

WACO TRANSIT

301 South 8th Street, Suite 100
Waco, TX 76701
(254) 750-1900 Fax: (254) 750-1901

APPLICATION FOR EMPLOYMENT

BACKGROUND CHECKS

Waco Transit System, Inc. will conduct a full background check on all candidates for employment.
PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM

DRUG SCREENING

Waco Transit is committed to maintaining a DRUG-FREE workplace.
All offers of employment are contingent upon successful completion of a pre-employment drug screen.
PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM

Thank you for considering applying for a position with Waco Transit. We appreciate the time you are giving to complete this application form. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. Please be very careful completing this application. We use a sophisticated and detailed background and employment screening process in which will disclose inaccurate, false, and/or incomplete or omitted information. This application will remain on file for 180 days from the date herein whereupon you should resubmit a new application if you are interested in a position with Waco Transit.

The following must be filled out completely for your application to be considered.

[Please Print]

PERSONAL INFORMATION:

Name _____
Last First Middle

Have you ever used another name? Yes No List all other names by which you have been known: _____

Position you are applying for: _____

Present Address: _____
No. Street City State Zip

Mailing Address: _____
(if different) No. Street City State Zip

Business Telephone () _____ Home Telephone () _____

Social Security # _____ - _____ - _____ Have you ever used another Social Security Number? Yes No

Please list the cities and corresponding state you have lived in during the past 7 years: 1 _____

2 _____ 3 _____ 4 _____

Do you have a valid driver's license? _____ If so, what state: _____ Driver's License# _____

Have you been a licensed driver for the last 5 years? Yes No

List all moving violations and accidents in the past three years: _____

Drivers License classification: C _____ CDL-C _____ CDL-B _____ CDL-A _____ Endorsements: _____

Have you ever been convicted for driving under the influence (DUI)? Yes No

If hired, would there be anything preventing you from working as scheduled? Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No
(Note: Proof of age and eligibility for employment will be required if you are hired.)

Have you ever been terminated or asked to resign from a job? Yes No Please explain: _____

Are you available to work: _____ Full Time _____ Part Time _____ Seasonal

What days and hours are you available for work? _____

Circle the days you would be available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What are the times you would not be available to work? _____

Would you be available to work overtime, if necessary? Yes No

If hired, on what date can you start work? _____

Have you ever applied to or worked for Waco Transit? Yes No If yes, when? _____

Do you have any friends or relatives working for Waco Transit? Yes No If yes, state name(s) and relationship(s) _____

Do you have any commitment to another entity or person that might affect your employment with Waco Transit? Yes No

If yes, describe fully: _____

REFERENCES: How were you referred to our Company? _____ Newspaper _____ Walk-In _____ Internet _____
_____ Texas Workforce Commission
_____ Employee Referral (Name _____) _____ Other (_____)

List below three persons not related to you who have knowledge of your work performance within the last three years. If this does not apply to you, then provide three school or personal references that are not related to you.

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

EDUCATION, TRAINING AND EXPERIENCE:

<u>School: Name and Address</u>	<u>No. of Years Completed</u>	<u>Degree or Diploma</u>	<u>Did you Graduate?</u>
High School _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
College/University _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Vocational/Business _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

Some of our customers/clients may not speak English. Do you speak, write or understand any other languages? Yes No
If yes, which language(s): _____

Do you have any other experience, training, qualifications or skills, which you feel may make you especially suited for work at Waco transit? Yes No Explain: _____

Managerial Skills: Yes No -Typing Speed: _____ WPM -Ten Key: Yes No -Shorthand: Yes No -Spreadsheet: Yes No - Graphics Yes No -Word Processing: Yes No -Database Programs: Yes No -Dictaphone: Yes No
Please describe your skills: _____
List any computer programs with which you are familiar: _____

EMPLOYMENT HISTORY: List below all present and past employment for the last ten (10) years, starting with your most recent employer. You *must* complete this section even if attaching a resume. Note: Attach additional page(s) if necessary)

Are you employed now? ... Yes No If Yes, may we contact your present employer? ... Yes No

1. Name of Employer: _____ **Type of Business:** _____
Address: _____
 No. Street City State Zip
Telephone No. (____) _____ Your Supervisor's Name: _____
Your Position and Duties: _____
Date of Employment: From ____/____/____ To ____/____/____ Ending wage _____ Hourly / Monthly
Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? Vol InVol
Exact Reason for Leaving: _____

2. Name of Employer: _____ **Type of Business:** _____
Address: _____
 No. Street City State Zip
Telephone No. (____) _____ Your Supervisor's Name: _____
Your Position and Duties: _____
Date of Employment: From ____/____/____ To ____/____/____ Ending wage _____ Hourly / Monthly
Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? Vol InVol
Exact Reason for Leaving: _____

3. Name of Employer: _____ **Type of Business:** _____
Address: _____
 No. Street City State Zip
Telephone No. (____) _____ Your Supervisor's Name: _____
Your Position and Duties: _____
Date of Employment: From ____/____/____ To ____/____/____ Ending wage _____ Hourly / Monthly
Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? Vol InVol
Exact Reason for Leaving: _____

4. Name of Employer: _____ **Type of Business:** _____
Address: _____
 No. Street City State Zip
Telephone No. (____) _____ Your Supervisor's Name: _____
Your Position and Duties: _____
Date of Employment: From ____/____/____ To ____/____/____ Ending wage _____ Hourly / Monthly
Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? Vol InVol
Exact Reason for Leaving: _____

EMPLOYMENT HISTORY: List below all present and past employment for the last ten (10) years, starting with your most recent employer. You *must* complete this section even if attaching a resume. Note: Attach additional page(s) if necessary

5. Name of Employer: _____ Type of Business: _____
Address: _____
 No. Street City State Zip
Telephone No. (____) _____ Your Supervisor's Name: _____
Your Position and Duties: _____
Date of Employment: From ___/___/___ To ___/___/___ Ending wage _____ o Hourly / o Monthly
Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? o Vol o InVol
Exact Reason for Leaving: _____

6. Name of Employer: _____ Type of Business: _____
Address: _____
 No. Street City State Zip
Telephone No. (____) _____ Your Supervisor's Name: _____
Your Position and Duties: _____
Date of Employment: From ___/___/___ To ___/___/___ Ending wage _____ o Hourly / o Monthly
Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? o Vol o InVol
Exact Reason for Leaving: _____

7. Name of Employer: _____ Type of Business: _____
Address: _____
 No. Street City State Zip
Telephone No. (____) _____ Your Supervisor's Name: _____
Your Position and Duties: _____
Date of Employment: From ___/___/___ To ___/___/___ Ending wage _____ o Hourly / o Monthly
Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? o Vol o InVol
Exact Reason for Leaving: _____

8. Name of Employer: _____ Type of Business: _____
Address: _____
 No. Street City State Zip
Telephone No. (____) _____ Your Supervisor's Name: _____
Your Position and Duties: _____
Date of Employment: From ___/___/___ To ___/___/___ Ending wage _____ o Hourly / o Monthly
Did you operate a Commercial Motor Vehicle on this job? _____ Was termination voluntary or involuntary? o Vol o InVol
Exact Reason for Leaving: _____

UNEMPLOYMENT HISTORY: Please account for any time(s) you were not employed in the last 10 years, after leaving school. You do not need to include periods of one month or less. (Note: Attach additional page(s) if necessary.)

You must account for all periods of unemployment.

<u>Time Period</u>	<u>Reason(s) Unemployed</u>	<u>Time Period</u>	<u>Reason(s) Unemployed</u>
_____	_____	_____	_____
_____	_____	_____	_____

MILITARY SERVICE:

Were you ever in the Armed Services? _____ Yes _____ No If so, what branch? _____

Dates of Duty: From: ___/___/_____ To: ___/___/_____

Have you obtained any special skills or abilities as a result of service in the military? _____ Yes _____ No

If yes, describe: _____

Have you in the last 7 years, under your name or another name, been convicted of, pleaded guilty or nolo contendere to, received deferred adjudication for, or been on any form of diversion for any criminal offense?

Yes No

Have you ever, under your name or another name, been convicted of a crime, which resulted with your being in prison and released from prison or paroled? Yes No

If yes, explain each conviction fully, when, where and of what you were convicted and disposition of the case(s): _____

Are you currently under arrest, or released on bond or your own recognizance, pending trial for a criminal offense? Yes No

If yes, state the nature of the crime charged, and when and where trial is pending: _____

(Note: No applicant will be denied employment solely on the grounds that they have been charged, committed or been convicted [or pleaded guilty or nolo contendere of a criminal offense; or, solely on an affirmative answer above)

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?

Yes No If no, describe the functions that cannot be performed: _____

Is there any reason why you would not be able to fully conform to all attendance requirements? Yes No

Describe fully: _____

(Note: We comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/ employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

NOTICE: Thank you for completing this application form. If there is a current opening in the position(s) you are seeking and the information in your application suggests you meet the minimum qualifications and are among the best qualified candidate for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the *entire interview process* is completed which includes a complete background check and pre-employment drug test. If there is no opening in the position(s) you are seeking, your application will be kept active for 180 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in our company. Please read page six carefully, print your name, initial, sign, and date.

AUTHORIZATION

**PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH, THEN SIGN BELOW
PLEASE COMPLETE AND SIGN ANY SEPARATE DOCUMENTS WHICH MAY BE ATTACHED**

PERSONALLY COMPLETED FORM HONESTLY AND ACCURATELY

BY MY SIGNATURE AND INITIALS PLACED BELOW, I PROMISE THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT IF DISCOVERED AT A LATER DATE). I UNDERSTAND THAT ANY JOB OFFER WILL BE CONDITIONAL BASED ON THE SATISFACTORY REVIEW OF MY QUALIFICATIONS INCLUDING ANY AND ALL BACKGROUND OR DRUG SCREENING, WHICH MAY BE REQUIRED. _____ INITIALS

DRUG & ALCOHOL SCREENING

IF THE COMPANY MAKES A CONDITIONAL JOB OFFER, I GIVE PERMISSION FOR A PHYSICAL EXAMINATION INCLUDING A PRE-EMPLOYMENT DRUG SCREEN. RESULTS WILL BE HELD IN CONFIDENCE BY WACO TRANSIT EXCEPT WHERE RELEASE OF SUCH INFORMATION IS REQUIRED BY LAW. _____ INITIALS

OTHER EMPLOYMENT

I UNDERSTAND THAT, IF HIRED, I MAY NOT HOLD OTHER EMPLOYMENT OR ENGAGE IN OTHER ACTIVITIES THAT CREATE A CONFLICT OF INTEREST WITH MY POSITION WITH THE COMPANY UNLESS I HAVE BEEN GIVEN PERMISSION IN WRITING BY THE COMPANY. _____ INITIALS

AUTHORIZATION TO OBTAIN INFORMATION

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PAST EMPLOYER; EDUCATIONAL INSTITUTION; LAW ENFORCEMENT AGENCY; STATE, LOCAL, OR FEDERAL AGENCY; MILITARY BRANCH; THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS; TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE RECORD, EDUCATIONAL HISTORY, LICENSING, EMPLOYMENT (INCLUDING CHARACTER, EARNINGS HISTORY AND REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY WACO TRANSIT TO DETERMINE MY ELIGIBILITY FOR EMPLOYMENT. _____ INITIALS

RELEASE

I VOLUNTARILY WAIVE ALL RECOURSE AND RELEASE ANY COMPANY, INDIVIDUAL OR ORGANIZATION FROM LIABILITY FOR COMPLYING WITH ANY REQUEST FROM THE COMPANY OR AGENTS OF THE COMPANY (INCLUDING ANY CONSUMER REPORTING AGENCY) TO OBTAIN ANY INFORMATION FROM ANY SOURCE WHATSOEVER RELATING TO MY APPLICATION FOR EMPLOYMENT. I FURTHER RELEASE THE COMPANY OR ANY INDIVIDUAL WITHIN THE COMPANY REGARDING THE USE ANY INFORMATION RECEIVED WHICH MAY HAVE BEARING ON MY APPLICATION FOR EMPLOYMENT. _____ INITIALS

NOTIFICATION & COMPLIANCE WITH RULES

I AGREE TO IMMEDIATELY NOTIFY WACO TRANSIT IF I SHOULD BE CONVICTED OF A CRIME WHILE MY JOB APPLICATION IS PENDING, OR DURING MY EMPLOYMENT IF HIRED. IF I BECOME EMPLOYED, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMPLY WITH THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF WACO TRANSIT. _____ INITIALS

AGREEMENT FOR AT-WILL EMPLOYMENT

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED, OR DURING MY EMPLOYMENT IF HIRED, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN WACO TRANSIT AND WACO TRANSIT. IN ADDITION, I UNDERSTAND AND AGREE THAT IF YOU EMPLOY ME, IN CONSIDERATION OF MY EMPLOYMENT, MY EMPLOYMENT WILL BE AT-WILL, FOR NO DEFINITE OR DETERMINABLE PERIOD OF TIME, AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME, FOR ANY REASON OR FOR NO REASON AT ALL, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF WACO TRANSIT OR ME. I UNDERSTAND AND AGREE THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON WACO TRANSIT UNLESS MADE IN WRITING AND SIGNED BY ME AND AN AUTHORIZED OFFICER OF WACO TRANSIT. I PROMISE THAT I HAVE NOT RELIED, AND WILL NOT RELY, ON ANY ORAL OR WRITTEN STATEMENTS TO THE CONTRARY. I UNDERSTAND AND AGREE THAT THIS IS THE ENTIRE AGREEMENT BETWEEN WACO TRANSIT AND ME REGARDING THE TERM OF MY EMPLOYMENT AND REPLACES ANY OTHER ORAL OR WRITTEN AGREEMENT OR UNDERSTANDING. _____ INITIALS

I certify that all of the information provided by me on this Application is true and accurate.

Signature: _____

Date: _____

Print Name: _____

WACO TRANSIT IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS THE POLICY OF THIS COMPANY TO CONSIDER ALL JOB APPLICATIONS ON THE BASIS OF MERIT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, DISABILITY OR ANY OTHER PROTECTED CHARACTERISTIC.



“Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing”

Please fill out one form for each employer for the past 2 years.

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.
New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.
Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

1. Did the employee have alcohol tests with a result of 0.04 or higher? YES ___ NO ___
2. Did the employee have verified positive drug tests? YES ___ NO ___
3. Did the employee refuse to be tested? YES ___ NO ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES ___ NO ___
5. Did a previous employer report a drug and alcohol rule violation to you? YES ___ NO ___
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? N/A ___ YES ___ NO ___

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.
Reason for Leaving? _____ Is the applicant eligible for rehire? YES ___ NO ___

Name of person providing information in *Section II-A*: _____

Title: _____ Phone #: _____ Date: _____



Select Personnel Investigations, LLP
 P.O. Box 2139
 Burleson, Texas 76097
 Phone: 254.694.5878 Fax: 254.694.5907
 www.selectpi.com

DISCLOSURE

Disclosure Regarding Background Investigation

Employer [_____] may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and personal/professional references. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

I hereby consent to your obtaining the above information from Select Personnel Investigations PO Box 2139; Burleson, TX 76097, Voice: (866) 243-5054. I understand that providing personal identifiers and other information is necessary as an aid in the proper identification and evaluation of my records.

I understand that I am being provided the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681. I understand I have the right to request the additional disclosures provided for under subsection (b) of § 606 - 15 U.S. Code § 1681d.

This Disclosure, in electronic, faxed, or photocopied form, will be valid for any reports that may be requested by the Company.

Last 4 digits of SSN or Government ID: _____

Signature: _____ Date: ____/____/____
 (Please sign above to acknowledge this Disclosure)

Employer Only Below This Line

I, _____ (employer) certify I have made the disclosures to the consumer required by paragraph (1) of § 606 - 15 U.S. Code § 1681d and will comply with subsection (b) of § 606 - 15 U.S. Code § 1681d.

Signature: _____ Date: ____/____/____
 (Please sign above to certify this Disclosure)

PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT

I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that my employment is contingent on the passing of the aforementioned drug test, and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

Signature of Applicant

Date

Print Name

Date

(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgment is completed and signed.)



Select Personnel Investigations, LLP
 P.O. Box 2139
 Burleson, Texas 76097
 Phone: 254.694.5878 Fax: 254.694.5907
 www.selectpi.com

Reference #: _____

To Whom It May Concern:

I, _____, hereby authorize Select Personnel Investigations, LLP PO Box 2139; Burleson, TX 76097 and/or its agents to make an independent investigation of my background, in obtaining consumer reports and/or investigative consumer reports which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with (Client Name) _____.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, education, credentials, military history, identity, past addresses, social security number, previous employment and references.

I authorize and request any present or former employer, military, state/federal government office, state department of motor vehicles, credit bureaus, educational institution, police department, law enforcement agencies, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish SelectPI LLP with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request. I understand that by agreeing below, that I am signing the Authorization form directing the background check as authorized in the disclosure.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

D.O.B. (for I.D. purposes only): ___ / ___ / ___

Social Security Number: _____ - _____ - _____

Driver s License Number: _____ State of Issue: _____

Previous Addresses:

_____ City: _____ State: _____ Zip Code: _____

_____ City: _____ State: _____ Zip Code: _____

_____ City: _____ State: _____ Zip Code: _____

*** I authorize contact with my current employment as of the date I am signing this waiver: ___ Yes ___ No ***

Select Personnel Investigations LLP will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number where we may contact you.

Phone:() _____ - _____ Cell: () _____ - _____

If there is any information you need to make your employer aware of which may impact on your eligibility for this position, please provide the info below:

Signature: _____ **Date:** ___ / ___ / ___
 (Please sign above to acknowledge Authorization for Background Investigation)

California, Minnesota, and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. [Yes; send me a copy]

**ACKNOWLEDGEMENT
OF
EMPLOYER'S DRUG AND ALCOHOL TESTING POLICY**

I, _____, the undersigned, hereby
Print Full Name

acknowledge that I have received a copy of the anti-drug and alcohol misuse program policy mandated by the U.S. Department of Transportation, Federal Transit Administration for all covered employees who perform a safety-sensitive function. I understand this policy is required by 49 CFR Part 655, as amended, and has been duly adopted by the governing board of the employer. Any provisions contained herein which are not required by 49 CFR Part 655, as amended, that have been imposed solely on the authority of the employer are designated as such in the policy document.

I further understand that receipt of this policy constitutes a legal notification of the contents, and that it is my responsibility to become familiar with and adhere to all provisions contained therein. I will seek and get clarification for any questions concerning the provisions contained in the policy. I also understand that compliance with all provisions contained in the policy is a condition of employment.

I further understand that the information contained in the approved policy dated _____, is subject to change, and that any such changes, or addendum, shall be disseminated in a manner consistent with the provision of 49 CFR Part 655, as amended.

Signature of Employee

Date

