



**Hood River County
Transportation District**
P.O. Box 1147
224 Wasco Loop
Hood River Oregon 97031
Phone 541.386.4202

Employment Application

An equal opportunity and affirmative action employer

Last Name		First Name	Middle	Position Applied For	
				Full-time	Part-time
Mailing Address, Street, City, Zip Code					
Date available:					
Home Phone	Message Phone		Work Phone		

Personal Information

Have you filed an application with HRCTD before? Yes No

Have you ever been convicted of a crime? Yes No

If so, provide details.

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not get hired for, safety-sensitive transportation work covered by the DOT drug and alcohol testing rules during the past two years? Yes No If so, Employers Name Date

Are you legally authorized to work in the United States, either because you are a U.S. Citizen, or because your visa or immigration status authorizes legal employment in the US? Yes No

Education and Training

Indicate last level completed: High School College or University Graduate School

Name of High School, Technical School, and College	City, State	Major	Degree	Month/Year of Degree

List special skills and abilities which you acquired through employment, volunteer work, training or other experiences.

Please indicate what foreign languages, if any, you speak, read and/or write:

US Military Service? Dates of Service and Branch, Honorable or General Discharge (answers to these questions are optional)

EMPLOYMENT HISTORY

List each job held. Start with your last or present job. (List your last 10 years of work history, add additional pages if needed)

Employer Name	From (MO/Yr)	To (MO/Yr)	Starting Pay	Final Pay
Employer Address				
Reason for Leaving:				
Name of Supervisor:				
Telephone Number:	Fax Number:			
Job Title:	May we contact? Yes No			
Describe your duties and responsibilities:				

Employer Name	From (MO/Yr)	To (MO/Yr)	Starting Pay	Final Pay
Employer Address				
Reason for Leaving:				
Name of Supervisor:				
Telephone Number:	Fax Number:			
Job Title:	May we contact? Yes No			
Describe your duties and responsibilities:				

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Name of Supervisor:				
Telephone Number:	Fax Number:			
Job Title:	May we contact? Yes No			
Describe your duties and responsibilities:				

Applicants for Driving Positions Only:

Have you ever taken a Defensive Driving Course? Yes No

* If yes, what course, when, and who or what organization taught the course?

Have you ever had your license revoked, suspended, canceled or been disqualified from obtaining a CDL? Yes No

Have you ever been convicted of driving while intoxicated or under the influence? Yes No

Are you 21 years of age or older? Yes No

Do you have a Commercial Driver's License? Yes No

If yes, list Endorsements/CDL Class

Month/Yr	Violation	City/State or Province	On the Job?	Suspension / Revoked / Fined?

ALL APPLICANTS, PLEASE READ AND SIGN BELOW. THIS APPLICATION IS NOT COMPLETE WITHOUT YOUR SIGNATURE

I certify that all information in this application is true and correct. I am aware that any misinformation or omission may preclude an employment offer, or may result in withdrawal of an employment offer or separation of employment. I further understand that this is an application for employment and that no employment contract is being offered. I also understand that employment with Hood River County Transportation District is at will and either party may end the employment relationship at any time, with or without notice.

I authorize Hood River County Transportation District to investigate my work performance with my references and with my previous employers, (except as noted) and investigate other such records, (e.g. motor operator records, criminal records, etc.) pertinent to the job for which I have applied. I hereby release from any liability or any other legal action Hood River County Transportation District and its representatives for seeking such information and all other persons, corporations, organizations for furnishing such information.

I understand that any offer of employment will be contingent on taking and passing any physical examinations, including drug and/or alcohol screenings, and other tests or evaluations that may be required to certify my suitability for the position I have applied for. I understand that refusal to submit to the drug screening for safety sensitive positions will constitute a voluntary withdrawal of my application for employment.

If I become employed, I also agree to such physical examinations, if they are warranted by the position, federal and/or state regulations. I further agree to hold Hood River County Transportation District and its representatives harmless for the consequences of such examinations, screenings, etc.

I certify I understand that I may be required to work at other than my regular assignment as the needs of Hood River County Transportation District require, and that my employment is subject to complying with those other rules, regulations, and conditions as established by Hood River County Transportation District.

Hood River County Transportation District is an Equal Opportunity Employer and considers all applicants for all positions without regard to race, color, gender, national origin, age, marital status, veteran status, disability or any other legally protected status.

Applicant Signature _____ Date _____

TO WHOM IT MAY CONCERN:

I am applying for a job at Hood River County Transportation District, which provides transportation for the public.

I understand that for Hood River County Transportation District and its personnel to make a knowledgeable decision as to my being hired, they must check with prior employers. I consent to and authorize Hood River County Transportation District and its personnel to ask any or all of the references I have noted in my employment application and/or resume, in any manner they chose, for information concerning me whether good or bad, and I know that a complete answer is important to my being considered for employment.

I, therefore, release all parties and persons connected with any request for information from all claims, liability, and damages for whatever reason rising out of furnishing the above information.

Applicant's Signature _____ Date _____

HOOD RIVER COUNTY TRANSPORTATION DISTRICT
(541) 386-4202 voice (541)
386-1228 fax

APPLICANT CONSENT TO FINGERPRINTING AND CRIMINAL RECORDS CHECK (DRIVERS ONLY)

I understand that a requirement for employment with Hood River County Transportation District is the provision of fingerprints and a criminal records check by the Oregon State Police and the Federal Bureau of Investigation per the requirements of Oregon Revised Statute 181.537.

I further understand that a record of criminal history or the provision of false information regarding my criminal history on my Hood River County Transportation District Application may disqualify me from employment with Hood River County Transportation District. I understand that until Hood River County Transportation District receives criminal history reports from the Oregon State Police and the Federal Bureau of Investigation that I will not be able to work unsupervised, which may limit the number of work hours available to me.

I understand that Hood River County Transportation District is requesting fingerprints and criminal history records solely for the purpose of determining my employability with Hood River County Transportation District and that all criminal history records, including fingerprint cards will only be available to persons authorized by Hood River County Transportation District policy to have access to such records and information. The Oregon State Police and the Federal Bureau of Investigation do not create or maintain a record of your fingerprints as a result of this inquiry. Fingerprint cards are either destroyed by the Federal Bureau of Investigation or returned to Hood River County Transportation District. The Oregon State Police will return fingerprint cards to Hood River County Transportation District. Hood River County Transportation District will maintain such records in a secure location and will destroy all such records within 180 days of receipt by shredding or burning, unless the contingent employee appeals a decision to terminate the contingent employee based on information contained in his/her criminal history records.

I understand that until Hood River County Transportation District receives criminal history reports from the Oregon State Police and the Federal Bureau of Investigation I will be a temporary and contingent employee. If Hood River County Transportation District terminates my employment as a result of the criminal records inquiry, I have an opportunity to appeal this decision following the appeal procedures contained in Hood River County Transportation District's Personnel Policies and Procedures Manual.

Applicant's Signature _____ Date _____