

COMMUNITY ACTION DEVELOPMENT CORPORATION APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Last Name	First Name	Middle Name	
Street Address	City	State	ZIP
Telephone Number(s)		Date of Application	
Position Applied For (Separate application must be completed for each position)			

Are you 18 years of age or older? Yes " No "

25 years of age or older for Transportation position Yes No

Do you have the legal right to work and live in the U.S.? Yes " No "

(Federal law requires proof of citizenship or immigration status upon employment)

Would you relocate? Yes " No " Date Available _____

List names and relationships of persons you know working here _____

How did you hear about this position? _____

EDUCATION

Circle the highest grade completed.

Elementary: 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 5 6 7 8

G.E.D. (High School Equivalency) Year Received _____ Where _____ CDA _____

	High School	College/University	Vo-Tech/Other
School Name and Location			
Primary Courses of Study			

Describe any specialized training or skills:

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. **In addition to completing this form, you MUST provide a resume'.**

1

Employer _____ From _____ To _____

Address _____ Telephone _____

Name and Title of Supervisor _____

Job Duties _____

Reason for Leaving _____

2

Employer _____ From _____ To _____

Address _____ Telephone _____

Name and Title of Supervisor _____

Job Duties _____

Reason for Leaving _____

3

Employer _____ From _____ To _____

Address _____ Telephone _____

Name and Title of Supervisor _____

Job Duties _____

Reason for Leaving _____

REFERENCES

Please give **NAME, ADDRESS and TELEPHONE NUMBER** of three references who are not related to you and are not previous employers.

- 1. _____
- 2. _____
- 3. _____

I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

Signature of Applicant _____ Date _____

CONDITIONS OF EMPLOYMENT

Please **INITIAL** each statement certifying you have read and understood all statements in the **CONDITIONS OF EMPLOYMENT**.

Also sign and date at the bottom.

_____ I acknowledge that the information I have supplied is correct to the best of my Knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.

_____ If selected for employment, I understand I will be required to submit documentation establishing my identity and eligibility to be legally employed in the United States by the date given as available for work.

_____ I understand if I am selected for employment additional information may be required by State or Federal laws or regulations including but not limited to OSBI & DMV.

_____ I understand that compliance with the agency's Drug Free Workplace Policy are conditions of continued employment.

_____ I understand the agency may investigate and verify all data given on this application, on related papers and in interviews. I authorize individuals, schools and firms named herein, except my current employer, if so noted, to provide any information requested and I release them from all liability for damage in providing this information.

_____ I understand that nothing in this application is intended to imply or create an employment relationship or contract for employment.

_____ I understand that any offer of employment is conditional upon my taking a drug and alcohol test and the result thereof. I understand refusal to comply with this requirement will be considered the equivalent of receiving a confirmed "positive" drug screen result and will have the offer of employment withdrawn.

A false or dishonest answer to any question on this agency's application for employment will cause you to be ineligible for employment. All statements of this application are subject to investigation, including a background check, references and former employers. All information will be considered in determining employment with this agency.

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND CORRECT. I ALSO CERTIFY THAT I HAVE READ AND UNDERSTAND ALL STATEMENTS IN THE CONDITIONS OF EMPLOYMENT.

Applicant's Signature

Date

PRE-EMPLOYMENT DRUG TESTING NOTIFICATION AND ACKNOWLEDGEMENT

I hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U. S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result having no evidence of prohibited drug use.

Signature of Applicant

Date

Print Name

Witness:

Signature

Date

Print Name

(Your application will not be considered for employment for a covered safety-sensitive position unless this acknowledgement is completed and signed.)

**OKLAHOMA DEPARTMENT OF TRANSPORTATION
TRANSIT PROGRAMS DIVISION**

**RELEASE OF INFORMATION FORM
49 CFR PART 40 DRUG AND ALCOHOL TESTING**

Section I. To be completed by the new employer, signed by the applicant, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

- 1 Alcohol tests with a result of 0.04 or higher;
- 2 Verified positive drug tests;
- 3 Refusals to be tested;
- 4 Other violations of DOT agency drug and alcohol testing regulations;
- 5 Information obtained from previous employers of a drug and alcohol rule violation;
- 6 Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | | |
|---|--|------------------------|
| 1 | Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ NO ___ |
| 2 | Did the employee have verified positive drug tests? | YES ___ NO ___ |
| 3 | Did the employee refuse to be tested? | YES ___ NO ___ |
| 4 | Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ___ NO ___ |
| 5 | Did a previous employer report a drug and alcohol rule violation to you? | YES ___ NO ___ |
| 6 | If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ___ YES ___ NO ___ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record)

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____

Date: _____

INTERVIEW QUESTION

CFR 40, Part 40.25(j) As the employer, you must also ask employees (applicants/transfers) whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

I have asked this applicant/transfer the above question and have received the following answer:

_____ No, applicant responded he/she has not tested positive or refused a test in the past two years.

_____ Yes, applicant responded he/she has tested positive or refused a test in the past two years.

Supervisor Signature

Date

**INVITATION FOR SELF-IDENTIFICATION
(AFFIRMATIVE ACTION SURVEY)**

It is the policy of Community Action Development Corporation to provide equal employment opportunities to all individuals based on job-related qualifications and ability to perform a job without regard to age, gender, race, color, religion, national origin, disability, veteran, or any other legally protected status, and to maintain a non-discriminatory environment free from intimidation, harassment or bias based upon these grounds. As an employer and federal contractor, we comply with government regulations and affirmative action responsibilities.

In order to help us comply with government record keeping, reporting and other legal requirements, we request that you complete this affirmative action survey. The completion of this form is voluntary. This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

Government Agencies require periodic reports on the gender and ethnicity of applicants. This data is for analysis and affirmative action only. This information is voluntary and will be treated confidentially. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

Name: _____ Male _____ Female _____

Job For Which Application is Submitted: _____

Location Where You are Making Application: _____

Referred by: _____

Check one of the following:

_____ **Hispanic or Latino** A person of Mexican, Puerto Rican, Cuban, Central or South 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 America.

_____ **African American or Black** (Not Hispanic or Latino). A person with origins in any of the Black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino). A person with origins in the any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian** (Not Hispanic or Latino). A person with origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes, for example, China, Japan, Korea, the Philippines, Cambodia, Malaysia, Pakistan, Thailand and Vietnam.

_____ **American Indian/Alaskan Native** (Not Hispanic or Latino). A person with origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.

_____ **Two or More Races** (Not Hispanic or Latino). All persons who identify with more than one of the above five races.