

EMPLOYMENT APPLICATION

The Bloomington Public Transportation Corporation

www.bloomingtontransit.com 130 West Grimes Lane Bloomington, Indiana 47403 (812) 332-5688

We consider applicants for all positions without regard to race, color, religion, sex, national origin, ancestry, age, marital or veteran status, disability, sexual orientation, gender identity, number of dependents, housing status, or any other legally protected status. Reasonable accommodations for people with disabilities are available upon request from Human Resources.

If you need help filling out this application form or for any phase of the employment process, please notify Human Resources. Please PRINT clearly. Incomplete or illegible applications will not be processed.

POSITION YOU ARE APPLYING (BE SPECIFIC):		TODAYS DATE:	
CONTACT INFORMATI	ON		
NAME(Last)	(First)	(Middle)	
Social Security:		·	
Address:			
City:	State:	Zip Code	
Telephone: ()			
Referred by:			_

Date you can start:	Salary desired:
If hired, would you have a reliable Are you age 21 or older? □Yes □ Are you available for work on nigl Would you be able to work overti	hts and weekends? □Yes □ No
Have you ever been terminated of (Answering yes to this question will not	or asked to resign from a job? □Yes □ No necessarily disqualify an applicant from employment)
Please explain:	
Do you have any other experience especially suited for work at Bloo	e, training, qualifications or skills that make you mington Transit? □Yes □ No List below:
immigration Status? ☐Yes ☐ No (Proof of eligibility to work in the U.S. will Have you ever, under your name	becoming employed in this country because of Visa or ill be required upon employment.) e or another name, been arrested for or convicted of a ed by a court? Yes No Please elaborate:
	ction fully, when, where and of what you were the case(s):
Are you currently charged wirecognizance, pending trial for a	th a crime, or released on bond or on your own criminal offense? □Yes □ No Please elaborate:
A current charge or conviction will r	not necessarily disqualify an applicant from employment.

Do you have a driver's license? □Yes □ No If yes, what state?		
Do you have a valid CDL? □Yes □ No Type:		
What is your driver's license number:		
Is your driver's license currently suspended? Has your driver's license ever been suspended?		
Have you ever been convicted for driving under the influence (DUI)? ☐ Yes ☐ No		
In the past two years have you refused or had a positive, adulterated or substituted test result on a DOT drug screen? $\ \square$ Yes $\ \square$ No		
In the past two years have you refused or had a positive, adulterated or substituted test result on a DOT pre-employment drug screen? \Box Yes \Box No		
Are you able to perform the essential functions of the job for which you are applying without reasonable accommodations? \Box Yes \Box No		
EDUCATION		
Are you a High School Graduate? □ Yes □ No		
Name of High School		
Date and location of your GED certificate		
Name of College you attended Did you graduate? □ Yes □ No		
Major and Type of Degree		
Trade/Business/Correspondence Schools		
Name		
Types of Degrees		
May we inquire of your present employer? □ Yes □ No Have you applied to this office before? □ Yes □ No When?		

FORMER EMPLOYERS Please list all present and past employment for the last 10 years.

As part of the application process and consistent with the job described, we may seek information related to your character, work habits, performance, experience, driving records, court records, education, and credentials. The correct telephone numbers of past employers are critical. Please complete this section even if you are attaching a resume.

CURRENT OR MOST RECE	NT EMPLOY	ER	
Name:			
Address:			
		Telephone No.	
Your Supervisor's Name:			
Ending salary or wage:			
,			
Exact reason for leaving			
Did you leave this employmen	nt voluntarily?	□ Yes □ No	
SECOND MOST RECENT EI	MPLOYER		
Name:			
Address:			
Dates of employment:		Telephone No	
Your Supervisor's Name:			
Ending salary or wage:			
Your position and duties:			
Exact reason for leaving			
Did you leave this employme	nt voluntarily?	☐ Yes ☐ No	
THIRD MOST RECENT EMP			
Name:	LOTER		
Address:	to	Telephone No.	
Value Supervisor's Normal	10	reseptione No	
rour Supervisor's Name:			
Ending salary or wage:			
1			
Exact reason for leaving			
Did you leave this employme	nt voluntarily?	□ Yes □ No	
FOURTH MOST RECENT E	MPLOYER		
Name:			
Address:			<u></u>
Dates of employment:	to:	Telephone No.	
Your Supervisor's Name:			
Ending salary or wage:			
Your position and duties:			
Exact reason for leaving			
Did you leave this employme	nt voluntarily?	│ □ Yes □ No	
Sid you loave this employme	rolaniany :	_ ,00 _ ,10	
}			

FIFTH MOST RECENT EMPLOYER
Name:
Addross:
Dates of employment: to: Telephone No
Vous Supervisor's Name:
Your Supervisor's Name:
Ending salary or wage:
Your position and duties:
Exact reason for leaving
Did you leave this employment voluntarily? ☐ Yes ☐ No
SIXTH MOST RECENT EMPLOYER
Name:
Address: to: Telephone No
Vaux Curandia d'a Marrai
Your Supervisor's Name:
Ending salary or wage:
Your position and duties:
Evact reason for leaving
Exact reason for leaving
Did you leave this employment voluntarily? If the I no
SEVENTH MOST RECENT EMPLOYER
Name:
Address: to: Telephone No
Vous Superviser's Name:
Your Supervisor's Name:
Ending salary or wage:
Your position and duties:
Exact reason for leaving
Did you leave this employment voluntarily? Yes No
bid you leave this employment voluntarity? If it es If No
EIGHTH MOST RECENT EMPLOYER
Name:
Pates of employment: to: Telephone No.
Address: to: Telephone No
Your Supervisor's Name:
Your Supervisor's Name: Ending salary or wage:
Your Supervisor's Name: Ending salary or wage: Your position and duties:
Your Supervisor's Name: Ending salary or wage: Your position and duties:
Your Supervisor's Name: Ending salary or wage: Your position and duties:

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UNEMPLOYMENT HISTORY: Please list any time(s) you were not employed (after leaving school) in the last 10 years. You do not need to include periods of one month or less.

	me Period	Reason Unemployed
R	EFERENCES:	VIII-
		ed to you, whom you have known at least one year, and who are hal reputation/work performance.
1.	Name	
	Address	
	Business	Phone()
	# Years acquainted	
2.	Name	
	Address	
	Business	Phone ()
	# Years acquainted	
3.	Name	<u>. </u>
	Address	
	Business	Phone ()
	# Years acquainted	
ln	case of emergency not	fy:

BLOOMINGTON PUBLIC TRANSPORTATION CORPORATION BACKGROUND CHECK AUTHORIZATION

I hereby authorize the Bloomington Public Transportation Corporation to conduct criminal background checks to determine my eligibility for employment or continued employment.

I understand that the Bloomington Public Transportation Corporation is asking for my date of birth, previous names and previous addresses only in order to conduct background checks and for no other reason.

By signing below, I hereby authorize the Bloomington Public Transportation Corporation to conduct background checks on me. I hereby release the Bloomington Public Transportation Corporation from any liability related to the procurement and/or disclosure of any information provided by me or obtained about me in connection with my application for employment with the Bloomington Public Transportation Corporation. I understand that any information gathered as a result of background checks will be kept confidential. I make this waiver knowingly and voluntarily.

Applicant's Signature:		Date:	
Printed Name:_			
Other Names U	Jsed (if applicable):		
Date of Birth:_		Social Security Number:	
Current Addres	ss:		
(include city, s	tate and zip code)		
Date:	to	_	
Previous Addre	ess:		
(include city, s	tate and zip code)		
Date:	to		
Previous Addre	ess:		
(include city, s	tate and zip code)		
Date:	to	one case	
Previous Addre	ess:		
(include city, s	tate and zip code)		
Date:	to		
	tate and zip code)		
Date:	to		

PRE-EMPLOYMENT SCREENING POLICY

As part of the process of weighing an applicant's qualifications and determining his or her suitability for the open positions, Bloomington Transit requires background checks for all finalists for a position. ADP Select, a consumer reporting agency, conducts these background checks.

All applicants for employment with Bloomington Transit are asked to sign a release form authorizing the appropriate background checks. Any applicant who refuses to sign a release form is no longer considered eligible for employment. Applicants are also expected to provide references from their former employers as well as educational reference information that can be used to verify academic accomplishments and records.

The background check will include verification of information provided on the completed application for employment, the applicant's resume or on other forms used in the hiring process. Information to be verified includes, but not limited to, social security number and previous addresses, Bloomington Transit will also conduct a reference check and verification of the applicant's education and employment background as stated on the employment application or other documents listed above.

The background check will also include a criminal record check. If a felony conviction is discovered, before an employment decision is made, a determination will be made as to whether the conviction is related to the position for which the individual is applying or if it would present safety or security risks.

Additional checks such as driving record or credit report may be made on applicants for particular job categories if appropriate and job related.

If an applicant is denied employment wholly or partially because of the information obtained in a background check conducted by ADP Select, the applicant will be informed of this and given the name, address, and phone number of the vendor to contact if he or she has specific questions about the result of the check or wants to dispute its accuracy.

ANY APPLICANT WHO PROVIDES MISLEADING, ERRORNEOUS, OR WILLFULLY DECEPTIVE INFORMATION TO BLOOMINGTON TRANSIT ON AN EMPLOYMENT APPLICATION, RESUME, OR IN A SELECTION INTERVIEW, IS IMMEDIATELY ELIMINATED FROM FURTHER CONSIDERATION FOR EMPLOYMENT WITH BLOOMINTON TRANSIT.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to www.flc.gov/credit, or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- You must be told if information in your file has been used against you. Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment or take another adverse action against you must tell you and give you the name, address, and phone number of the agency that provided the information.
- You can find out what is in your file. At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identify theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See www.ftc.gov/credit for details about how to obtain your free report.
- You have a right to know your credit score. Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on www.ftc.gov/credit. In some mortgage transactions, you will get credit score information without charge.
- You can dispute inaccurate information with the consumer reporting agency. If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to www.ftc.gov/credit.
- Inaccurate information must be corrected or deleted. A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.
- Outdated negative information may not be reported. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptoies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- Your consent is required for reports that are provided to employers. A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.
- You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers. These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-800-XXXXXXX.
- You may seek damages from violators. If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

Identity theft victims and active duty military personnel have additional rights. Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information, visit www.fic.gov/credit

The FCRA gives several federal agencies authority to enforce the FCRA:

TO COMPLAIN AND FOR INFORMATION:	PLEASE CONTACT:	
Consumer reporting agencies, craditors and others not listed below	Federal Trade Commission Consumer Response Center + FCRA	-382-4367 (Toll-Free
	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219	800-613-674
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551	
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552	800-842-692
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Alministration 1775 Duke Street Alexandria, VA 22314	703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429	
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590	202-366-130
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250	202-720-705

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, BPTC (the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address www.adpselect.com.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization.

You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at 8 12 961 -0523. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on A Summary of Your Rights Under the Fair Credit Reporting Act and A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22 as provided here.

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

CALIFORNIA: You may view the file that ADP Screening and Selection Services has for you, and order a copy of the file, upon submitting proper identification and paying copying costs, by coming to their offices, during normal business hours and on reasonable notice, or by certified mail or mail. You may also ask for a file-summary by telephone. ADP Screening and Selection Services can answer questions about information in your file, including any coded information. If you come in person, another person can come with you, so long as that person can show proper identification.

MAINE: If you ask us, you have the right to know whether the Company ordered an investigative consumer report on you. You may request the name, address, and telephone number of the nearest office for ADP Screening and Selection Services. You will get this information within 5 business days of our receipt of your request. You have the right to ask ADP Screening and Selection Services for a free copy of the report.

MARYLAND: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

MASSACHUSETTS/NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services, and you will be provided with the name and address of ADP Screening and Selection Services. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of Article-23A of the New York Correction Law is being provided with this form.

OREGON: If the Company obtains credit history information on you, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

WASHINGTON STATE: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report we ordered, if any. You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be used to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and ficenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name _______ First ______ Middle _______ Years Used ______

f you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy
of your background check report: []

Signature	Date: (Month/Day/Year)

If required, notarize here. When using an embossed seal, Subscribed and sworn before me:

please shade with a pencil before faxing.

Notary Public Signature

Date

My Commission Expires