APPLICATION FOR DRIVER

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

Name________________________________________________________
(First) (Middle Name) (Last)
Address________________________________________________________
(Street) (City) (State & Zip Code)

Phone Number__________________ Cell Phone Number __________________

E-mail Address__________________________________________________

Address________________________________________________________
(Street) (City) (State & Zip Code)

Have you ever filed an application with us before? Yes____No____
If yes, give date________

Have you ever been employed with us before? Yes____No____
If yes, give date________

Are you currently employed? Yes____No____

May we contact your present employer? Yes____No____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes____No____

On what date would you be available for work? ________________

Are you available to work: ____Part-Time ____Shift Work ____Temporary

Have you been convicted of a felony? Yes____No____

Conviction will not necessarily disqualify an applicant from employment

If Yes, Please explain_______________________________________________________

Have you failed or refused a DOT pre-employment drug test in the previous two years? Yes____No____
If Yes, please explain: ______________________________________________________

How did you learn about us?
_____Advertisement _____Friend _____Walk-In
_____Employment Agency _____Relative _____Other

EXPERIENCE AND QUALIFICATIONS

<table>
<thead>
<tr>
<th>DRIVER</th>
<th>STATE</th>
<th>LICENSE NO.</th>
<th>CLASS</th>
<th>ENDORSEMENTS</th>
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<tr>
<th>LICENSES</th>
<th>STATE</th>
<th>LICENSE NO.</th>
<th>CLASS</th>
<th>ENDORSEMENTS</th>
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DRIVING EXPERIENCE_______________________________________________________

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Rev 09-04-2019
ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (Attach sheet if more space is needed)

<table>
<thead>
<tr>
<th>LAST ACCIDENT</th>
<th>DATES</th>
<th>NATURE OF ACCIDENT (Head-on, Rear-end, Upset, Etc.)</th>
<th>FATALITIES</th>
<th>INJURIES</th>
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<td>NEXT PREVIOUS</td>
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TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (Other than parking violations)

<table>
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<tr>
<th>LOCATION</th>
<th>DATE</th>
<th>CHARGE</th>
<th>PENALTY</th>
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(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

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

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Rev 09-04-2019
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.

□ White (Not Hispanic or Latino) □ American Indian or Alaska Native (Not Hispanic or Latino)

□ Black or African American (Not Hispanic or Latino) □ Two or More Races (Not Hispanic or Latino)

□ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) □ I do not wish to disclose.

□ Asian (Not Hispanic or Latino)
Definitions of race/ethnic categories

**Hispanic of 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: __________________

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