Instructions to Applicant

1. Complete the Basic Application Form

2. Now Start this application addenda if applying for a position in transit
   a. If you currently hold or have held a Commercial Driver License (CDL) within
      the last 10 years, complete Section A on Page 1
   b. ALL APPLICANTS Complete Section B on Page 1
   c. ALL APPLICANTS Complete Sections C & D on Page 2
   d. DO NOT WRITE ON PAGE 3
   e. Read, Filling the Blanks and Sign and date on Page 4
   f. Read, Sign and Date Page 5
   g. Leave Page 6 Blank
   h. Read, Sign and Date page 7
   i. Read Page 8
   j. Read, Sign and Date Page 9
   k. Read Page 10
   l. COMPLETE ONLY THE TWO CHECKED SECTIONS ON PAGE 11. This
      is your name and address information (the name and address listed on your
      Driver’s License), your driver’s License Number and Date of Birth, Signature
      and Date. LEAVE THE REST OF PAGE 11 BLANK.
   m. Leave Page 12 Blank.
   n. On Page 13 complete ONLY the four blanks above the box, i.e. Print your
      name an social security number, sign your name and date the form DO NOT
      FILL IN ANYTHING ELSE on this page
   o. On Page 14 DO NOT FILL IN ANYTHING
   p. On Page 15 SIGN ONLY SECTION A OR SECTION B NOT BOTH
   q. Leave Page 16 Blank

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

ASK US FOR ASSISTANCE IF NEEDED
To comply with the Commercial Motor Vehicle Safety Act, provide a ten (10) year
Commercial Driving Experience Record

SECTION A:
Employee: ___________________________ From: ____________ To: ____________
Address ________________________________________________________________
Telephone Number: ___________________________ Job Title: __________________
Supervisor: __________________________________ Reason for Leaving: ________
Starting Pay: ___________________________ Final Rate of Pay: __________________
Work Performed: __________________________________________________________

Employee: ___________________________ From: ____________ To: ____________
Address ________________________________________________________________
Telephone Number: ___________________________ Job Title: __________________
Supervisor: __________________________________ Reason for Leaving: ________
Starting Pay: ___________________________ Final Rate of Pay: __________________
Work Performed: __________________________________________________________

Employee: ___________________________ From: ____________ To: ____________
Address ________________________________________________________________
Telephone Number: ___________________________ Job Title: __________________
Supervisor: __________________________________ Reason for Leaving: ________
Starting Pay: ___________________________ Final Rate of Pay: __________________
Work Performed: __________________________________________________________

SECTION B
Approximate the number of years total experience driving the following types of vehicles (both personal and
employer vehicles):
Van __________________________________ Bus (including size) __________
Tractor-trailer ________________________ 10 speed truck __________
Automobiles _________________________ Pickup truck __________

How many years have you been driving? ________________________________
How many years have you driven an Employer's vehicle? _________________
How many years have you driven Commercially? _________________________
Can you drive a standard shift? __________ Automatic? __________

List All Driving Licenses Held

<table>
<thead>
<tr>
<th>State of License</th>
<th>License Number</th>
<th>Expiration Date</th>
<th>Restrictions</th>
<th>Endorse/Class</th>
</tr>
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List all states in which you have been licensed: ________________________________
Has any license ever been: Suspended? __________ Revoked? __________
When? __________ Why? __________
For how long? __________ In what State(s)? ________________________________
**SECTION C**

**Accident Record**

How many accidents have you ever been involved in as a vehicle operator, regardless of severity? 
Number of Commercial Vehicles? | Number of Private Cars? 
--- | --- 

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>City and State</th>
<th>Brief Description of Accident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Recent</td>
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<td>Next Prior</td>
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<td>Next Prior</td>
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</tr>
</tbody>
</table>

**SECTION D**

**Traffic Violations**

(Other than parking)

<table>
<thead>
<tr>
<th>Date of offense</th>
<th>Offense charged</th>
<th>Name of court</th>
<th>Court location</th>
<th>Date of disposition</th>
<th>Disposition of case &amp; fine(s)</th>
</tr>
</thead>
<tbody>
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2
PRE-EMPLOYMENT REFERENCE CHECK

Person Contacted: ____________________________

Date Contacted: ____________________________

Applicants Name: ____________________________

Employer? _____ Dates Employed: ______________

Personal Reference? _____

Employer
How is the quality of above named person's work? _______________________________

How is the above named person's attendance record? _____________________________

Is this person dependable? _________________________________________________

Is this person cooperative? ________________________________________________

Are they able to work with minimum supervision? _____________________________

Are they able to provide good customer service? _______________________________

Personal
How long have you known this person? ______________________________________

How do you know this person? _____________________________________________

Additional Comments to recommend this person for the position________________________________________

________________________________________

Date: ____________________________

Signed: ____________________________

MEOC STAFF PERSON
I, __________________________________, do hereby give my permission to all my former employers, except ________________________, to release the above requested information to MEOC for purposes of pre-employment reference checks. I hereby authorize photocopies of this signed form to be accepted as my official release to disclose the requested information and hereby agree to hold harmless MEOC and former employers providing the requested information.

Signature of applicant ___________________________ Date ______________________
General Investigative Relapse Form
For Transportation Job Applicants

I give MEOC permission to investigate all information given on the application and associated documents, and information given during the interview, and information arising from any other source as MEOC deem necessary and/or prudent to arrive at a hiring decision, including motor vehicle driving records and criminal records.

I am aware that MEOC is a drug free workplace and that drug testing in conducted in accordance with federal and state requirements and MEOC policies and procedures. This testing is conducted in the following categories: pre-employment, post-accident, reasonable suspicion, return to duty, and random. Testing is conducted for the following: marijuana, cocaine, opiates, phencyclidine ("PCP"), amphetamines ("Speed"), alcohol, tranquilizers, certain barbituates, and certain hallucinogens.

I am aware that obtaining a commercial driver’s license with a “P” endorsement is a requirement of employment and that if I do not currently have one I must obtain proper licensing within a reasonable time after employment, the length of such time to be determined by the transportation director.

I am aware that to maintain a home/cell phone is a requirement of employment and if I currently do not have one that I must obtain one within a reasonable time after employment, the length of such time to be determined by the transportation director.

I am aware that any falsification or deliberate omission of information in the application process is justification for refusal of employment or for termination after employment.

_____________________________________
Signature

_____________________________________
Print Name

_____________________________________
Date signed
NOTICE TO APPLICANTS FOR EMPLOYMENT IN MEOC
TRANSPORTATION DEPARTMENT

All applicants for employment in the Transportation Department must pass a urine test prior to employment. As part of your pre-employment evaluation, 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 Department of Health and Human Services for the following drug substances:

Marijuana
Cocaine
Opiates
Phencyclidine (PC)
Amphetamines

Additionally, MEOC may also test this and subsequent specimens, including blood samples, for the following drug substances;

Alcohol
Tranquilizers
Barbituates
Hallucinogens

You must pass this drug test prior to employment. If you are selected for employment, you may be subject to future urine and/or blood testing on a random unannounced basis, when there is reasonable suspicion to believe you have used prohibited substances, following an accident, or period to return to duty if you fail to pass a drug test or undergo treatment of drug or alcohol abuse. If you are employed, you will be required to report within five days to the designated transit person any conviction for violation of criminal drug statutes.

Test results will normally be received within 5 (five) days after specimen collection,

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

_________________________________________  ____________________________
Applicant’s Signature                     Date/Time

_________________________________________  ____________________________
MEOC Witness Signature                    Date/Time
ADDITIONAL INFORMATION CONCERNING
PRE-EMPLOYMENT DRUG TESTING

1. Applicants will be provided a copy of the “Instructions for Specimen Collection” no later than their arrival at the Collection Site.

2. All applicants to whom employment is offered will be notified of the location of the Specimen Collection Site to which they are to report for testing and the scheduled date and time of the test.

3. MEOC will not routinely notify Applicants of their test results. However, this information will be provided to applicants who request, in writing, to be so informed.

4. MEOC will not permit Applicants to appeal test results, neither will MEOC provide a second test nor accept results from a second test.

5. MEOC will retain a copy of the test results for the duration of the employment of Applicants who are hired. MEOC will retain a copy of the test results for Applicants who do not pass the test together with the Applicants application material for 1(one) year.

6. No Applicant who tests positive will be considered for employment for at least 120 (one hundred twenty) days after the date of the initial test following a positive reported result. Such Applicants who do reapply after this 120 day period must, at their own expense provide “proof of wellness” from a medical doctor before again being considered for employment. This proof of wellness, at a minimum, should consist of:
   a. A signed, written statement from a physician that the Applicant has made the physician aware of the Applicant’s health history, including the previous positive pre-employment drug test; and
   b. A statement of how long the Applicant has been a patient of the physician; and
   c. A statement that the physician is well informed concerning the job requirement of the position for which the Applicant is applying; and
   d. A description of the test and examination procedures the physician has performed on the Applicant, the date(s) performed; and the results of said tests and examinations; and
   e. A statement saying that the physician has examined the Applicant and has found and is not aware of any medical or health condition which would adversely affect the Applicant’s ability to competently and safely perform the duties of the position.

The applicant should submit this proof of wellness with the Applicant’s Application Form. The Applicant, if once again selected to be offered a position in the next applicable interview, shall be required once again to take and pass a pre-employment drug test.
Applicant’s Statement of Criminal History

I hereby give my permission and consent to MEOC to obtain, at its own expense, a copy of my Criminal History Records for convictions specified in the Code of Virginia related to prohibited employment in the following fields:

Murder
Abduction for Immoral Purposes
Sexual Assault
Pandering
Crimes Against Nature Involving Children
Taking Indecent Liberties with Children
Abuse and Neglect of Children
Crimes Against the Person
Crimes Against Property
Crimes Involving Fraud
Crimes Involving Health and Safety
Crimes Involving Morals and Decency
Crimes Involving Abuse or Neglect of an Incapacitated Adult

I swear and affirm that I have never been convicted of any of the above reference crimes and, further, that I am not the subject of any pending charges for any offenses of the nature described above within the Commonwealth of Virginia.

I acknowledge that I am aware that any materially false statement by me with regard to this matter is a Class I Misdemeanor.

I have read this statement and understand that if I have any questions regarding this statement I am instructed to telephone the Supervisor of the department for which I am making application for employment at 1-888-877-6748 or (276) 523-4202. Thus, I have had explained to me any matter regarding this statement which I did not fully understand.

________________________________________
Applicant’s Signature

________________________________________
Date
CRIMINAL RECORDS CHECK POLICY

Effective October 1, 1992, all applicants for employment at MEOC shall be required to undergo a Criminal History Record Check. This policy is in compliance with Code of Virginia Section 19.2-389(A) et.seq., most specifically, Sections 19.2-389(A), 7, 14, 15, and 16.

Use of criminal history record information obtained by MEOC shall be limited to the purposes for which it was obtained and shall not distributed further except as may be required under law, regulation, or court order.

Criminal history record information provided to MEOC shall be limited to convictions on file with the Central Criminal Records Exchange as specified in 19.2-389(F) and (G).

All applicants to whom offers of employment are made will be required to have a copy of Policy furnished to them prior to employment and to sign a sworn, notarized statement giving MEOC permission to obtain the information required hereunder.
INFORMATION REQUEST

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

Instructions: Type or print clearly.

REQUESTER INFORMATION

REQUESER NAME (first) (last) (mi) (suffix) ORGANIZATIONAL AFFILIATION (if any)
Mountain Empire Older Citizens, Inc.

STREET ADDRESS
PO Box 888, 1501 3rd Avenue East

TELEPHONE NUMBER
(776) 523-7433

CITY
Big Stone Gap, VA 24219

STATE
VA

ZIP CODE
24219

FEDERAL TAX ID OR SOCIAL SECURITY NUMBER
54-1025257

USE AGREEMENT NUMBER (if applicable)

ACCESS CODE (if applicable)

REASON FOR REQUEST (be specific)
For Employment Purposes

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 (first) (last)

STREET ADDRESS

CITY

STATE

ZIP CODE

- DRIVING RECORD INFORMATION FOR SUBJECT (Includes license history and conviction data)

DRIVER LICENSE NUMBER

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.

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<table>
<thead>
<tr>
<th>DMV CUSTOMER SERVICE CENTER USE ONLY</th>
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<tbody>
<tr>
<td><strong>Proof of Requester's Identification</strong></td>
</tr>
<tr>
<td>□ Valid Driver's License Number</td>
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<tr>
<td>□ Other Photo Identification</td>
</tr>
<tr>
<td><strong>Proof of Requester's Organization Affiliation</strong></td>
</tr>
<tr>
<td>□ Request on Organization Letterhead Stationery</td>
</tr>
<tr>
<td>□ Business Card from Organization</td>
</tr>
<tr>
<td>□ Law Enforcement Badge Number</td>
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<tr>
<td>□ Other</td>
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</tbody>
</table>

If referred to Headquarters to Fill Request, Complete

| CSR Name: |
| CBC Name (not USC number) |

Remarks/CSR Stamp

| Fee Charged |
| $ |
Request for and Consent to Release Drug and Alcohol Information
Required Under 49CFR Part 40 for DOT Regulated Employers

I hereby give any and all of my previous employers, and my current employer if I am currently employed, which are or were at the time of employment a DOT regulated employer (i.e. subject to Drug and Alcohol Testing for Safety-Sensitive positions) my permission to release to the DOT Regulated Employer Named below any and all records required under 49CFR Part 40. These records include, but due to ongoing revision and interpretation of the regulation are not necessarily limited to: (1) Alcohol tests with a result greater than or equal to 0.04; (2) Verified positive drug test; (3) Refusals to be tested, including verified adulterated or substituted results; (4) Other violations of DOT agency drug and alcohol testing regulations; (5) With respect to any violations of DOT agency drug and alcohol testing regulation, documentation of my successful completion of DOT return-to-duty requirements, including follow-up tests.

This information specifically includes verified positive pre-employment test results even if the employer did not hire the Applicant. This information also specifically includes any information of this nature you obtained from a previous DOT regulated employer of Applicant. For specific regulatory guidance, you should consult 49CFR40.25. You may access the regulation at http://transit-safety.volpe.dot.gov/safety/DATesting.asp.

Under this regulation, we cannot permit the Applicant, if hired while awaiting your response, to work more than 30 days in a safety-sensitive function. Since employment to perform a safety-sensitive function is specifically why Applicant is being considered, we must ask that you notify us in writing as soon as possible, but in no less than 30 days from the date mailed indicated hereon. Your failure to respond as required by 49CFR Part 450 will result in mandatory denial of, or termination of, Applicant’s employment.

Applicant attests that copies, facsimiles and images of this consent carry the same force as the original.

________________________________________  ________________________________
Print Applicant Name                      Social Security Number

________________________________________
Applicant Signature

________________________________________  ________________________________
Date                                       Date

PREVIOUS EMPLOYER STATEMENT
I hereby certify that during the Applicant’s employment with us, and to the best of our knowledge during any previous DOT regulated employment as provided in 49CFR Part 40: (Check one)

Applicant was never in violation of the requirements of 49CFR Part 40, as summarized above.

Applicant was in violation of the requirements of 49CFR Part 40, as further explained in the attachment(s), or to be forwarded to you in written confidential form under separate cover as required by 49 CFR Part 40.

________________________________________  ________________________________
Signature of Authorized Official           Print Name and Title           Date

________________________________________  ________________________________
Company                                    Complete Mailing Address       Phone

Send all correspondence and inquiries pertaining to this matter to:

Mountain Empire Older Citizens, Inc.
PO BOX 888
Big Stone Gap, VA 24219

Cindy Robinette, Michael Wampler or Mitch Elliott
49 CFR Part 40 Designated Employer Representatives
Voice: 276-523-7433
Fax: 276-523-0426

MEOC Transit Office Use Only
Keep this original form signed by Applicant. Use this side of form to document all good faith efforts to obtain the information required by 49CFR Part 40.

<table>
<thead>
<tr>
<th>Employer and Address to whom copy of form sent</th>
<th>Mailed or Faxed</th>
<th>MEOC Staff name</th>
<th>Date Sent</th>
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<tr>
<th>Date</th>
<th>Transit Staff</th>
<th>Other Party</th>
<th>Notes (Include method of contact phone, fax, e-mail)</th>
<th>Follow up Date (if any)</th>
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Additional Notes:
SECTION A
I hereby certify to MEOC, a DOT regulated employer (i.e. subject to Drug and Alcohol Testing for Safety-Sensitive positions under 49CFR Part 40 — Copy Available upon Request), that I have not within the past two years: (1) had any verified positive drug or alcohol tests, including verified positive pre-employment drug or alcohol tests even if I was not hired by that employer; (2) refused to be drug or alcohol tested; (3) had any verified adulterated or substituted test results; (4) had any other violation of any DOT agency drug and alcohol testing regulation.

I understand that under this regulation, I must sign this attestation as well as a separate consent form authorizing any DOT regulated employer with whom I have been employed or applied to within the last two (2) years to release the drug and alcohol program information required by 49CFR Part 40 to MEOC. I understand that each of these employers, if any, must respond to MEOC within thirty (30) days of being contacted and indicate whether or not they are aware of any breach on my part of the drug or alcohol regulation as specified in 49CFR Part 40. (http://transit-safety.volpe.dot.gov/safety/DATesting.asp)

I understand that I am applying for a “safety-sensitive” position. I understand that if I am not hired while awaiting the responses from any prior DOT regulated employers, I may not, as specified in 49CFR Part 40, be permitted to work more than 30 days while awaiting the mandatory response from all DOT regulated employment within the last two years.

A prior DOT regulated employer’s failure to respond as required by 49CFR Part 40, your failure to disclose any previous violations and associated information of the drug and alcohol policies of previous DOT regulated Employers, or your falsification of information related hereto will result in mandatory denial of, or termination of (if employed pending receipt of information), your employment with MEOC.

Applicant attests that copies, facsimiles and images of this consent carry the same force of the original.

<table>
<thead>
<tr>
<th>Signature</th>
<th>SSN</th>
<th>Date</th>
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SECTION B
ONLY IF APPLICANT HAS HAD A PRIOR VIOLATION OF DOT REGULATED EMPLOYER’S DRUG AND ALCOHOL POLICY, BUT WISHES TO PROVE “MADE WHOLE” STATUS IN ORDER TO CONTINUE THE APPLICATION FOR EMPLOYMENT PROCESS, PLACE YOUR SIGNATURE AND TODAY’S DATE IN THE BOX BENEATH THE STATEMENT BELOW.

I hereby state that I have had a previous violation(s) of a DOT regulated employer’s drug and alcohol policy, but have successfully completed all DOT mandated return-to-duty requirements for all such violation(s), including follow-up tests. I understand that I must disclose and ensure disclosure to MEOC for its use in evaluation of my Application for Employment, of all DOT mandated information concerning each violation and the return-to-duty process, including follow-up testing, and successful completion of the requirements for each case.

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<tr>
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<th>SSN</th>
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