level is not eligible for employment. The system works by running the driving records for the applicable driver and comparing any citations or accidents that have occurred within the last five (5) years with the list of point values. The driver's ten (10) year record may also be reviewed in determining potential risk. The total points are compared with the **acceptable standard of four (4) or fewer points**. Each citation is counted separately, even if the driver received more than one citation for the same incident. The potential driver must also meet all other eligibility screening requirements.

Points	Citation
1	Defective or problem equipment
1	No insurance in vehicle / expired insurance
1	Expired license / license not on person
1	Failure to signal
1	Seat belt violation
1	Speeding ( 5 to 9 over)
1	Impeding traffic ( traveling too slowly)
2	Improper child restraint
2	Headphones or illegal TV
2	Illegal turns
2	Failure to yield or stop
2	Following too closely
2	Illegal lane change / improper lane travel
3	Violation of a school bus sign
3	Illegal passing
3	No insurance
3	Speeding ( 10 – 14 over)
3	At fault accident
4	Failure to appear
4	No valid license
4	Speeding (15 or over)
5	Unsatisfied bench warrant
5*	Driving with license suspended or revoked
5*	Hit & run (misdemeanor)
5**	Eluding a police vehicle
5**	DWI, OUI, Reckless/Negligent driving
5**	Vehicular assault / homicide, hit & run (felony)
5**	More than one accident in 3 – 5 years

\* Disqualified if in last five (5) years.  
 \*\* Disqualified if in last ten (10) years.

I understand that these standards are used in rating my driving record at my initial hiring and also annually. If at any time my score goes above the acceptable limit stated above, I am no longer eligible to be a driver for RTP. I also understand that I must immediately report any citations (tickets) I get whether they are in an RTP or personal vehicle.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As Part of our pre-employment and recertification physical, this functional assessment will be conducted by our health provider. In order to be a driver with RTP, you must be able to pass this test at pre-employment and recertification.

Job Title: Driver  
Company Name: Regional Transportation Program

These are the essential functions for this job:

Sitting	3 – 7 hours / day
Walking	1 – 3 hours / day
Lifting	25 – 50 lbs with good body mechanics or 10 – 25 lbs with improper body mechanics
Twisting	Moderate twisting: 121 – 480 twists / day (480 based on 1 twist per minute)
Bending	Moderate bending: 121 – 480 bends / day (480 based on 1 bend per minute)
Squat/Kneel	1 – 3 hours / day – need not be continuous
Endurance	Moderate energy requirements ( 5 – 7 mets)
Wrist Position	Slight deviation of wrist
Right Hand	61 – 100% of job cycle time
Either Hand	61 – 100% of job cycle time
Both Hands	61 – 100% of job cycle time
Near Vision	Requires 20/40 near vision
Far Vision	Requires 20/40 far vision
Color Discrim	Requires discrimination among red, green and white
Visual Depth	Moderate depth perception required
Hearing	Requires hearing whispered voice at 8 feet (FAA class II)
Infections	Moderate exposure to infections
Low Temperature	Work environment below 15 F
High Temperature	Work environment over 90 F
Slippery Surfaces	Moderate amount of time on slippery surfaces (3 – 7 hrs / day)
Uneven Surfaces	Moderate amount of time on uneven surfaces (3 – 7 hrs / day)
Confined Spaces	Work in cramped positions / confined spaces ( 3 – 7 hrs / day)
Vibration	Pronounced or continuous vibration (7 or more hours / day)

*Continued on Next Page*

## Work Skills Assessment Criteria

### **FUNCTIONAL ROM:**

**NECK** – Look left, right, up and down

**BACK** – Twist right, left, bend forward and touch floor, back bend/extend

**UPPER EXTREMITIES** – Reach overhead, touch behind neck, touch behind back, touch shoulders

**LOWER EXTREMITIES** – full squat, kneel right, kneel left. Step up and down 12”

- Lifting floor to waist 40lbs
- Lift overhead 20lbs
- Carry 25lbs fifty feet and up and down steps (groceries)
- Push right and left (rotary plate 5) 35lbs of force (doors, lockdowns, sweeping)
- Push cart 90lbs of force (scooter, power chair, or manual chair plus occupant up and down ramps, over rough terrain such as gravel or snow covered driveways, in and out of vehicle)

I have read the criteria specified above and certify to the best of my knowledge I am able to perform the essential functions of the Driver position. I understand that if I am considered as a candidate, I will be sent to RTP's health provider for a pre-employment physical. If I do not pass such physical, I cannot drive for RTP. I also understand that recertification physicals are a requirement of this position, and that if I do not pass the recertification physical, I can no longer be employed as a driver by RTP.

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Applicant's Signature

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Date

**REGIONAL TRANSPORTATION PROGRAM, INC.**

**NOTICE TO DRIVERS AND CERTIFICATE OF COMPLIANCE**

**I. NOTICE TO DRIVERS:**

The Commercial Motor Vehicle Safety Act of 1986 provided for a new set of controls over the drivers of commercial vehicles. To meet the provisions of that Act, RTP adopted the following requirements for all RTP drivers. Effective July 1, 1987, each and every RTP driver shall:

1. Have only one driver's license, which must be issued by the State of Maine.
2. Surrender any driver's licenses issued by any other state(s) to the state that issued the license.
3. Notify the State of Maine and RTP of any and all traffic violations which he or she has been convicted of (with the exception of parking violations) within thirty (30) days of said conviction, regardless of the jurisdiction in which the violation occurred and/or the severity of the violation. For this purpose you are also considered to have been convicted of traffic violation if you have paid any fine and/or court costs, or have forfeited bond or collateral on account of any traffic violation.
4. Notify RTP immediately when and if his or her driver's license has been suspended, revoked, canceled or he or she is, for any reason, disqualified from operating the vehicle(s) which he or she was hired to drive.
5. Report to RTP any and all commercial driving done within the last ten years.

**II. CERTIFICATION BY DRIVER:**

I hereby certify that I have read, understand and will comply with the preceding rules adopted by RTP to carry out the driver provisions of the Commercial Motor Vehicle Safety Act of 1986, which became effective on July 1, 1987.

Driver's Name (print) \_\_\_\_\_ Last four digits of  
Social Security No. \_\_\_\_\_

Driver's Address \_\_\_\_\_  
\_\_\_\_\_

License: State \_\_\_\_\_ Type/Class/Endorsement \_\_\_\_\_ No. \_\_\_\_\_

I further certify that the above vehicle driver's license is the only one I hold.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Date



# AUTHORIZATION TO RELEASE INFORMATION

I, _____	_____	_____	
Last Name	First Name	Middle Name	
_____		_____	Current Address
Dates Lived Here			
_____		_____	Dates of Residence:
Addresses for the Past Seven Years: (include street, city, state, zip code)			
_____		_____	
_____		_____	
_____	_____	_____	
Date of Birth	Other Names Used (including maiden name)	Years Used	
_____	_____	_____	Social
Security Number	Driver's License #	State	

Email address (may be used for official correspondence)

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

\*\*I hereby do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

_____	_____	_____
Printed Name	Applicant Signature	Date

**CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.**

**DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.**





State of Maine  
Department of Motor Vehicles  
19 Anthony Avenue  
Augusta, ME 04330

DATE: \_\_\_\_\_

### REQUEST FOR DRIVING RECORD

I, \_\_\_\_\_, do hereby authorize Regional Transportation Program, Inc. (RTP) to request and receive my driving records from the State of Maine, Department of Motor Vehicles.

My information is as follows: (Please print legibly)

**NAME:**

**DATE OF BIRTH:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(First) (MI) (Last) (Month) (Day)(Year)

Other Names Known By: \_\_\_\_\_

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



State Bureau of Identification  
Maine State Police  
36 Hospital Street  
Augusta, Maine 04330-6514

DATE: \_\_\_\_\_

### REQUEST FOR CRIMINAL HISTORY RECORD

As authorized by 16 MRSA 615, we hereby request all criminal history information for the following person:

**NAME:**

**DATE OF BIRTH:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(First) (MI) (Last) (Month) (Day) (Year)

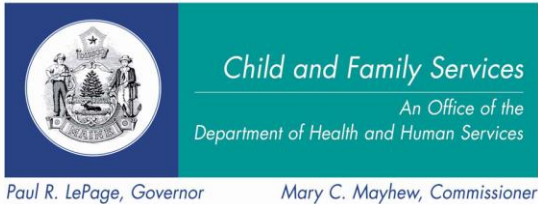
Other Names Known By: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize Regional Transportation Program, Inc. (RTP) to request and receive any and all criminal history information about me held by the SBI or any other agency.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**





Department of Health and Human Services  
Child and Family Services  
2 Anthony Avenue  
11 State House Station  
Augusta, Maine 04333-0011  
Tel. (207) 624-7900  
Fax (207) 287-5282; TTY (800) 606-0215

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: **2060**

**Cindy Gilson  
Regional Transportation Program, Inc.  
127 St. John Street  
Portland, ME 04102**

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
**(Please print clearly)**  
confidential information to the above agency regarding whether I have been involved in a substantiated Maine  
Child Protective Services case and the nature of that involvement.

**I understand that:**

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children, adults, and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

DATE OF BIRTH: \_\_\_\_\_ ALIASES (including maiden): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAINE  
ADDRESS: \_\_\_\_\_

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person was **NOT INVOLVED** in a substantiated Maine Child Protective Services case.

\_\_\_\_\_  
DHHS, OCFS, Child Protective Intake Staff

**IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT→**

