# 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  Type of Employment Desired:  DAYS OF WEEK AVAILABLE (check all that apply):  HOURS AVAILABLE:			POSITION APPLYING FOR				
			☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ PART OR FULL-TIME ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun ☐ a.m. ☐ a.m. From ☐ p.m. To ☐ p.m.				
							YOUR NAME
LAST	FIRST	MIDDLE	INITIAL				
ADDRESSNUM				ΔΓ	DADTMENT OD I	OT#	
	-				PARTMENT OR L		
CITY		_ STATE		ZIP	COU	INTY	
HOME PHONE (	CODE	ALTER	NATE PH	HONE ( AREA	)		
	Have you ever been	NATAO	□ YES	If yes,			
Are you at least	employed by DART &/or	MIA?	□NO	wnen?			
18 years of age?  ☐ YES ☐ NO	Do you have any relative &/or friends employed by		☐ YES		١		
	wor menus employed by	DANT:		list Halfie(s	)		
	icted of a crime (other than a mir O If yes, please give date and cha					□ YES □ N	
						ve previously use please list	
legal right to work in the	tion with DART, submit verificatio United States?   YES   NO amigration status will be required		functions	of the job for		unable to perfor applying?   YES	
VETERANS PREFERENCE	– To claim veteran's preference y	ou MUST SUBMIT PRO	OOF OF SE	ERVICE (DD 2:	14) and include	dates of active d	uty.
	DRIVERS LICE	NSE INFORM	OITAN	N AND F	RELEASE		
Do you currently have a v	valid driver license? ☐ YES ☐ N	O State license issue	ed in		License#		
Have you ever been denie	ed a license, permit, or privilege t	o operate a motor vel	nicle? 🗆 Y	∕ES □ NO If	yes, please exp	olain	
Has your motor vehicle lie	cense, permit, or privilege ever be	en suspended or revo	oked?   Y	ES □ NO If	yes, when		
Check the type of license	you currently have   Class	s C (non commercial)	□ Class	s D Chauffer	□ Class B CDI	L 🗆 Class A C	DL
If you hold a CDL, check	the type of endorsement(s) you c	urrently have	Ai	ir Brakes	Pa	assenger	
	PLEASE	READ AND SIGN	I AUTHO	RIZATION			
	es Area Regional Transit Authority sing my Pre-Employment Questio					ansportation, wh	ich is required
Signed			Date				
(If you have an OU	T OF STATE LICENSE, you must s	submit a certified cop	y of your a	driving record	in order to be co	onsidered for any	position.)

2 Name of Employer:		Full or Part-Time?		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?  ☐ YES ☐ NO		
Reason for Leaving				Did you hold a CDL for this position?  ☐ Yes ☐ No  Were you subject to DOT Drug/Alcohol Testing?  ☐ Yes ☐ No		
Employment Hist List your current and previ	t <b>ory</b> ious employers for the last	10 years beginning w	with the current or mos	st recent. Please answer all questions for each employe		
3 Name of Employer:		Full or Part-Time?		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?  ☐ YES ☐ NO		
Reason for Leaving				Did you hold a CDL for this position?  ☐ Yes ☐ No  Were you subject to DOT Drug/Alcohol Testing?  ☐ Yes ☐ No		
Employment Hist List your current and previ		10 years beginning w	ith the current or mos	st recent. Please answer all questions for each employe		
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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?  ☐ YES ☐ NO		
Reason for Leaving		l		Did you hold a CDL for this position?  ☐ Yes ☐ No		

## **EDUCATION**

		Graduated	Name of School	and address	Type of Degree/Major
High School/GED	]	□Yes □No			
College/University	[	⊒Yes □No			
Graduate/Professiona	al [	⊒Yes □No			
Trade/Business or Dr	riving School	□Yes □No			
ARE YOU CURRENTL	Y ATTENDING SCHO	OL? □ YES □ NO	IF YES, LIST CLASS/SCH	EDULE	
LIST ANY ADDITION	AL TRAINING OR ED	UCATION APPLICA	ABLE TO POSITION	APPLYING FOR	
Please indicate any specifi	ic work skills you have whi		ORK HISTORY	f your educational o	r job history. For example,
	er programming, 10-key sk			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	tes or license(s) that would dous material license, etc.)	I be applicable to the	iob you are applying for?	P I YES I NO If	yes, please list below ( <i>example,</i>
zoner ceremeaciony mazara					
	arged or asked to resign y	our employment? 🗆	YES □ NO If yes, pleas	se give particulars _	
Have you ever been disch					nis past year?
Have you ever been disch	nave you missed this past y				
Have you ever been disch  How many days of work h  Employment Hi List below your current ar	nave you missed this past y	rear?	How many times he	ave you been late th	
Have you ever been disch  How many days of work h  Employment Hi List below your current ar employer listed. A resume	nave you missed this past y  Story  In previous employers for the story of the stor	rear?	How many times had inning with the current of form.	ave you been late the	nis past year? se answer all questions for each
Have you ever been disched How many days of work have been disched How many days of wo	nave you missed this past y  Story  In previous employers for the story of the stor	the last <b>10 years</b> beg completed application	How many times had inning with the current of form.	ave you been late the	nis past year?  se answer all questions for each an and length of inactivity between and date and last employer:
Have you ever been disched How many days of work have been disched by the many days of work have been disched b	nave you missed this past y  Story  In previous employers for the story of the stor	the last <b>10 years</b> beg completed application Full or Part-Time Number of hours	How many times had inning with the current of form.	or most recent. Plea	nis past year?  se answer all questions for each an and length of inactivity between date and last employer:
Have you ever been disched How many days of work have have been disched How many days of work have been disched How many days of work have been disched How many days of work have have been disched How many days of work have have been disched How many days of work have have been disched How many days of work have have have been disched How many days of work have have have have have have have have	nave you missed this past y  Story  In previous employers for the story of the stor	the last <b>10 years</b> beg completed application Full or Part-Time Number of hours	How many times had inning with the current of form.  Power of the current of the	or most recent. Plea	nis past year?  se answer all questions for each an and length of inactivity between and date and last employer:
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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 authorize the persons, educational institutions, law enforcement agencies and other organizations or employers named in this Ouestionnaire to provide information requested by DART in its processing of this Questionnaire.
- 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 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.

igned	Date		
	FFICE USE ONLY — PLEASE DO NO WRITE BELOW THIS LIN		*****
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) returne	d? $\square$ YES $\square$ NO $\square$ 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: \_\_\_\_\_\_

Date of Birth	
I, the undersigned, hereby authorize and request a present or former employer, educational institution, law enforcement agency, financial institution, or other person 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 content of the supplying the supplying this authorization is as effective as the original content of the supplying the supplying this authorization is as effective as the original content of the supplying	s S
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.

# **EQUAL EMPLOYMENT OPPORTUNITY SURVEY**

TO ALL APPLICANTS:	The following requested optional information in no way affects you as an individual applicant. This information is being gathe for research, validation of selection instruments, and federal reporting requirements only. The information requested is volunt and will be kept confidential.					
INSTRUCTIONS:	First, circle the correct number in each question below and then place your numbered answer to each question in the box.					
	A. What gender are you? 1. Male 2. Female					
	B. What is your age?  1. 21 Years or Less 2. 22-25 Years 3. 26-35 Years 4. 36-45 Years 5. 46-55 Years 6. 56-64 Years 7. 65 Years and Over					
	C. What is the highest level of education you have reached?  1. Completed 0-8 Years of School 2. Completed 9-12 Years of School But Did Not Graduate 3. High School Diploma or GED 4. Post High School Vocational or Business School Training 5. Completed College But Less Than a BA or BS Degree 6. BA or BS or Similar Degree 7. MA or Similar Professional Degree 8. PHD, JD, LLB or Similar Professional Degree					
	D. Are you now employed? 1. Yes 2. No					
	E. Of which Racial/Ethnic Group do you consider yourself a member?  1. American Indian** (INCLUDING ALASKAN NATIVES) 4. Hispanic* 2. African-American 5. Caucasian 3. Asian (INCLUDING PACIFIC ISLANDERS) 6. Other (PLEASE SPECIFY)					
	F. Do you have a disability? (Answer is strictly voluntary)  1. No 2. Yes-Blind 9. Yes-Respiratory 3. Yes-Deaf 10. Yes-Neurological 4. Yes-Amputee 11. Yes-Personal Problem/Social 5. Yes-Epilepsy 12. Yes-Personal Problem/Mental 6. Yes-Diabetes 13. Yes-Personal Problem/Emotional 7. Yes-Paralysis 14. Yes-Other					
	G. How did you learn about this job?  1. DART Employee or Retiree 6. Television or Radio 7. On-Line Website (NAME) 8. School 4. Iowa Work Force Development 5. Job Fair  6. Television or Radio 7. On-Line Website (NAME) 9. Walk In 10. Community Posting (LOCATION)					
POSI	TION APPLIED FOR					
	NAME (PRINT)					
	DATE					

<sup>\*</sup>HISPANIC INCLUDES PERSONS OF MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN, OR OTHER SPANISH ORIGIN OR CULTURE REGARDLESS OF RACE.

<sup>\*\*</sup>AMERICAN INDIAN INCLUDES ANY OF THE ORIGINAL PEOPLE OF NORTH AMERICA WHO MAINTAIN CULTURAL IDENTIFICATION THROUGH TRIBAL AFFILIATION OR COMMUNITY RECOGNITION.