

Grant County Transportation District

PO Box 126
229 NE Dayton St.
John Day, OR 97845
(541)575-2370

Job Application

GCTD provides reasonable accommodations for qualified individuals with disabilities. To request accommodation in the recruitment or selection process please contact GCTD at 541-575-2370.

GCTD hires only United States citizens and aliens lawfully authorized to work in the United States. All new employees will be required to complete an I-9 form and provide documentation establishing identity and employment eligibility within three (3) days of hire.

GCTD is an Equal Opportunity and Drug Free Workplace Employer.

Unsigned, incomplete, or illegible applications will not be considered. A resume may be attached to the application, but it does not substitute for completion of this application form.

Personal Profile

Name:	Position applied for:
Address:	City/State/Zipcode: , +
Email:	
Primary phone: ()	Alternate phone: ()
Former last name(s) (if applicable):	Month/day of birth: /
Driver's license number:	State: Class: Commercial:____ Passenger Endorsement____
Have you held a driver's license in any state besides Oregon in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, we will need a copy of your driving record from that state within 2 weeks of your application submission. Please list any traffic violations within the past 5 years.	
Can you, after employment, submit proof of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your highest level of education?	
Types of positions you will accept: <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Types of shifts you will accept: <input type="checkbox"/> Day <input type="checkbox"/> Split Shift <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> Holidays <input type="checkbox"/> On Call	

Additional Questions

How did you first learn of this position?
If you were referred by an employee, please provide employee name.
Have you previously submitted an employment application with GCTD? <input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a former GCTD employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of previous GCTD employment: /
Will you be able to satisfy GCTD's attendance requirements, which require employees to report to work on time regularly and to avoid absences?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you possess a high school diploma or GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list any aliases or other names in the last ten years.	
Give dates and explain all periods of unemployment over three months.	
Do you require a reasonable accommodation to participate in the recruitment or selection process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>ORS 408.225, 408.230, 408.235 and OAR 105-040-00010, 105-040-0015 provide qualifying veterans and disabled veterans with preference in employment in accordance with Oregon law. If you think you may qualify, please read and answer the following questions carefully. Check the box for each item that is appropriate.</p> <p>Are you a veteran and are claiming veterans' preference points? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, I will provide proof of eligibility by submitting a copy of my DD-214 or DD-215)</p>	
<p>QUALIFIED VETERAN QUESTIONS: You may claim <u>5 POINTS</u> veterans' preference if you check at least one box below and provide proof of eligibility by submitting a copy of your DD-214 or DD-215.</p>	
<p><u>Section One</u> – ORS 405.225(1) and ORS 408.225(2) – <u>select one response only</u></p> <p><input type="checkbox"/> I served on active duty* with the Armed Forces of the United States for a period of more than 178 consecutive days and was discharged or released from active duty under honorable conditions; ORS 408.225(1)(E)(A)(i) <u>OR</u></p> <p><input type="checkbox"/> I served on active duty* with the Armed Forces of the United States for 178 days or less was discharged or released from active duty under honorable conditions because of a service-connected disability; ORS 408.225(1)(E)(A)(ii) <u>OR</u></p> <p><input type="checkbox"/> I served on active duty* with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; ORS 408.225(1)(E)(A)(ii) <u>OR</u></p> <p><input type="checkbox"/> I received a combat or campaign ribbon for service in the Armed Forces of the United States; ORS 408.225(1)(B)</p>	
<p><u>Section Two</u> – ORS 408.230(1) and ORS 408.230(5) – <u>select one response only</u></p> <p><input type="checkbox"/> This application is for an initial appointment. (not a promotion test for a position which will put me in another job class having a higher maximum salary rate); <u>OR</u></p> <p><input type="checkbox"/> After my initial permanent appointment to a civil service position, I was granted military leave to serve in the armed services for more than 178 days, and then returned to duty in a permanent civil service position. This application is for a promotion to a position that would put me in a higher job class having a higher maximum salary rate.</p>	
<p>Are you a disabled veteran and are claiming veterans' preference points? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, I will provide proof of eligibility by submitting a copy of my DD-214 or DD-215)</p>	
<p>QUALIFIED DISABLED VETERAN QUESTIONS: You may claim <u>10 POINTS</u> veterans' preference if you check at least one box in each of the two sections below and provide proof of eligibility by submitting both: a copy of your DD-214 or DD-215 and a copy of your veterans' disability preference letter stating your disability and dated within the last 6 months from the Department of Veterans' Administration.</p>	
<p><u>Section One</u> – ORS 408.225(1)(c) – <u>select one response only</u></p> <p><input type="checkbox"/> I am entitled to disability compensation under law administered by the United States Department of Veterans' Affairs; <u>OR</u></p>	
<p><input type="checkbox"/> I am discharged or released from active duty for a disability incurred or aggravated in the line of duty; <u>OR</u></p>	

<input type="checkbox"/> I was awarded the Purple Heart for wounds received in combat.
<u>Section Two</u> – ORS 408.230 – <u>select one response only</u>
<input type="checkbox"/> This <u>is not</u> a promotion test for a position which will put me in a higher class and I am officially certified as having service connected disabilities; <u>OR</u>
<input type="checkbox"/> After my initial permanent appointment to a civil service position, I was granted military leave to serve in the armed services, and then returned to duty in a permanent civil service position. This <u>is</u> a promotion to a position that would put me in a higher job class having a higher maximum salary rate. ORS 408.230(5)

Work Experience

List and describe your work and/or volunteer experience starting with your current position.

Position title:	Hours worked per week:
Start and end dates (month/year): / – /	
Employer name:	Name and title of supervisor:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Number:	
Address:	
City/State: ,	ZIP:
Duties:	Reason for leaving:

Position title:	Hours worked per week:
Start and end dates (month/year): / – /	
Employer name:	Name and title of supervisor:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Number:	
Address:	
City/State: ,	ZIP:
Duties:	Reason for leaving:

Position title:	Hours worked per week:
Start and end dates (month/year): / – /	
Employer name:	Name and title of supervisor:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Number:	
Address:	
City/State: ,	ZIP:
Duties:	Reason for leaving:

Position title:	Hours worked per week:
Start and end dates (month/year): / - /	
Employer name:	Name and title of supervisor:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone Number:	
Address:	
City/State: ,	ZIP:
Duties:	Reason for leaving:

Position title:	Hours worked per week:
Start and end dates (month/year): / - /	Monthly salary:
Employer name:	Name and title of supervisor:
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	
City/State: ,	ZIP:
Duties:	Reason for leaving:

Attach additional sheets if necessary. **Minimum of 10 year employment history is required.**

Education

Type of school:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of school:	Major/minor or emphasis:
Start date (month/year): End date (month/year):	Degree received:

Type of school:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of school:	Major/minor or emphasis:
Start date (month/year): End date (month/year):	Degree received:
City/State:	
City/State:	

Attach additional sheets if necessary.

Certificates and Licenses

Type:
License number (if applicable):
Issued by (if applicable):
Date issued (month/year): / Expiration (month/year): /

Attach additional sheets if necessary.

Skills

Typing (net WPM):
Data entry (net KPH):
Other skills (indicate level and experience):
Languages (indicate speak/read/write):

Additional Information

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Professional References

Name:	Title:
Phone: ())	Email:

Name:	Title:
Phone: ())	Email:

Name:	Title:
Phone: ())	Email:

I release from liability any employer, person, agency, organization, or employee supplying information regarding me or my previous employment. I also release GCTD from liability which may result from making any investigation of information provided in the application materials or in connection with my employment application.

I understand that this application is not intended to be a contract of employment. I also understand that if GCTD employs me, GCTD may terminate my employment with or without cause at any time during my employment. If my application is for a position that requires a post-offer medical examination or drug screen, I understand that employment is conditioned upon satisfying the requirements of those examinations or drug screens.

I represent that all information on this application is accurate, complete, and true to the best of my knowledge. I understand that GCTD will rely on the information provided in this application in making a decision about my employment, and that falsification, misrepresentation, or omission of information on my application may result in disqualification of my application or my dismissal from employment if I am employed and GCTD subsequently learns of the falsification, misrepresentation, or omission of information.

By signing, I hereby acknowledge, accept, and certify as true and correct the foregoing statements.

Signature: _____

Date: _____

Disclosure Statement and Authorization of Release of Records

Disclosure: A consumer report containing your personal information may be obtained for consideration of employment with GCTD.

I have carefully read the [Fair Credit Reporting Act information](#) in connection with my employment and/or promotion with GCTD. I understand that by signing or initialing, I am indicating my consent for GCTD to obtain a report from a consumer-reporting agency for use regarding my possible employment or promotion.

I understand that if information from a report obtained by a consumer reporting agency is utilized in any way in making an adverse decision about my potential employment and/or promotion, before making the adverse decision GCTD will provide me with a copy of the consumer report and a description, in writing, of my rights under the Federal Fair Credit Reporting Act (FCRA). I understand that the FCRA gives me specific rights in dealing with consumer reporting agencies.

By my signature or initials below I further understand that I am waiving my right of privacy in connection with any investigation of information for the consumer report, and I release and hold harmless GCTD and any companies or persons who perform the investigation from any liability in connection with that investigation and report. This information includes but is not limited to:

- Confidential information
- Personnel/work references
- Criminal records
- Motor vehicle records
- All other information and records concerning me.

Initials:

Signature: _____

Date: _____

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days. In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone

number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS	CONTACT
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration, 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management, Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

APPLICANT CONSENT TO DRUG TESTING

I understand that a requirement for employment with Grant County Transportation District is successful completion of drug testing performed on samples of urine given by the applicant. I understand that these samples are tested for the presence of past or present use of illegal drugs and other substances that might adversely affect job performance.

By my signature below, I hereby agree and consent to provide a urine sample at a facility designated by Grant County Transportation District; I agree and consent to have such sample tested for the presence of illegal drugs, legal drugs and other substances; I authorize the release of test results to Grant County Transportation District for its use in evaluating me for employment; and I release Grant County Transportation District from any and all liability and claims incident to such sample taking, testing and the use of the test results.

I understand and agree if I am hired and start actual work prior to taking the drug test or prior to Grant County Transportation District receiving the results from the test, I will be a temporary and contingent employee until a negative test result is received. I further understand that a verified positive test result or refusal to test will result in the termination of my employment status. I understand the Grant County Transportation District probationary period is in addition to, or independent of the required negative drug test.

I further understand that if my application for employment is rejected because of the results of such test or a refusal to test, I will be referred to a Substance Abuse Professional and must successfully complete a rehabilitation and/or education program as designated by the Substance Abuse Professional before I will be able to apply for any position with a Federal Department of Transportation required Drug and Alcohol testing program.

Applicant's Signature _____ Date_____

TO WHOM IT MAY CONCERN:

I am applying for a job at Grant County Transportation District, which provides transportation for the public.

I understand that for Grant County Transportation District and its personnel to make a knowledgeable decision as to my being hired, they must check with prior employers. I consent to and authorize Grant County Transportation District and its personnel to ask any or all of the references I have noted in my employment application and/or resume, in any manner they chose, for information concerning me whether good or bad, and I know that a complete answer is important to my being considered for employment.

I, therefore, release all parties and persons connected with any request for information from all claims, liability, and damages for whatever reason rising out of furnishing the above information.

Applicant's Signature _____ Date _____

GRANT COUNTY TRANSPORTATION DISTRICT
PO BOX 126
229 N.E. DAYTON ST.
JOHN DAY, OR 97845

(541) 575-2370 phone
(541) 575-2162 fax

**APPLICANT CONSENT TO FINGERPRINTING AND CRIMINAL RECORDS CHECK
(DRIVERS ONLY)**

I understand that a requirement for employment with Grant County Transportation District is the provision of fingerprints and a criminal records check by the Oregon State Police and the Federal Bureau of Investigation per the requirements of Oregon Revised Statute 267.237.

I further understand that a record of criminal history or the provision of false information regarding my criminal history on my Grant County Transportation District Application may disqualify me from employment with Grant County Transportation District. I understand that until Grant County Transportation District receives criminal history reports from the Oregon State Police and the Federal Bureau of Investigation that I will not be able to work unsupervised, which may limit the number of work hours available to me.

I understand that Grant County Transportation District is requesting fingerprints and criminal history records solely for the purpose of determining my employability with Grant County Transportation District and that all criminal history records, including fingerprint cards will only be available to persons authorized by Grant County Transportation District policy to have access to such records and information. The Oregon State Police and the Federal Bureau of Investigation do not create or maintain a record of your fingerprints as a result of this inquiry. Fingerprint cards are either destroyed by the Federal Bureau of Investigation or returned to Grant County Transportation District. The Oregon State Police will return fingerprint cards to Grant County Transportation District. Grant County Transportation District will maintain such records in a secure location and will destroy all such records within 180 days of receipt by shredding or burning, unless the contingent employee appeals a decision to terminate the contingent employee based on information contained in his/her criminal history records.

I understand that until Grant County Transportation District receives criminal history reports from the Oregon State Police and the Federal Bureau of Investigation I will be a temporary and contingent employee. If Grant County Transportation District terminates my employment as a result of the criminal records inquiry, I have an opportunity to appeal this decision following the appeal procedures contained in Grant County Transportation District's Personnel Policies and Procedures Manual.

Applicant's Signature _____ Date _____

Applicant DOB: _____

Applicant SSN: _____

Applicant Printed Name: _____

Applicant Address: _____

**Please send results to:
Grant County Transportation District
PO BOX 126
John Day, OR 97845
(541)575-2370**

CONFIDENTIAL

SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT

Previous US Department of Transportation Drug and Alcohol Testing

I, _____, _____,
Print First Name, Middle Initial, Last Name Social Security Number

Attest that:

I have participated in DOT-regulated drug and alcohol testing with previous employers.

1. Have you tested positive (0.04 or greater) for alcohol in the last two years?
Yes _____ No _____

2. Have you had a verified positive drug test result in the last two years?
Yes _____ No _____

3. Have you refused a required drug or alcohol test in the last two years (or had a verified adulterated or substituted drug test result)?
Yes _____ No _____

4. Have you 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 in the last two years?
Yes _____ No _____

5. Have you violated any other DOT drug or alcohol testing regulation within the last two years?
Yes _____ No _____

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: _____

(Use additional pages as necessary)

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."

Signed

Date