



Current or Previous Employer		Phone ( ) -
Address (Street, City, State, Zip)		Job Title
Job Duties		Supervisor
		Title
		Reason for Leaving?
Dates Employed	From: To:	

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### EDUCATION

	Name	Address	Degree	Field of Study	Did you graduate?
High School					
College					
Other					
Other					

### SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and certifications that may qualify you as being able to perform job related functions in the position for which you are applying. (Computer software, Microsoft Word, Excel, GIS, CDL, etc.)

### SUPPLEMENTAL DATA

North Central Alabama Regional Council of Governments (NARCORG)  
 P. O. Box C, Decatur, Alabama 35602  
 (256) 355-4515 (800) 243-5463  
[www.narcog.org](http://www.narcog.org)

**Convictions:** Have you ever been convicted of a **crime** that has not been expunged or sealed by a court?  Yes  No  
If yes, please explain **all** offenses in detail (e.g.; date(s), offense(s), disposition(s), etc.): **(Note: convictions do not necessarily disqualify an applicant from employment consideration. Such factors as: the date of the offense, the number of offenses, the seriousness and nature of the offense and the your success in rehabilitation programs will be considered)**

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

**Driving Record:** (Because employees may drive their own or company vehicles or rent vehicles for company business)

1. Do you have a valid Driver's License?  Yes  No
2. Do you have any special licenses, permits (i.e. commercial, motorcycle, etc.)?  Yes  No If yes, what? \_\_\_\_\_

### REFERENCES

Please list individuals we may contact to verify your employment or personal information. References should not include close friends or relatives.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Company: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Company: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### DISCLOSURE AND AUTHORIZATION

*I certify* that all the information I have provided in order to apply for and secure work with **NARCOG** is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this Application, or result in immediate discharge from **NARCOG**, whenever it is discovered.

I hereby authorize NARCOG or its authorized agent, to independently and thoroughly investigate all my references, complete work record, education, and all other matters related to my suitability for employment. I also authorize my former employers and references to disclose to the company any letters, reports, performance appraisals, etc. related to my work records without giving me prior notice of such disclosure. In addition, I further release the company, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that **NARCOG** does not unlawfully discriminate in employment and no question on this Application is used for the purpose of limiting or excluding any Applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this Application will remain current for only **60 days**. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new Application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the NARCOG reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This Application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of **NARCOG** is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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# Transit Driver Application for Employment

Required in addition to NARCOG Application

Last Name	First Name	Middle			
Street Address	City	County	State	Zip Code	
Date of birth: _____		Social Security Number: _____			

Previous address, if less than three (3) years at current address					
Dates	Street Address	City	State	County	Zip Code

Current Driver's Licenses or Permits Issued to you				
State	License/Permit #	Class	Issue Date	Expiration Date

Nature and extent of your experience in the operation of motor vehicles (including buses, trucks, truck tractors, semi-trailers)		
Type of Equipment	Dates	Explanation/Nature and Extent

List all motor vehicle accidents in any vehicle in the past five (5) years (Include personal and commercial)			
Date	Nature of Accident	Location	Fatalities/personal injuries, if any





**Have you ever had a license, permit or privilege to operate a motor vehicle denied, revoked or suspended?**

Yes  No If "Yes", provide the details and circumstances of each denial, revocation or suspension.

Date	Location	Explanation

**List all moving violations or ordinances where you were convicted or forfeited bond or collateral during the past five (5) years (Include personal and commercial)**

Date	Violation	Location

**Additional Questions** (Previous Employers will be asked the same questions)

1. Have you tested positive for a controlled substance in the last two years?  Yes  No
2. Have you had a positive Alcohol Test in the last two years?  Yes  No
3. Have you ever refused a required test for drugs or alcohol in the last two years?  Yes  No

If you have answered "Yes" to any of these questions, please provide an explanation \_\_\_\_\_

**NARCOG is an equal opportunity employer and will consider all Applicants based on their qualifications, NARCOG and DOT requirements and current job vacancies.**

*I certify* that all the information I have provided in order to apply for and secure work with **NARCOG** is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this Application, or result in immediate discharge from **NARCOG**, whenever it is discovered.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

# VOLUNTARY SELF-IDENTIFICATION FOR STATISTICAL REPORTING REQUIREMENTS

It is the policy of North Central Alabama Regional Council of Governments (NARCOG) to provide equal opportunities to qualified applicants and employees without regard to race, color, religion, national origin, sex (including gender identity, sexual orientation, and pregnancy), disability or genetic information or any other legally protected status. Completion of this form is entirely voluntary. It is requested solely to enable the company to meet record keeping requirements under applicable law, executive order, and regulations. The information you provide will be kept apart from your regular personnel file in a separate CONFIDENTIAL file and will not be used in consideration for any employment activity.

**Refusal to complete this form will not subject any applicant or employee to adverse treatment.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  Male  Female

## RACE/ETHNIC GROUP (please check one)

- American Indian or Alaskan Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Sub-continent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.
- Please check here if you decline to state.

## VETERAN STATUS (please check one)

- Veteran of the Vietnam era:** A person who served more than 180 days of active military service, any part of which was during the period August 5, 1964 through May 7, 1975; and (i) was discharged or released there from with other than a dishonorable discharge, or (ii) Was discharged or released from active duty because of a service-related disability.
- Special Disabled Veteran:** A veteran who is entitled to compensation (or but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Department of Veterans Affairs for a disability: (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who has been determined under section 1506 of Title 38, U.S.C. to have a serious handicap.
- Veteran, other than a disabled or Vietnam era veteran**
- Not a veteran**

## DISABILITY STATUS

NARCOG may be subject to Section 503 of the Rehabilitation Act of 1973 and has pledged to take affirmative action to employ and advance in employment qualified disabled individuals. If you have such a disability and would like to be considered under Section 503 please tell us. This information will be kept confidential, except that (a) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals, and regarding necessary accommodations, (b) first aid or safety personnel may also be informed when and to the extent appropriate, if the condition might require emergency treatment, or (c) government officials investigating compliance with the Act.

Do you have a physical or mental impairment which substantially limits one or more major life activities, have a record of such impairment, or you are regarded as having such impairment?  Yes  No If yes, please explain: \_\_\_\_\_

What special accommodations, if any, will be required to assist you perform your job properly and safely? \_\_\_\_\_

**NOT TO BE KEPT IN PERSONNEL FILE**

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