



People For People DRIVER Job Summary

People For People's Mission Statement: *Strengthen communities by providing resources and opportunities that empower people to lead self-sufficient and enriched lives.*

People For People provide the following transportation services:

1. Paratransit drivers provide door-to-door or curb-to-curb service to qualified passengers such as seniors, people with disabilities, low income and children with special needs.
2. Fixed-Route drivers operate public transportation buses on scheduled, fixed routes. (CDL Class B with proper endorsement required.)

Although some drivers operate within only one of the above categories, other People For People drivers provide service for both on any given day. Regardless of the type of service provided, there are certain **qualifications common to every driver** in the People For People organization:

- ✓ **Safety:** Drivers will have safety at the top of their priority list at all times. Background and driving record checks are performed, and ongoing training in areas such as Defensive Driving, Passenger Assistance, and First Aid are required.
- ✓ **Flexibility:** New drivers begin as back-up or part-time and must be available to work during a wide variety of days and times, including evenings and weekends.
- ✓ **Customer Service Skills:** Drivers need to be able to assist and communicate with diverse populations. A positive attitude is a must!
- ✓ **Professionalism:** Drivers need to be professional when dealing with the public, third party providers, and internal PFP staff.

Minimum Requirements

1. **Must be minimum of 25 years of age**
2. **Valid Washington State Driver's License with current passenger endorsement**
3. **Proof of current automobile insurance**
4. **5-year Driver's Abstract (can be obtained at any Washington State Department of Licensing)**
 - a. **No moving violations in last three (3) years**
 - b. **No at-fault accidents in the last five (5) years**
5. **Able to successfully complete a pre-employment drug screen**
6. **Able to pass a Commercial Driver's physical exam demonstrating overall driving fitness.**
7. **Able to successfully pass the State Patrol Background Check.**
8. **Satisfactory completion of the following classes, scheduled by People For People UPON HIRE:**
 - **CPR / First Aid**
 - **Defensive Driving**
 - **Passenger Service and Safety Certification**
 - **Child Restraint, when required**
 - **Fire Extinguisher Training**
 - **Infectious Disease and Bloodborne Pathogens**
 - **Drug & Alcohol Training**

People For People may require recertification of any class, physical examination or criminal history background check at any time. Compliance with PFP Employee and Driver's Policies are required. Failure to comply will result in loss of eligibility to drive for PFP. It is your responsibility to keep your eligibility current.

EMPLOYMENT HISTORY

Most Recent Employer: _____ Telephone: _____
Complete Address: _____
Date Started: _____ Starting Salary: \$ _____ Per _____ Position: _____
Date Left: _____ Ending Salary: \$ _____ Per _____ Position: _____
Name and Title of Supervisor: _____
Description of Duties: _____
Reason for Leaving: _____
May we contact Yes No

Previous Employer: _____ Telephone: _____
Complete Address: _____
Date Started: _____ Starting Salary: \$ _____ Per _____ Position: _____
Date Left: _____ Ending Salary: \$ _____ Per _____ Position: _____
Name and Title of Supervisor: _____
Description of Duties: _____
Reason for Leaving: _____
May we contact Yes No

Previous Employer: _____ Telephone: _____
Complete Address: _____
Date Started: _____ Starting Salary: \$ _____ Per _____ Position: _____
Date Left: _____ Ending Salary: \$ _____ Per _____ Position: _____
Name and Title of Supervisor: _____
Description of Duties: _____
Reason for Leaving: _____
May we contact Yes No

List three professional references that we may contact (not related to you). Please print clearly.

1. Name _____ Address _____
City, State, Zip _____ Company Name _____ Phone # _____
2. Name _____ Address _____
City, State, Zip _____ Company Name _____ Phone # _____
3. Name _____ Address _____
City, State, Zip _____ Company Name _____ Phone # _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal and I authorize People For People to make an investigation of any of the facts set forth in this application.

I understand that employment at People For People is "at will", which means that the employment relationship may be terminated at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of People For People other than the Chief Executive Officer has any authority to alter the foregoing.

I further understand that if I am offered a position it is a conditional offer subject to my successfully passing a drug screen.

Applicant Signature: _____ Date: _____

DRIVING RECORD --- (TO BE COMPLETED BY DRIVER APPLICANTS)

LIST ALL LICENSES

State	Number	Type	Expiration Date

Has license, permit, or privilege to operate a motor vehicle ever been denied, revoked or suspended? Yes No
 When? _____
 Why? _____
 Where? _____

MOVING VIOLATIONS RECORD – List all moving violation traffic tickets received in last 3 years.

Name of Court	Location	Date	Violation	Penalty

TRAFFIC ARREST RECORD – List all arrests, convictions or bond forfeitures during the last 3 years.

Name of Court	Location	Date	Violation	Penalty

ACCIDENT RECORD – List all accidents which you have been involved in during the last 3 years.

Date	City & State	Nature Of Accident	Preventable or Non Preventable	# Of Injured	# Of Fatalities

DRIVING EXPERIENCE – List Type of Vehicle Drove

	Years of Experience

RELEASE OF INFORMATION FORM – 49 CFR PART 40 DRUG & ALCOHOL TESTING

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 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 #: _____ Fax #: _____

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

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

Title: _____

Phone #: _____

Date: _____

For Office Use Only

Mailed Date: _____

Follow Up Date: _____

Follow Up Date: _____

Phone Number: _____

Contact Person: _____

Contact Person: _____



**APPLICANT ACKNOWLEDGMENT
OF
USDOT-FTA DRUG TEST REQUIREMENT**

I understand that as part of my application for employment I must successfully complete a USDOT- FTA drug test as required by 49 CFR Part 655. I understand that a job offer is contingent upon successfully completing and passing a pre-employment drug test.

Signature of Applicant

Witness

Date

Date

Time

Time

People For People Voluntary Information Form

To assist People For People in our equal employment opportunity and affirmative action efforts, please complete this Voluntary Employee Information Form. Be assured that this information you will provide will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including affirmative action considerations and related government reporting and record keeping requirements. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

People For People is an equal opportunity agency and provider of employment and training services. Auxiliary aids and services are available upon request to individuals with disabilities. TTY Number 711

Name: (Last, First, Middle)

Male Female

Yes No **Are you Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rico, South or Central American or other Spanish culture or origin regardless of race)

If you are NOT Hispanic or Latino, please select the category that best applies to you (check ONE box only)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa)

Black or African American (A person having origins in any of the black racial groups of Africa)

Native Hawaiian or other Pacific Islander (A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand and Vietnam)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South American including Central America, and who maintain tribal affiliation or Community attachment)

Two or More Races (A person who identifies with more than one of the above five races)

Please Check All That Apply to You:

Disabled Veterans are veterans who are entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or persons who were discharged or released from active duty because of service-connected disabilities.

Armed Forces Service Medal Veterans are veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Recently Separated Veterans are any veterans during the three-year period beginning on the date of such veterans' discharge or release from active duty.

Other Protected Veterans are veterans who served on active duty in the Armed Forces during a war or in a campaign or expedition for which a campaign badge has been authorized.