



SUMMIT STAGE

0222 County Road
Frisco, CO 80443
PH: 970.668.0999
Fax: 970.668.4165

AN EQUAL OPPORTUNITY EMPLOYER

Summit County Government is an equal opportunity employer. The County does not discriminate against any employee or applicant for employment because of sex, gender identity or expression, race, color, national origin, ancestry, citizenship, religion, age, physical or mental disability, medical condition, sexual orientation, marital status, veteran status, on the basis of genetic information or the individual or family member of the individual, or any other protected basis that is unlawful under federal, state, and/or local law in applying of providing terms and conditions of employment. Summit County Government hires individuals authorized to be employed in the United States.

APPLICANT INFORMATION

Answer each question below to the best of your ability and accurately. **Do NOT leave anything blank.**

Applicant Full Name: _____ Date: _____

Current Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Position Applied For: _____ If hired, when could you start? _____

Employment Sought: Full-time Part-time

Are you currently employed: Yes No

Have you ever applied with Summit County before? Yes No If yes, when? _____

Have you been employed with Summit County before? Yes No If yes, when? _____

If yes, reason for leaving? _____

Do you have any relatives employed by the Summit Stage or any of other Summit County Government Division?

Yes No If yes, who? _____

How did you hear about the Summit Stage? Print Online Job Board Website Employee Radio Job Fair
Identify the employee or resource of how you learned about the opportunity: _____

Are you legally eligible to work in the United States? Yes No

If hired, can you furnish proof that you are eligible to work in the United States? Yes No

Are you 21 years of age or older? Yes No

Do you have a valid driver's license? Yes No

PREVIOUS ADDRESSES

List your addresses of residency for the past 3 years.

Current Street Address	City	State & Zip Code	How long? yr./mo.
Street Address	City	State & Zip Code	How long? yr./mo.
Street Address	City	State & Zip Code	How long? yr./mo.
Street Address	City	State & Zip Code	How long? yr./mo.

SPECIAL SKILLS

What skills or additional training do you have related to the job for which you are applying? (including licenses, certificates, and/or registrations): _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

What Microsoft Office applications or Computer Programs are you familiar with, and what is your proficiency? _____

JOB REQUIREMENTS

Is there any reason you might be unable to perform the functions of the job for which you have applied as described in the attached job description? Yes No

If yes, please explain: _____

EDUCATION

Circle the highest grade completed.

Grade: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4 +

Last School Attended: _____ City, State: _____

EMPLOYER #4		
Name of Employer:		
Address:	Supervisor:	
City, State, Zip Code:	Dates of Employment: From:	To:
Telephone:	Pay (start and final):	
Title:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:	Reason For Leaving:	
Were you subject to the *FMCSRs while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a Safety-Sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER #5		
Name of Employer:		
Address:	Supervisor:	
City, State, Zip Code:	Dates of Employment: From:	To:
Telephone:	Pay (start and final):	
Title:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:	Reason For Leaving:	
Were you subject to the *FMCSRs while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a Safety-Sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER #6		
Name of Employer:		
Address:	Supervisor:	
City, State, Zip Code:	Dates of Employment: From:	To:
Telephone:	Pay (start and final):	
Title:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Duties:	Reason For Leaving:	
Were you subject to the *FMCSRs while Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was your job designated as a Safety-Sensitive function in any DOT-Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No		

****Attach an additional page if more space is needed****

ACCIDENT RECORD				
FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE NEEDED) IF NONE, WRITE NONE				
Dates	Nature of Accident (Head-on, Rear-end, Etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident				
Previous				
Previous				

TRAFFIC CONVICTIONS AND FORFEITURES			
FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE			
Location	Date	Charge	Penalty

EXPERIENCE AND QUALIFICATIONS – DRIVER					
ATTACH A SHEET IF MORE SPACE IS NEEDED					
Driver Licenses of Permits held in the past 3 years	State	License No.	Class	Endorsements	Expiration Date

DRIVING EXPERIENCE				
Class of Equip.	Circle Type of Equipment	Dates		Approx. Total Number of Miles
		From: mo/yr	To: mo/yr	
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Dump, Refer			
Tractor and Semi-Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Dump, Refer			
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Dump, Refer			
Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Dump, Refer			
Motorcoach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	More than 15 Passengers			
Motorcoach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	More than 7 Passengers			
Other				

MOTOR VEHICLE RECORDS HISTORY	
Have you ever been denied a license, permit or privilege to operate a vehicle? If yes, please provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license, permit or privilege ever been suspended or revoked? If yes, please provide details: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
List states operated in for last 5 years: _____	

EXPERIENCE AND QUALIFICATIONS - OTHER

List any special courses or trainings completed that will help you as a driver: _____

Do you hold any safe driving awards and if so from whom? _____

List any trucking, transportation or other experience that may help in your work for Summit Stage: _____

REFERENCES

May we contact your current employer for reference? Yes No

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Provide three (3) professional references (excluding relatives).

	<u>Name</u>	<u>Company</u>	<u>Title</u>	<u>Phone</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

TO BE READ AND SIGNED BY APPLICANT

I certify that all information and material provided for my application is true. I understand that any false statement or omission made herein or during interview is sufficient reason for rejection of this application or termination of subsequent employment regardless of date of discovery.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by DOT and FTA regulations. I understand that any offer of employment is conditional upon successful completion of Summit Stage's pre-employment screening process. This includes a background check, work history, reference checks, DOT physical, drug test and any other related testing. The Summit Stage reserves the right to rescind a job offer at anytime.

I understand that this application or subsequent employment is not intended to constitute a contract of employment, either express or implied. If hired, your employment with Summit Stage is, at all times, at-will. As such, you will be free to terminate your employment at any time, with or without cause or advance notice.

I have read, understand and consent to the above statements. This certifies that this application was completed by me, and that all entries and information herein are true to the best of my knowledge.

Signature: _____ Date: _____

APPLICANT DRUG TESTING ACKNOWLEDGMENT

I understand that as part of my application for employment I must successfully complete a USDOT drug test as required by 49 CFR parts 40 & 655. I understand that a negative test result is required before I will be able to perform a safety sensitive function. Participation in the federal drug and alcohol testing program is a condition of employment.

I also certify that I have not refused to be tested or had a positive drug test result on a Federal pre-employment drug test in the past 2 years.

Signature of Applicant

Date

Witness

Date

**PREVIOUS EMPLOYER DRUG AND ALCOHOL TESTING RELEASE FORM
REQUIRED BY THE DEPT. OF TRANSPORTATION (49CFR part 40.25)**

Agency Requesting: Summit Stage Fax Reply to: 970-668-4165

As a requirement of 49CFR part 40.25 it is necessary to obtain drug and alcohol testing information from applicants' previous covered employer(s). This information must be obtained from all DOT regulated employers from the preceding two years. The documentation **must** be obtained no later than 30 calendar days after the first time a covered employee performs a safety-sensitive function.

Attention Personnel: New hires must fill out and sign this release form

PART 1 – TO BE COMPLETED BY APPLICANT

I, _____, hereby authorize the following companies (for which I worked) to furnish the information requested concerning my drug and alcohol test records:

**This information will be released to Summit Stage
Previous DOT covered employers for the past 2 years
Fill out and sign one form for each previous DOT covered employer
PRINT CLEARLY**

Company Name	Address, City and State	Phone	Fax

This Authorization is valid until withdrawn by me in writing.

Dated this _____ day of _____, 201_____
 Name of applicant (print) _____ Signature of applicant _____
 Social Security Number _____

PART 2 – TO BE COMPLETED BY PREVIOUS EMPLOYER

- Has this person received any positive results for controlled substance tests in the past 2 years? Yes No
- Has this person received Alcohol test results of 0.04 or greater in the past 2 years? Yes No
- Has this person refused to participate in the required testing program in the past two years? Yes No
- Has a Substance Abuse Professional evaluated this person? Yes No

If yes, is he/she in compliance with SAP's recommendations?

If you answered, "Yes" to any of the previous questions please release all documentation relating to the SAP evaluation, assessment, recommendations, and follow up & return to duty testing records.

SAP Name _____ SAP Phone # _____
 Company Name _____ Date _____
 Name of person releasing information _____ Signature _____

**Fax Completed form as soon as possible to Operations Manager at Summit Stage, FAX 970-668-4165 or
 Mail to: Operations Manager
 PO Box 2179
 Frisco Co 80443**