

10-15 Transit Application for Employment

To: All Applicants of 10-15 Transit

RE: Application Process

DATE: 04-29-2024

Attached to this cover letter are the application forms that must be completed to apply for any position within the 10-15 Transit. Also included is the job description and physical requirements for the position. Each applicant must provide the following information. 10-15 Transit is a smoke free environment and a drug free work place.

Driver's License Information

Name as it appears on Driver's License: _____

1. Current Driver's License Number: _____
2. Current CDL Number: _____
3. Endorsements: _____
4. Expiration Date: _____

Pre-Employment Information

I understand that in the event an offer of employment is made, I will be subject to:

- | | | |
|--|------|-----|
| 1. Driver's License Check | Yes: | No: |
| 2. Iowa Criminal History Check | Yes: | No: |
| 3. Iowa Child Abuse Check | Yes: | No: |
| 4. Pre-employment Physical | Yes: | No: |
| 5. Pre-employment Drug Screening | Yes: | No: |
| 6. Pre-employment Hearing Test | Yes: | No: |
| 7. Previous Drug Program Participation | Yes: | No: |

This information will be obtained at the employer's expense.

I understand that if I accept this offer, but fail to continue for a period of 90 days, I will be responsible for pre-employment expenses incurred. Yes: No:

Post-Employment Information

I understand that in the event I accept an offer of employment, I will:

- | | | |
|---------------------------------------|------|-----|
| 1. Complete all specified training | Yes: | No: |
| 2. Abide by all rules and regulations | Yes: | No: |

Including, but not limited to: Drug/Alcohol Testing, Personnel Policies and Procedures. Note: 10-15 Transit reserves the right to rescind the job offer to any applicant who is found to have a non-negative or test refusal at a previous job.

BY MY SIGNATURE, I CERTIFY THAT ANSWERS GIVEN ARE TRUE AND COMPLETE.

Signature _____ Date _____

TRANSIT DRIVER

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DEFINITION

Supervised by the Director, the person in this position shall be responsible for driving public transit bus service, as developed by 10-15 Transit, adhering to schedules adopted by the 10-15 Transit Board of Supervisors.

Additional duties may include driving in-town special trips, delivering vehicles to the maintenance and/or cleaning facility and other driving duties as determined by the Transit Administrator or designee.

QUALIFICATIONS

The individual must have or be able to obtain a Commercial Driver's License (CDL) with passenger endorsement and any other endorsements required to operate the bus.

The individual is required to satisfactorily pass a physical and Department of Transportation physical, prior to employment.

The individual must have a good driving record as determined by a DOT license search.

The individual must agree to complete any required training programs.

The individual will be required to participate in all drivers' meetings with 10-15 Transit staff.

Driving experience preferred, but not required.

PAY

Applicable fringe benefits will be paid to drivers as determined by the 10-15 Transit Board of Supervisors.

AVAILABILITY

List any hours or commitments that would prevent you from being available to work.

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

Physical Job Requirement Analysis

Date of Analysis: April 11th, 2019

Class Description: Bus Driver

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Work Hours: 20 to 40
Over-time: Minimal

Number of Days per Week: 5 – 7

Licenses/certifications required in the job:

CDL Class C with passenger endorsement or Chauffeur Class D Endorsement 3

Physical Requirements

The maximum duration an employee is required to do the following

Standing: 5% Walking: 5% Sitting: 90% Total 100%

The work environment is 95% inside and 5% outside. Total 100%

In a work day, the job requires:

	Continuously 66%-100% 6-8 hours	Frequently 34%-65% 4-6 hours	Occasionally 1%-33% 1-3 hours	Never
Bend/Crouch/Squat			✓	
Crawl				✓
Climb Steps			✓	
Climb Ladders				✓
Reach above shoulder level			✓	
Lift above shoulder level				✓
Kneel			✓	
Balance				✓
Push/Pull			✓	
Throwing				✓
Walking on uneven ground			✓	
Working in trenches				✓
Working above ground				

Comments: Driver must be able to assist the passengers and may be asked to carry a passenger’s parcels.

The heaviest weight lifted while either sitting or standing in one place is: 25-30lbs.

Examples of lifting requirements of this weight are: groceries, carts, moving or positioning a wheelchair.

The heaviest weight carried while walking from place to place weighs: 25-30lbs.

Examples of lifting requirements of this weight are: groceries or carts.

The heaviest pushed/pulled weight is: varies depending on wheelchair passenger (avg 25-50lbs) and it is pushed/pulled a distance of 10 - 50 feet at a frequency of several times daily.

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In a work day, the job requires lifting:

Continuously 66%-100% 6-8 hours	Frequently 34%-65% 4-6 hours	Occasionally 1%-33% 1-3 hours	Never
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Lifting up to 10 lbs		✓		
11 – 25 lbs		✓		
26 – 50 lbs			✓	
51 – 100 lbs				✓
Over 100 lbs				✓

In a work day, the job requires carrying an object distances greater than 10 feet:

Continuously 66%-100% 6-8 hours	Frequently 34%-65% 4-6 hours	Occasionally 1%-33% 1-3 hours	Never
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Carrying under 10 lbs		✓		
11 – 25 lbs		✓		
26 – 50 lbs			✓	
51 – 100 lbs				✓
Over 100 lbs				✓

In a work day, the job requires use of hands for repetitive actions:

Continuously 66%-100% 6-8 hours	Frequently 34%-65% 4-6 hours	Occasionally 1%-33% 1-3 hours	Never
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Light grasping -- Right	✓			
Left	✓			
Firm grasping -- Right			✓	
Left			✓	
Fine manipulation – Right				✓
Left				✓

Does the job require specific grip strength? Yes: _____ No: ✓

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In a work day, the job requires use of feet as in operation of foot controls:

	Continuously 66%-100% 6-8 hours	Frequently 34%-65% 4-6 hours	Occasionally 1%-33% 1-3 hours	Never
Both	✓			
Right	✓			
Left	✓			

Does the job require sensory acuity?

Vision Yes: ✓ No: (Both eyes corrected to 20/40)
 Smell Yes: No: ✓
 Hearing Yes: ✓ No: (Standard set by DOT physical evaluation)
 Taste Yes: No: ✓
 Touch Yes: ✓ No: (Standard set by DOT physical evaluation)

Does the job require:

Working at unprotected heights Yes: No: ✓
 Being around moving machinery Yes: ✓ No: (Pre-trip inspections)
 Driving automotive equipment Yes: ✓ No: (Buses & Vans)
 Exposure to marked changes in
 Temperature and humidity Yes: ✓ No: (Boarding lift passengers)
 Exposure to dust, fumes, gases Yes: ✓ No:
 Working on uneven ground Yes: ✓ No:
 Communication through spoken
 word Yes: ✓ No: (Radio dispatch/passengers)
 Communication through written
 word or computer tablets Yes: ✓ No: (Dispatch orders)
 Confined space entry Yes: No: ✓
 Limited mobility Yes: No: ✓
 Wearing a respirator Yes: No: ✓
 Other special equipment Yes: No: ✓

Comments:

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We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Position(s) applied for: Date: How did you learn about us? Advertisement Friend Walk-In Employment Agency Relative Other:

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes: No:

Have you ever filed an application with us before? Yes: No:
• If yes, give date: _____

Have you even been employed with us before? Yes: No:
• If yes, give date: _____

Are you currently employed? Yes: No:

May we contact your present employer? Yes: No:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes: No:
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay off" status and subject to recall? Yes: No:

Can you travel if a job requires it? Yes: No:

Have you been convicted of a felony within the last 7 years? Yes: No:
Conviction will not necessarily disqualify an applicant from employment.

• If yes, please explain: _____

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EDUCATION:	Elementary School	High School	College/University	Graduate/ Professional
Name & Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/ Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills, and extra-curricular activities:				
Describe any honors you have received:				
State any additional information you feel may be helpful to us in considering your application:				

Indicate any foreign languages you can speak, read, and/or write:			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

<p>List professional, trade, business or civic activities and offices held: (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or any other protected status)</p>
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REFERENCES:

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

1.

2.

3.

EMPLOYMENT EXPERIENCE:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or any other protected status)

Employer	Dates Employed From	Dates Employed To	Work Performed:
Address			
Telephone Number (s)	Starting Hourly Rate/Salary	Final Hourly Rate/Salary	
Job Title	Supervisor		
Reason for leaving:			
Employer	Dates Employed From	Dates Employed To	Work Performed:
Address			
Telephone Number (s)	Starting Hourly Rate/Salary	Final Hourly Rate/Salary	
Job Title	Supervisor		
Reason for leaving:			

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Are you a **United States Veteran**? Yes: No:

Have you ever had any job-related training in the **United States military**? Yes: No:

If yes, please describe: _____

Special Skills and Qualifications: Summarize special job-related skills and qualifications acquired from employment or other experience:

Applicant's Statement

- I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.
- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.
- In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.
- In the event of employment, I understand that my previous participation in a drug and alcohol program will be verified with my previous employer as authorized by my release of information form. Further, I understand that 10-15 Transit reserves the right to rescind the job offer if I have had a non-negative or test refusal at a previous job.

In the event of employment, I understand that I will be given a pre-employment physical, which will include a drug screening. The physical will be at the expense of the employer.

Signature

Date

Please download and email the completed application to:
kristle@1015transit.com