

PRE-EMPLOYMENT QUESTIONNAIRE

Des Moines Area Regional Transit Authority 620 Cherry St Des Moines, IA 50309

NOTE: DART is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity.
COMPLETE ALL INFORMATION CONTAINED IN THIS QUESTIONNAIRE TO THE BEST OF YOUR KNOWLEDGE

TODAY'S DATE _____

POSITION APPLYING FOR _____

Type of Employment Desired:

FULL-TIME ONLY PART-TIME ONLY PART OR FULL-TIME

DAYS OF WEEK AVAILABLE (check all that apply):

Mon Tues Wed Thurs Fri Sat Sun

HOURS AVAILABLE:

From _____ a.m. p.m. To _____ a.m. p.m.

YOUR
NAME _____

LAST

FIRST

MIDDLE INITIAL

ADDRESS _____

NUMBER

STREET

APARTMENT OR LOT#

CITY _____ STATE _____ ZIP _____ COUNTY _____

HOME PHONE (_____) _____ ALTERNATE PHONE (_____) _____
AREA CODE AREA CODE

Are you at least 18 years of age?
 YES NO

Have you ever been employed by DART &/or MTA?
 YES NO If yes, when? _____

YES NO If yes, when? _____

Do you have any relative(s) &/or friends employed by DART?
 YES NO

YES NO If yes, list name(s) _____

Have you ever been convicted of a crime (other than a minor traffic violation)? YES NO If yes, please give date and charge(s) below

Were you ever in the armed services? YES NO
If yes, list dates of active duty _____

Is there any other name which you have previously used to identify yourself? YES NO If yes, please list _____

Can you, if offered a position with DART, submit verification of your legal right to work in the United States? YES NO
(Proof of citizenship or immigration status will be required upon employment.)

Is there any reason why you would be unable to perform the essential functions of the job for which you are applying? YES NO
If yes, please explain _____

VETERANS PREFERENCE – To claim veteran's preference you MUST SUBMIT PROOF OF SERVICE (DD 214) and include dates of active duty.

DRIVERS LICENSE INFORMATION AND RELEASE

Do you currently have a valid driver license? YES NO State license issued in _____ License# _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO If yes, please explain _____

Has your motor vehicle license, permit, or privilege ever been suspended or revoked? YES NO If yes, when _____

Check the type of license you currently have Class C (non commercial) Class D Chauffer Class B CDL Class A CDL

If you hold a CDL, check the type of endorsement(s) you currently have _____ Air Brakes _____ Passenger

PLEASE READ AND SIGN AUTHORIZATION

I authorize the Des Moines Area Regional Transit Authority to obtain my driving record from the Iowa Department of Transportation, which is required as the first step of processing my Pre-Employment Questionnaire for potential employment opportunities.

Signed _____ Date _____

(If you have an OUT OF STATE LICENSE, you must submit a certified copy of your driving record in order to be considered for any position.)

Employment History

List your current and previous employers for the last 10 years beginning with the current or most recent. Please answer all questions for each employer listed.

2 Name of Employer:		Full or Part-Time? <input type="checkbox"/> FT <input type="checkbox"/> PT Number of hours per week? _____		Note: State reason and length of inactivity between present application date and last employer:
Address		Phone		Describe Job/Duties
City		State	Zip	
Supervisor's Name/Title				
Starting Date (FROM)	Ending Date (TO)	Starting Pay	Final Pay	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Leaving			Did you hold a CDL for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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EDUCATION

	Graduated	Name of school and address	Type of Degree/Major
High School/GED	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate/Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade/Business or Driving School	<input type="checkbox"/> Yes <input type="checkbox"/> No		

ARE YOU CURRENTLY ATTENDING SCHOOL? YES NO IF YES, LIST CLASS/SCHEDULE _____

LIST ANY ADDITIONAL TRAINING OR EDUCATION APPLICABLE TO POSITION APPLYING FOR

SKILLS/WORK HISTORY

Please indicate any specific work skills you have which may not be adequately covered in review of your educational or job history. For example, forklift operation, computer programming, 10-key skills, typing (wpm), sales experience, etc.

Do you have any certificates or license(s) that would be applicable to the job you are applying for? YES NO If yes, please list below (*example, boiler certification, hazardous material license, etc.*)

Have you ever been discharged or asked to resign your employment? YES NO If yes, please give particulars _____

How many days of work have you missed this past year? _____ How many times have you been late this past year? _____

Employment History

List below your current and previous employers for the last **10 years** beginning with the current or most recent. Please answer all questions for each employer listed. A resume will **not** substitute for a completed application form.

1 Name of Employer:		Full or Part-Time? <input type="checkbox"/> FT <input type="checkbox"/> PT Number of hours per week? _____		Note: State reason and length of inactivity between present application date and last employer:	
Address		Phone		Describe Job/Duties	
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ATTENTION SAFETY-SENSITIVE APPLICANTS

(Bus Operator, Bus Servicer, Diesel Mechanic, Tire Person, Utility Person, Route Supervisor, and Dispatcher Applicants)

In accordance with FTA Regulations 49CFR, The Des Moines Area Regional Transit Authority will subject all applicants/employees to required drug and alcohol testing categories including, but not limited to, pre-employment, random, post-accident, post-injury, and reasonable suspicion testing.

ATTENTION ALL APPLICANTS

The Des Moines Area Regional Transit Authority is dedicated to providing safe, dependable, and economical transportation services to our transit passengers. DART’s employees are our most valuable resource, and it is our goal to provide a healthy, satisfying work environment that promotes personal opportunities for growth. In meeting these goals, it is our policy to:

- Assure that employees are not impaired in their ability to perform assigned duties in a safe, productive, and healthy manner;
- Create a workplace environment free from the adverse effects of drug abuse and alcohol misuse;
- Prohibit the unlawful manufacture, distribution, dispensing, possession or use of controlled substances;
- To encourage employees to seek professional assistance any time personal problems, including alcohol or drug dependency, adversely affect their ability to perform their assigned duties.

IMPORTANT – READ THIS STATEMENT BEFORE SIGNING

I hereby certify that this Pre-Employment Questionnaire is complete to the best of my knowledge regarding current and prior employment information listed and that ALL information given is true and contains no misrepresentations. I understand that if I fail to complete all parts of the Pre-Employment Questionnaire, it may cause delay or result in the inability to process this Questionnaire and will be returned for proper completion.

FURTHERMORE

- I am aware that all statements submitted on this Questionnaire are subject to investigation and verification and that if a job offer has been extended, it is pending verification.
- I agree to provide, upon request of DART, any written releases and waivers of confidentiality should any former employer or educational institutions request such a release.
- I authorize the persons, educational institutions, law enforcement agencies and other organizations or employers named in this Questionnaire to provide information requested by DART in its processing of this Questionnaire.
- I understand that any withholding of information, or misrepresentation on this Questionnaire or on medical records/forms related to my employment, could result in rejection for employment, or if employed, termination of employment with DART.

Signed _____

Date _____

STOP – FOR OFFICE USE ONLY – PLEASE DO NO WRITE BELOW THIS LINE

Date & Time of Interview _____ If Hired, Date and Time of Physical _____

Passed physical? YES NO Received drug screen results? YES NO DCI check complete? YES NO

Required FTA questionnaire(s) returned? YES NO N/A Prior employment check(s) complete? YES NO

EMPLOYEE ORIENTATION DATE _____ EMPLOYEE NUMBER _____

HR Notes:



Des Moines Area Regional Transit Authority
620 Cherry Street • Des Moines, Iowa 50309
Phone (515) 283-8111 • Fax (515) 244-5389

**AUTHORIZATION FOR RELEASE
OF PERSONAL DATA**

Name: _____
PLEASE PRINT

Date of Birth _____
MONTH/DAY/YEAR

I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish the Des Moines Area Regional Transit Authority (DART), and/or its agents, with any and all information in their possession regarding me, in connection with an application for or retention of employment. Further, I hereby release from liability and hold harmless all person and corporations supplying this information to DART and/or its agents. A photocopy of this authorization is as effective as the original.

Signed _____

Date _____

PLEASE NOTE: The information requested in this release will be used for the sole purpose of obtaining background information in the event you may be offered the position that you applied/interviewed for. If you would like information regarding the Fair Credit Reporting Act, please direct your request to the receptionist.

