

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed)

	DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (Other than parking violations)

LOCATION	DATE	CHARGE	PENALTY

(Attach Sheet if More Space is Needed)

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____
 B. Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____
 IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

EMPLOYMENT RECORD

(Attach Sheet if More Space is Needed)

NOTE: DOT Requires That Employment for at Least 3 Years and/or Commercial Driving Experience for the Past 10 Years be Shown

Last Employer:

Name _____
 Address _____
 Position Held _____ From _____ To _____ Salary _____
 Reasons for Leaving _____

Second Last Employer:

Name _____
 Address _____
 Position Held _____ From _____ To _____ Salary _____
 Reasons for Leaving _____

Third Last Employer:

Name _____
 Address _____
 Position Held _____ From _____ To _____ Salary _____
 Reasons for Leaving _____

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

 Signature Date

Applicant Affirmative Action Program Self Identification Form

Required Information

Name: _____ Date of Application: _____

Position(s) for which you are applying: Transit Driver

Voluntary Information

SWIPCO is a government contractor and to comply with the regulations for equal employment opportunity and affirmative action (EEO/AA), we must track our applicants by gender and race/ethnicity and the position they applied for to the government. We are an organization that values diversity and encourages women and minorities to apply. For this reason, we invite you to indicate your gender and race/ethnicity below. This information is kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. Responses will remain confidential within the Human Resources Department; and will be used only for the necessary information to include in our Affirmative Action, Equal Employment Opportunity Program and reporting requirements to the government. When reported, data will not identify any specific individuals.

Gender: Male Female

Definitions of race/ethnicity are on the next page (as defined by the Equal Employment Opportunity Commission).

Race/Ethnic Identification (check one):

Are you Hispanic or Latino? Yes No

If you answered “Yes” you have completed this form. If you answered “No” please select a race from the options below.

- | | |
|--|---|
| <input type="checkbox"/> White (Not Hispanic or Latino) | <input type="checkbox"/> American Indian or Alaska Native
(Not Hispanic or Latino) |
| <input type="checkbox"/> Black or African American (Not
Hispanic or Latino) | <input type="checkbox"/> Two or More Races (Not Hispanic or
Latino) |
| <input type="checkbox"/> Native Hawaiian or Other Pacific
Islander (Not Hispanic or Latino) | <input type="checkbox"/> I do not wish to disclose. |
| <input type="checkbox"/> Asian (Not Hispanic or Latino) | |

Definitions of race/ethnic categories

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.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

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 Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska 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.

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

**Authorization for Release of Dependent Adult Abuse, Child Abuse Information
& Criminal History Records Check**

Requester: Southwest Iowa Planning Council, 1501 SW 7th Street, Atlantic IA 50022

Phone Number: 712-243-4196

PART A:

This Information Concerns:

Name (first, middle, last): _____

Maiden Name or Alias (if applicable) _____

Birth date: ____/____/____ Social Security Number: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse Registry or Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, all or part of the information contained in Part A of this form is Correct

Signature: _____ Date: _____

Part B:

I hereby give permission for the above requesting official to conduct an Iowa criminal history records check with the Division of Criminal Investigations (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law.

Signature: _____ Date: _____

PART C:

What is the purpose of this request: Employment

I have read and understand the legal provision for handling dependent adult abuse in Iowa Code 235B.8 and child abuse information in Iowa Code 235A.17. I have also read and understand the Criminal Penalties in Iowa Code 235B.12 and Iowa Code 235A.21.

Requestor Signature: _____ Date: _____

SWIPCO is an equal opportunity provider, employer, and lender