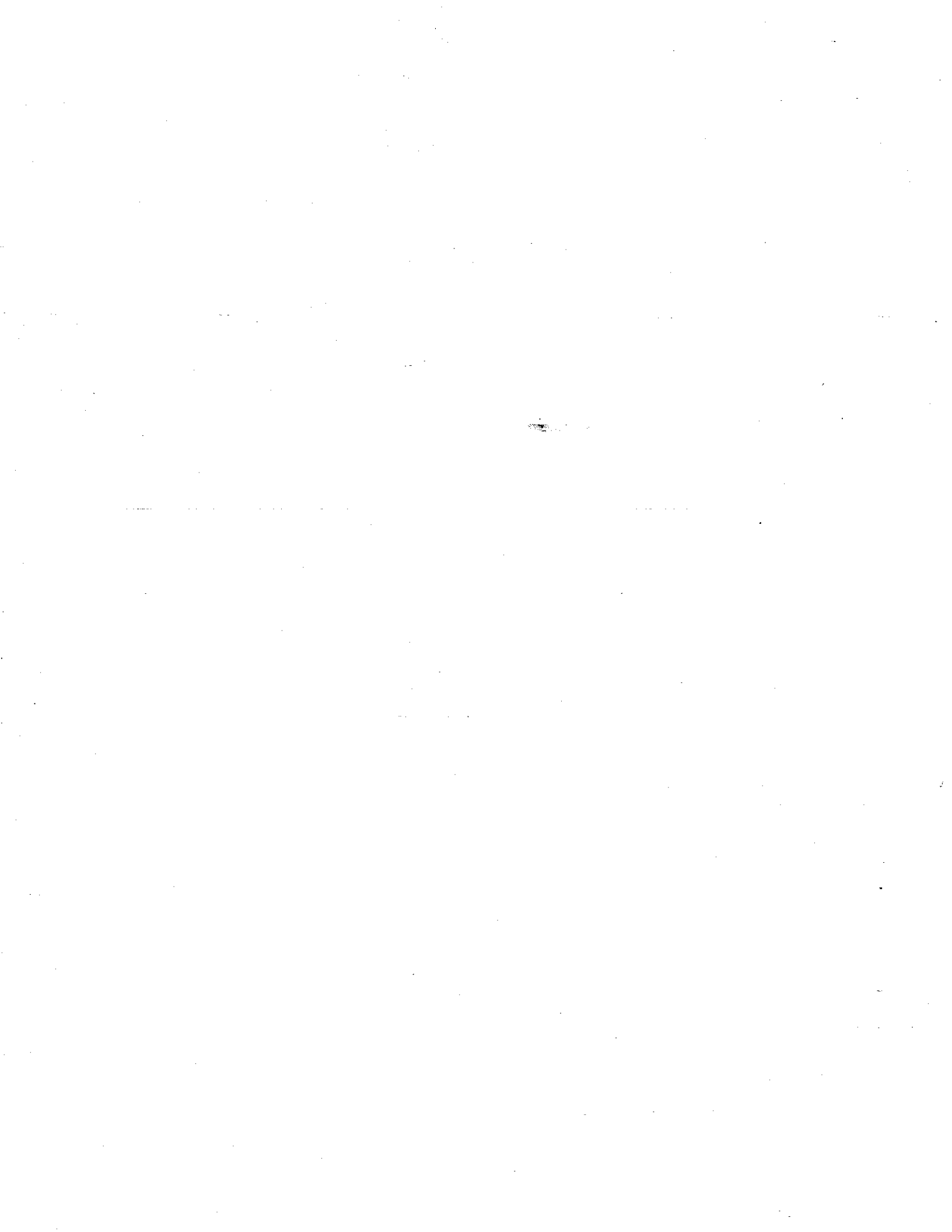


## Instructions to Applicant

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**

<u>State of License</u>	<u>License Number</u>	<u>Expiration Date</u>	<u>Restrictions</u>	<u>Endorse/Class</u>

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? \_\_\_\_\_

	Date	City and State	Brief Description of Accident
Most Recent			
Next Prior			
Next Prior			
Next Prior			

**SECTION D**

**Traffic Violations**  
(other than parking)

Date of offense	Offense charged	Name of court	Court location	Date of disposition	Disposition of case & fine(s)

**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 is 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 be 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

CRD 93 (06/25/2011)

**DMV DIRECT USE ONLY**

Fee \$
Add Fee \$

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

**Instructions:** Type or print clearly.

REQUESTER INFORMATION				
REQUESTER NAME (last) (first) (mi) (suffix) Mountain Empire Older Citizens, Inc.			ORGANIZATIONAL AFFILIATION (if any)	
STREET ADDRESS PO Box 888, 1501 3rd Avenue East			TELEPHONE NUMBER (276) 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				
<p>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.</p> <p>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.</p>				
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.				
<input checked="" type="checkbox"/> <b>PERSONAL INFORMATION FOR SUBJECT (Includes name and address)</b>				
SUBJECT NAME (print) (last) (first) (mi) (suffix)				
STREET ADDRESS				
CITY			STATE	ZIP CODE
<input checked="" type="checkbox"/> <b>DRIVING RECORD INFORMATION FOR SUBJECT (Includes license history and conviction data)</b>				
DRIVER LICENSE NUMBER		or	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) ✓
<input type="checkbox"/> <b>VEHICLE INFORMATION (Includes vehicle description and registration data)</b>				
VEHICLE IDENTIFICATION NUMBER (VIN)		VEHICLE MAKE	VEHICLE YEAR	
<input type="checkbox"/> <b>ACCIDENT REPORT</b>				
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.

OTHER INFORMATION (Be specific)

DMV CUSTOMER SERVICE CENTER USE ONLY		
<b>Proof of Requester's Identification</b> <input type="checkbox"/> Valid Driver's License Number _____  <input type="checkbox"/> Other Photo Identification _____	<b>Proof of Requester's Organization Affiliation</b> <input type="checkbox"/> Request on Organization Letterhead Stationery <input type="checkbox"/> Business Card from Organization <input type="checkbox"/> Law Enforcement Badge Number _____ <input type="checkbox"/> Other _____	
<b>If referred to Headquarters to Fill Request, Complete:</b>  CSR Name _____  CSC Name (not CSC number) _____	<b>Remarks/CSR Stamp</b>      	<b>Fee Charged</b>  \$ _____

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

RESPONSE DUE: \_\_\_\_\_

**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 49CFS 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

**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.

Employer and Address to whom copy of form sent	Mailed or Faxed	MEOC Staff name	Date Sent

Date	Transit Staff	Other Party	Notes (Include method of contact phone, fax, e-mail)	Follow up Date (if any)

Additional Notes:



**Applicant Certification of Drug and Alcohol Compliance with 49 CFR Part 40**

**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.

_____	_____	_____
Signature	SSN	Date

**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.

_____	_____	_____
Signature	SSN	Date

