

APPLICATION FOR SWITA DRIVER

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

Name _____
(First) (Middle Name) (Last)

Address _____ How Long? _____
(Street) (City) (State & Zip Code)

Phone Number _____ Cell Phone Number _____

E-mail Address _____

Address _____ How Long? _____
For Past (Street) (City) (State & Zip Code)

Three Years (Street) (City) (State & Zip Code) How Long? _____

(Attach sheet if more space is needed)

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

___ Referred by: _____

Do you have a current DOT CDL (Commercial Drivers License)? Yes ___ No ___ If yes, when does it expire? _____

Do you have a current DOT physical? Yes ___ No ___ If yes, when does it expire? _____

EXPERIENCE AND QUALIFICATIONS

DRIVER

LICENSES

STATE	LICENSE NO.	CLASS	ENDORSEMENTS

DRIVING EXPERIENCE _____

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

APPLICATION FOR SWITA DRIVER

Applicant Name: _____

Employment desired: ☐ Full-Time Only ☐ Part-Time Only ☐ Full or Part-Time

Are you available to work nights (9pm-3am)? ☐ Yes ☐ No ☐ Maybe

Are you available to work early mornings (4am-6am)? ☐ Yes ☐ No ☐ Maybe

Day and Shift Availability

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Any
1st Shift								
2 nd Shift								
3 rd Shift								
Any								

Comments:

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

Are you a Veteran? ☐ Yes ☐ No

Do you have a disability? ☐ Yes ☐ No

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)

☐ Black or African American
(Not Hispanic or Latino)

☐ Native Hawaiian or Other
Pacific Islander (Not Hispanic
or Latino)

☐ Asian (Not Hispanic or Latino)

☐ American Indian or Alaska Native
(Not Hispanic or Latino)

☐ Two or More Races (Not Hispanic or
Latino)

☐ I do not wish to disclose.

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.



Iowa Division of Criminal Investigation Criminal History Record Check Request Form



DCI Account number (if applicable)

REQUESTOR INFORMATION

PLEASE WRITE CLEARLY

4331-FC

Name (business or individual)

Southwest Iowa Planning Council

Mailing address (street/PO Box, city, state, zip code)

1501 SW 7th St

Phone number

(712) 243-4196

Fax number

712-243-3458

Email address

brandie.mcfarland@swipco.org

I would like the results sent to me by:

☐

Mail

☐

Fax

☒

Email

I am required to have the results notarized:

☐

Yes

☒

No

*for specific requirements in another country only.

SUBJECT OF REQUEST INFORMATION

Please provide all required demographic information on the form or it will be returned.
Multiple names require a separate Request Form and fee.

LAST NAME (required)

FIRST NAME (required)

MIDDLE NAME (recommended)

DATE OF BIRTH (required)

GENDER M, F or Other (required)

SOCIAL SECURITY NUMBER (recommended)

RELEASE AUTHORIZATION INFORMATION: Without a signed release from the subject of the request, a complete criminal history record may not be releasable, per Code of Iowa, Chapter 692.2. For complete criminal history record information, as allowed by law, always obtain a signed release from the subject of the request. This form (DCI-77) is the only approved release authorization form for this purpose.

This response only includes public criminal history data. Under Iowa law, most juvenile records are confidential. Confidential juvenile court records cannot be included in this response. A signed release authorization is not sufficient to obtain this information from the DCI. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code 232.147(18) through the Clerk of Court. Criminal history data concerning convictions for certain juvenile sex offenses can be found online through the the Iowa Sex Offender Registry (SOR). Even though some information is available online through the SOR, the actual records for juveniles may still be confidential and cannot be provided. In order to request the release of confidential juvenile records, if any, an application must be filed pursuant to Iowa Code section 232.147(18) through the Clerk of Court.

RELEASE AUTHORIZATION: I hereby give permission for the above requesting official to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me that is maintained by the DCI may be released as allowed by law. I understand this can include information concerning completed deferred judgments and arrests without dispositions. I understand the signature below certifies the information provided is true and accurate. Furthermore, I understand this is an official statement and record. Any false statement(s) made in this record may result in further action.

RELEASE AUTHORIZATION SIGNATURE

FOR DCI USE ONLY

As of a search of the information provided revealed:

☐

NO IOWA CRIMINAL HISTORY RECORD FOUND WITH DCI

☐

AN IOWA CRIMINAL HISTORY RECORD WAS FOUND. A COPY OF THE RECORD IS INCLUDED - DCI#

Processed by

SUBMIT THE REQUEST/BILLING FORM(S) AND FEE(S) BY ONE OF THE FOLLOWING METHODS:

ADDRESS: Iowa Division of Criminal Investigation
Support Operations Bureau
Dissemination Unit
215 E 7th St
Des Moines IA 50319

FAX: 515-725-6080

EMAIL: dcirecordchecks@dps.state.ia.us

QUESTIONS: dcirecordchecks@dps.state.ia.us

HOW TO REQUEST AN IOWA CRIMINAL HISTORY RECORD CHECK:

- Please write clearly on the Request Form.
- Complete all Requestor Information and all required fields. If the form is incomplete it will be returned to you without being processed.
- Send in a separate Request Form for each last name.
- A \$15.00 fee is required for each Request Form/last name submitted.
- A completed Billing Form must be submitted with a Request Form. If the Billing Form is not complete or the fee is not included, all forms will be returned. Please submit only one Billing Form when submitting multiple requests.
- Please specify on the Request Form if you want the results mailed, faxed or emailed to you and provide the appropriate information. If not specified the results will be mailed.
- Indicate if you are required (i.e. for immigration, for employment in another country, etc.) to have the results of the record check notarized.

Iowa criminal history record checks are based on name and exact date of birth. Without fingerprints, positive identification cannot be determined. The records maintained by the Iowa Division of Criminal Investigation (DCI) are based on information provided to us, as required by the Code of Iowa, from other criminal justice agencies in Iowa. Therefore, the DCI cannot guarantee the completeness of the information provided. If an individual disputes the accuracy of information maintained by the DCI, please contact our office at dcirecordchecks@dps.state.ia.us.

RELEASE AUTHORIZATION INFORMATION:

Iowa law does not require a release authorization to request an Iowa criminal history record check on another person. However, without a signed release authorization from the subject of the request, deferred judgments where the DCI has received notice of the successful completion of probation cannot be released to non-law enforcement agencies. In addition, any arrest over 18 months old, without a final disposition, cannot be released.

Please note: If the "No Iowa Criminal History Record found with DCI" box is checked, it could mean the information on file is not releasable per Iowa law without a signed release authorization.

Furthermore, it could mean there is juvenile information that isn't releasable per Iowa Code 232.147. However, the release authorization does not pertain to juvenile information.

ADDITIONAL INFORMATION:

A criminal history record check of the DCI files do not include other states' records, FBI records, or subjects convicted in federal court within Iowa.

In Iowa, a deferred judgment **is not** generally considered a conviction once the defendant has been discharged from the deferred judgment after successfully completing probation. However, it should be noted that a deferred judgment may still be considered as an offense when considering charges for certain multiple offense crimes, i.e. second offense OWI. If a disposition indicates that a deferred judgment was given, you may want to inquire of the individual's current status.

A deferred sentence **is** a conviction. The judge simply withholds implementing a sentence for a certain probationary period. If probation is successful, the sentence is not carried out.

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law.

Abuse Registry being requested: ☐ Child Abuse ☐ Dependent Adult Abuse ☒ Both

Please specify your preferred **method of response**: ☐ Address ☐ Fax ☒ Email

Section 1: To be completed by the person or agency requesting the information.

Last Name McFarland	First Name Brandie	Agency Name Southwest Iowa Planning Council	Telephone Number 712-243-4196
Address 1501 SW 7th St			Fax Number 712-243-3458
City Atlantic	State IA	Zip Code 50022	Email brandie.mcfarland@swipco.org
What is the purpose of your request for child or dependent adult abuse information? new hire background checks and annual checks for current employees			
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.			
Signature of Requester Brandie McFarland			Date

Section 2: To be completed by person authorizing HHS to release their abuse information.

Name (last, first, middle)		Birth Date	Social Security Number	
Address	City	County	State	Zip Code
List maiden name, previous married names, and any alias:				
I understand that my signature authorizes the requestor to receive information to verify whether I am named on the Child Abuse or Dependent 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, the information contained in Section 2 of this form is correct.				
Signature of Person Authorizing Release				Date

Section 3: To be completed by the Central Abuse Registry or designee.

Signature of Registry Staff or Designee		Date
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Complete a separate form for each person for whom information is requested and email to iowaabuseregistry@hhs.iowa.gov, or fax to (515) 564-4112, or mail to the Iowa Department of Health and Human Services, FWBP/CPS/Operations/Registry, 321 E. 12th Street, Des Moines, IA 50319.

Legal Provisions for Handling Child and Dependent Adult Abuse Information

Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not re-disseminate (release) this information, except that re-dissemination is permitted when **ALL** of the following conditions apply:

- The re-dissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- The person to whom such information would be re-disseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- A written record is made of the re-dissemination, including the name of the recipient and the date and purpose of the re-dissemination.
- The written record is forwarded to the Central Abuse Registry within 30 days of the re-dissemination.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.