

PARTA EMPLOYMENT APPLICATION

2000 Summit Rd.
Kent, OH 44240
330-678-7745
www.partaonline.org

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____ County _____

Phone Number: () _____ Are you 18 years of age or older? YES NO

Are you prevented from lawfully becoming employed
in this country because of Visa or immigration status? YES NO

EMPLOYMENT DESIRED (applications for employment will only be accepted in response to a posted notice of position vacancy). If you require accomodation of any kind to complete the application process, please notify Human Resources.

Position _____ Today's Date _____

Are you interested in... YES NO Date you can start _____

Full-time hours? _____ Number of hours desired _____

Part-time hours? _____

Please list all hours of avalibility below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Your continued employment with **PARTA** is conditional upon your availability during the hours listed on your application, unless you received written approval for a change in availability.

EDUCATION

Do you have a high school diploma or G.E.D.? _____

Total number of years of education, including primary school _____

Highest academic degree or level attained: _____

Name and address of high school _____

Name and address of college or university, if attended _____

Major subject area _____ Minor subject area _____

TRAINING

In the area below, please describe briefly any additional information or special qualifications you have for the position requested. Include special machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

EXPERIENCE

NOTE: A resume may not be used as a substitute for completing this section.

In the areas below, please type or print legibly past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employment. Attach extra sheets if necessary. Volunteer work may also be included as employment.

PRESENT OR MOST RECENT JOB

Employer's name and address _____

Name & Title of Supervisor _____ Phone () _____

Length of employment: FROM: mo. ____ yr. ____ TO: mo. ____ yr. ____

Position _____ Salary; beginning _____ ending _____

Duties performed _____

Reason for leaving _____

May we contact this employer ___ yes ___ no if "no" explain

NEXT MOST RECENT JOB

Employer's name and address _____

Name & Title of Supervisor _____ Phone () _____

Length of employment: FROM: mo. ____ yr. ____ TO: mo. ____ yr. ____

Position _____ Salary; beginning _____ ending _____

Duties performed _____

Reason for leaving _____

May we contact this employer ___ yes ___ no if "no" explain

NEXT MOST RECENT JOB

Employer's name and address _____

Name & Title of Supervisor _____ Phone (____) _____

Length of employment: FROM: mo. ____ yr. ____ TO: mo. ____ yr. ____

Position _____ Salary; beginning _____ ending _____

Duties performed _____

Reason for leaving _____

May we contact this employer ___ yes ___ no if "no" explain _____

NEXT MOST RECENT JOB

Employer's name and address _____

Name & Title of Supervisor _____ Phone (____) _____

Length of employment: FROM: mo. ____ yr. ____ TO: mo. ____ yr. ____

Position _____ Salary; beginning _____ ending _____

Duties performed _____

Reason for leaving _____

May we contact this employer ___ yes ___ no if "no" explain _____

NEXT MOST RECENT JOB

Employer's name and address _____

Name & Title of Supervisor _____ Phone (____) _____

Length of employment: FROM: mo. ____ yr. ____ TO: mo. ____ yr. ____

Position _____ Salary; beginning _____ ending _____

Duties performed _____

Reason for leaving _____

May we contact this employer ___ yes ___ no if "no" explain _____

MISCELLANEOUS

The following information will be used only if directly related to the position for which you are applying.

	YES	NO
1. Do you have at least two years licensed driving experience?	___	___
2. Do you have a valid driver's license?	___	___
3. Can you perform the job-related requirements of the specific job for which you are applying?	___	___
4. Are you willing and able to secure an Ohio Commercial Driver's License, if one is required?	___	___
5. Will you have reliable transportation to work?	___	___
6. Have you had any accidents in the last five years?	___	___
7. Have you been cited for any moving violations in the last three years?	___	___
8. Have you ever been employed in the state or county service of Ohio?	___	___
9. Have you been convicted of any felony?	___	___

If you have answered "YES" to question 6,7,8 or 9, or "NO" to any of the other questions, please explain fully below, indicating by number to which question you are responding.

REFERENCES

Please list the names, addresses, and phone numbers of three individuals, other than relatives, whom we may contact for a **PROFESSIONAL RECOMMENDATION.**

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE
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PARTA will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, age, handicap, or veteran status in regard to any position in which the employee or applicant is qualified. Beyond that, **PARTA** will comply with applicable laws and regulations of federal, state, and local governments, and will take appropriate affirmative action concerning the employment and advancement of all protected groups, including handicapped individuals, veterans and disabled veterans of the Vietnam Era.

CRIMINAL RECORDS CHECK

A fingerprint background check is required as part of the application process for this position. The following is a list of felony and/or misdemeanor offenses, as cited from the Ohio Revised Code. Conviction of or having plead guilty to any of the offenses listed or for a substantially equivalent offense, is disqualifying for employment with *PARTA*.

<u>ORC CITE</u>	<u>NAME OF OFFENSE</u>
2903.01	Aggravated murder
2903.02	Murder
2903.03	Involuntary manslaughter
2903.04	Involuntary manslaughter
2903.11	Felonius assault
2903.12	Aggravated assault
2903.13	Assault
2903.16	Failing to provide for an impaired person
2903.21	Menacing
2903.34	Patient abuse, neglect, negligence
2903.341	<i>Patient abuse or neglect</i>
2905.01	Kidnapping
2905.02	Abduction
2905.05	<i>Criminal child enticement</i>
2905.11	Extortion
2905.12	Coercion
2907.02	Rape
2907.03	Sexual battery
2907.04	<i>Unlawful sexual conduct with minor</i>
2907.05	Gross sexual imposition
2907.06	Sexual imposition
2907.07	Importuning
2907.08	Voyeurism
2907.09	Public indecency
2907.12	Repealed
2907.21	<i>Compelling prostitution</i>
2907.22	<i>Promoting prostitution</i>
2907.23	<i>Procuring</i>
2907.25	Prostitution
2907.31	Disseminating matter harmful to juveniles
2907.32	Pandering obscenity
2907.321	Pandering obscenity involving minor
2907.322	Pandering sex-oriented matter involving minor
2907.323	Illegal use minor in nudity-oriented material or performance
2911.01	Aggravated robbery
2911.02	Robbery
2911.11	Aggravated burglary
2911.12	Burglary
2911.13	Breaking and entering
2913.02	Theft
2913.03	Unauthorized use of vehicle
2913.04	Unauthorized use of property
2913.11	Passing bad checks

2913.31	Forgery; identification card offenses
2913.40	Medicaid fraud
2913.43	Securing writings by deception
2913.47	Insurance fraud
2913.51	Receiving stolen property
2919.12	<i>Unlawful abortion</i>
2919.22	<i>Endangering children</i>
2919.24	<i>Contributing to unruliness or delinquency of a child</i>
2919.25	Domestic violence
2921.36	Illegal conveyance of weapons...
2923.12	Carrying concealed weapons
2923.13	Having weapons while under disability
2923.161	Improperly discharging firearm...
2925.02	Corrupting another with drugs
2925.03	Trafficking in drugs
2925.04	<i>Illegal manufacture of drugs – illegal cultivation...</i>
2925.05	<i>Funding, aggravated funding of drug or marihuana trafficking</i>
2925.06	<i>Illegal administration of distribution of anabolic steroids</i>
2925.11	Possession of drugs
2925.13	Permitting drug abuse
2925.22	Deception to obtain dangerous drug
2925.23	Illegal processing drug documents
3716.11	Placing harmful objects in food

By signing below, I attest that I have not been convicted of or pleaded guilty to any of the offenses listed above or a substantially equivalent offense. I further agree to notify PARTA within fourteen calendar days if, while employed by PARTA, I am ever formally charged with, convicted of, or plead guilty to any of the offenses listed or described above. I understand that failure to report formal charges, a conviction, or a guilty plea may result in being dismissed from employment.

Printed Name

Signature of Applicant

Date

For PARTA use only:

Fingerprints submitted to Ohio BCI&I on _____
Date

By: _____
Signature of Employee

Please Read The Following Paragraphs Carefully

By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information that, if known to PARTA, would affect my application unfavorably.

If I am hired by PARTA, and if PARTA discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

This employment application will be considered active for six months from the date below. If I want to be considered for a job with PARTA after this period of time I must fill out another application.

I understand and agree that I will be required to take and pass a drug test as a condition of hiring and/or continued employment (drug testing includes pre-employment, random, post-accident, and reasonable suspicion and includes alcohol testing during employment). In addition, I understand that I may be required to take and pass a medical examination as condition of hiring and/or continued employment for positions designated as safety-sensitive. I agree to consent to take such test(s) at such a time as designated by PARTA and to release to PARTA, its agents, officers, or employees from any claim arising in connection with the use of such test(s).

In consideration of my employment with PARTA, I agree to abide by all PARTA's rules and regulations. Also, although PARTA makes every effort to accommodate individual preferences, I understand that business needs may, at times, make the following conditions mandatory: overtime, shift work, or rotating work schedule.

I understand that nothing in this employment application creates a contract of employment between me and PARTA. If I am hired, my employment and compensation are "at will," which means that my employment can be terminated, either by PARTA or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, which is not an at-will agreement. Only the General Manager of PARTA has the authority to enter into an employment agreement with me for any specified period of time, and such must be in writing.

I agree to release to PARTA's designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with PARTA's business needs. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

In the event of my personal indebtedness to PARTA, I authorize PARTA to withhold from my wages such amounts as permitted by law to satisfy my obligation to PARTA.

I understand and agree that any causes of action or claims that I may have or bring against PARTA, or that PARTA may have or bring against me, shall be commenced within the applicable statute of limitations period, within six (6) months of my knowledge of events that form the basis of such claim or cause of action, or within six (6) months after my separation from employment, whichever is earlier.

I give PARTA my permission to conduct any investigation regarding the information contained in my employment application, which PARTA is required to do under federal and state laws. I agree to a fingerprint check for employment.

I give PARTA my permission to contact, in its discretion, any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to PARTA whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability that might result from furnishing any information about me.

If you are hired, this application becomes part of your official employment record. I am aware that this application is a "public record" and will be handled in accordance with Ohio Public Records law.

Applicant signature _____ Date _____

Signature of Employer Representative _____

PARTA is an Equal Opportunity Employer

RELEASE OF INFORMATION FORM - 49 CFR PART 40 DRUG AND ALCOHOL TESTING

SECTION I: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

PROSPECTIVE EMPLOYEE NAME _____
First M.I. Last Social Security 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-B* 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. Refusal to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of drug and alcohol rule violations;
6. Documentations, if any, of completion of the return-to-duty process following a rule violation.

Applicant's Signature _____

Date _____

I-A.
Prospective Employer: **Portage Area Regional Transportation Authority (PARTA)** Telephone: **330-678-1287 ext. 121**
Street: **2000 Summit Rd.** Fax Number: **330-676-6310**
City, State, Zip: **Kent, OH 44240**
ATTN: **Kelly Jurisch**

I-B.
Previous Employer: _____ Telephone: _____
Street: _____ Fax Number: _____
City, State, Zip: _____
Designated Employer Representative (DER) (if known): _____

SECTION II: TO BE COMPLETED BY PREVIOUS EMPLOYER and TRANSMITTED BY MAIL OR FAX TO THE PROSPECTIVE EMPLOYER

II-A.
If **FORMER EMPLOYEE** was not subjected to 49 CFR Part 40 Drug and Alcohol testing requirements while employed by this employer, please circle NO here, sign below and return. NO

II-B.
If **FORMER EMPLOYEE** was subjected to 49 CFR Part 40 testing requirements while employed by this employer, please circle YES and answer the following questions, sign below and return: YES

In the two years prior to the date of the employee's signature (in Section I) for DOT-regulate testing;

- | | | |
|---|-----|----|
| 1. Did the employee have alcohol test with a result of 0.04 or higher? | YES | NO |
| 2. Did the employee have verified positive drug test(s)? | 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-work process? | YES | NO |

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)

Section II Completed by (Signature): _____ Date: _____

Return form to: PARTA, 2000 Summit Rd., Kent, Ohio 44240 ATTN: Human Resources

Fax: (330) 676-6310

RELEASE OF INFORMATION FORM - 49 CFR PART 40 DRUG AND ALCOHOL TESTING

SECTION I: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

PROSPECTIVE EMPLOYEE NAME First M.I. Last Social Security 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-B 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. Refusal to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of drug and alcohol rule violations;
6. Documentations, if any, of completion of the return-to-duty process following a rule violation.

Applicant's Signature

Date

I-A. Prospective Employer: Portage Area Regional Transportation Authority (PARTA) Telephone: 330-678-1287 ext. 121
Street: 2000 Summit Rd. Fax Number: 330-676-6310
City, State, Zip: Kent, OH 44240
ATTN: Kelly Jurisch

I-B. Previous Employer: Telephone:
Street: Fax Number:
City, State, Zip:
Designated Employer Representative (DER) (if known):

SECTION II: TO BE COMPLETED BY PREVIOUS EMPLOYER and TRANSMITTED BY MAIL OR FAX TO THE PROSPECTIVE EMPLOYER

II-A. If FORMER EMPLOYEE was not subjected to 49 CFR Part 40 Drug and Alcohol testing requirements while employed by this employer, please circle NO here, sign below and return. NO

II-B. If FORMER EMPLOYEE was subjected to 49 CFR Part 40 testing requirements while employed by this employer, please circle YES and answer the following questions, sign below and return: YES

In the two years prior to the date of the employee's signature (in Section I) for DOT-regulate testing:

- 1. Did the employee have alcohol test with a result of 0.04 or higher? YES NO
2. Did the employee have verified positive drug test(s)? 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-work process? YES NO

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)

Section II Completed by (Signature): Date:

Return form to: PARTA, 2000 Summit Rd., Kent, Ohio 44240 ATTN: Human Resources Fax: (330) 676-6310

PART A BACKGROUND CHECK

PO Box 190 Kent, OH 44240 Telephone: (330) 678-1287 Fax: (330) 678-7751

APPLICANT QUESTIONNAIRE REGARDING PREVIOUS DRUG AND ALCOHOL TESTING INFORMATION

APPLICANT: PLEASE CIRCLE YES OR NO IN RESPONSE TO THE FOLLOWING QUESTIONS AS REQUIRED BY U.S. DEPARTMENT OF TRANSPORTATION REGULATIONS (49 CFR PART 40). *IN THE PAST TWO YEARS:*

1. Have you had any DOT required alcohol tests with a result of 0.04 or higher alcohol concentration?

YES / NO

2. Have you had any verified positive DOT required drug tests?

YES / NO

3. Have you refused to be tested (including having a verified adulterated or substituted drug test result)?

YES / NO

4. Have you had any other violation of a DOT agency drug or alcohol testing regulation?

YES / NO

5. Were there any situations in which you tested positive on a pre-employment test for a DOT employer that did not hire you?

YES / NO

6. Were there any situations in which you refused to submit (including any adulterated or substituted findings) to a pre-employment test for a DOT employer that did not hire you?

YES / NO

I certify that my responses to the above questions are true:

Applicant's Signature: _____ Date: _____

Printed Name: _____ SSN: _____

REQUEST FOR DRIVER INFORMATION

PRINT OR TYPE ALL INFORMATION LEGIBLY

This document must be fully completed for *PARTA* to obtain a Motor Driver Vehicle Report.

DRIVER INFORMATION			
NAME:	LAST	FIRST	INITIAL
ADDRESS			
CITY	STATE		ZIP CODE
DRIVER LICENSE INFORMATION			
Driver's License Number			State
Date of Birth	Month	Day	Year
Social Security Number			

DRIVER RELEASE

I, _____, hereby Authorize *PARTA* to request a copy of my Motor Vehicle Driver's Report.

Signature of Driver

Date

New Hire

Current Employee

Ordered By:

Company Name:	Portage Area Regional Transit Authority (<i>PARTA</i>)
Contact Name:	Kelly Jurisch
Phone:	330-678-1287
Fax:	330-678-7751

Ohio Department of Public Safety
Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>

PUBLIC EMPLOYMENT

In accordance with 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE /NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of “yes” to any question, or the failure to answer “no” to any question on this declaration shall server as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, “material support or resources” means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME	FIRST NAME	MIDDLE INITIAL	
HOME ADDRESS			
CITY	STATE	ZIP	COUNTY
HOME PHONE		WORK PHONE	

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question indicate either “yes”, or “no” in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
[] Yes [] No

2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
[] Yes [] No

3. Have you knowingly solicited fund or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
[] Yes [] No

PORTAGE AREA REGIONAL TRANSPORTATION AUTHORITY (PARTA)
POSITION DESCRIPTION

Position Title: Vehicle Operator (Driver)
Department: Operations
FLSA Status: Non-Exempt Pay: Hourly

Category: Safety-Sensitive
Revision Date: 03/2005

JOB RESPONSIBILITIES (Performs other related duties as assigned)

Safely operates transit buses, paratransit vehicles and vans (hereafter referred to as “bus” or “buses”) to transport passengers according to a fixed or variable route schedule in accordance with local, state, and federal laws and regulations and employer’s policies, procedures, and guidelines. Promotes positive image of PARTA by providing safe, reliable, and customer-oriented service.

ESSENTIAL FUNCTIONS OF THE POSITION

Reports to work before scheduled departure time to receive route and vehicle assignment. Demonstrates regular and predictable attendance. Conducts daily vehicle pre-trip inspection.

Safely operates buses to transport passengers according to a fixed or variable route schedule as assigned. Picks up and drops off passengers according to service route; adjusts route as needed or directed. Collects fares and tickets and/or checks passenger I.D; announces stops. Checks for items or packages left on vehicle; reports suspicious items, activity, emergency or imminent safety conditions to dispatcher or supervisor.

Transports social service agency clients in accordance with service contract requirements, including but not limited to clients of the Board of Mental Retardation and Developmental Disabilities, Portage Area Senior Services, Area Agency on Aging and other social service agencies.

Assists all passengers of paratransit services; assists passengers with mobility limitations, older adults and persons with packages on and off the vehicle as appropriate. Loads and secures passengers in wheelchairs in accordance with safety guidelines.

Interacts with passengers in a courteous manner; provides information and answers questions about fares, routes, and service. Refers complaints or non-routine matters to supervisor. Exercises discretion and sound judgment when communicating and interacting with general passengers and social service agency client passengers.

Communicates with dispatchers and/or supervisors during route. Follows verbal and written instructions. Completes necessary paperwork in a legible and timely manner, such as accurately recording of mileage at each stop; of passenger cancellations and no-shows; completing daily vehicle pre-trip inspection report and accident and incident reports as necessary; recording fare, donation, billing information and passenger counts; and reporting other related information or data as directed.

Performs duties in accordance with local, state, and federal laws and regulations and employer’s policies, procedures, and guidelines. Successfully completes initial training program and retraining programs and classes as assigned.

PHYSICAL DEMANDS

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

In accordance with the U.S. Department of Labor Physical Demands Strength Rating, this is considered medium work – exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects.

Task	Job Essential Functions
1. Enter, exit and move throughout bus	<ul style="list-style-type: none"> a. Enter and exit bus using all entrances, including emergency door b. Climb into driver seat and fasten seat belt c. Move from driver seat over “doghouse” area of bus d. Walk through bus center aisle
2. Operate all bus doors, windows, hatches and compartments	<ul style="list-style-type: none"> a. Open and close passenger entrance door using right arm b. Open driver side window using left arm c. Open and close hatch at bus roof and overhead compartments
3. Operate steering, braking, accelerating and control components and safely drive bus	<p>While sitting with back against backrest of driver seat, able to:</p> <ul style="list-style-type: none"> a. Place entire bottom surface of feet against foot pedals b. Touch palms of hands to steering wheel c. Maintain 2” clearance between steering wheel and body d. See over bus dashboard
4. Assist passengers with mobility limitations, mental disability, older adults, and persons with packages on and off bus	<ul style="list-style-type: none"> a. Walk passenger from pick-up location/door to bus b. Carry, lift, move items, such as packages, grocery bags or oxygen tank c. Assist passenger on and off bus
5. Load and secure passengers in wheelchairs in accordance with safety guidelines	<ul style="list-style-type: none"> a. Push or pull wheelchair up and down ramp with incline b. Operate wheelchair lift mechanically c. Operate wheelchair lift manually d. Strap down and unstrap two wheelchairs side by side in bus rear
6. Communicate information	<ul style="list-style-type: none"> a. Call out stops b. Answer questions and provide information to passengers, dispatchers, supervisors, coworkers c. Complete paperwork in legible and timely manner d. Perform pre-trip inspection; record and report information, damage, equipment condition e. Complete incident report after injury, collision or other incident

TOOLS AND EQUIPMENT USED

Operates tools and equipment including but not limited to transit buses, paratransit vehicles and vans, including wheelchair lifts and tie downs, and all vehicle components, telephone, cellular phone, mobile or portable radio, map, route schedule/manifest.

OTHER DUTIES AND RESPONSIBILITIES

Attends periodic driver meetings. May be assigned work with new drivers in training.

MINIMUM QUALIFICATIONS

- (A) Completion of secondary education (high school or GED)
- (B) 18 years of age and two years verifiable driving experience
- (C) Valid State of Ohio driver license with no more than two points
- (D) Successful completion of post-offer Department of Transportation (DOT) medical examination including drug screen
- (E) Successful completion of previous employment verification and criminal background investigation
- (F) Remain insurable under the employer’s vehicle insurance plan.
- (F) Experience that demonstrates possession of or ability to acquire the following knowledge, skills and abilities:

Knowledge of: traffic laws, safe driving practices; employer policies and procedures, and the Portage County area.

Skill in: operation of listed tools and equipment

Ability to: successfully complete initial training program and retraining programs; safely operate transit buses, paratransit vehicles and vans; use and interpret a map to locate destinations; establish and maintain effective relationships with passengers, coworkers, supervisors, and the general public; exercise discretion and sound judgment; communicate effectively verbally, maintain accurate written records and complete reports; work independently; follow verbal and written instructions; provide safe, reliable, and customer-oriented service.

LICENSURE OR CERTIFICATION REQUIREMENTS

The employee must possess and maintain a valid state of Ohio driver's license, comply with related notification requirements, and remain insurable under the employer's vehicle insurance plan. Employees who possess or obtain a State of Ohio Class B Commercial Driver's License with passenger endorsement through the course of their employment with *PARTA* must maintain such license, comply with related notification requirements, and remain insurable under the employer's vehicle insurance plan. The employee must meet driver fitness standards, as determined by periodic DOT medical examination.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee occasionally works in outside weather conditions, including seasonal inclement weather conditions. The employee is occasionally exposed to wet and/or humid conditions, or to toxic or caustic chemicals, exhaust fumes, or human fluids. The noise level in the work environment is usually quiet while in the office, or moderately loud when in the field. The employee may encounter hostile or difficult passengers.

ADDITIONAL INFORMATION

Work shifts vary from day to night and operate seven days a week, including weekends and holidays and may include split or varied shifts. The employee will be required to wear employer-issued uniforms. The employee will be subject to random drug and alcohol testing throughout their period of employment and is required to comply with the employer's Drug and Alcohol Policy.

Selection will be based on ability to meet job qualifications specified in the job description. This will be determined from information received through the job application, resume, interview, and references, and may include job-related testing. The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

PARTA
EEO Applicant Flow Form

Directions: We request the information below on this applicant flow form in order to assist our equal employment opportunity efforts. This information is *voluntary* and will in no way affect the processing of your application or your consideration for employment.

The form should be submitted with your application. The agency will process this survey separately from your application and use the information for statistical purposes only. Thank you.

Name _____ **Date** _____

Street Address _____

City, State, Zip _____

Position for which you are applying: _____

How did you hear about this position?

- Newspaper classified advertisement. Which newspaper? _____
- Word of mouth.
- Bulletin board. Please specify where: _____
- Online posting or website. Please specify site address: _____
- Other. Please specify. _____

Sex: Male Female **Date of birth:** _____

Disability: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities? Yes No

Veteran Status: Are you a veteran? Yes No

Disabled Veteran Vietnam Era Veteran Desert Storm/Shield Veteran

Race and Ethnic Identification

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - 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 Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.