



**Supreme Airport Shuttle
Employee Application Process**

PLEASE USE BLACK INK

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- _____ **Submit a legible copy of a Complete Certified Driver's Record**
- _____ **Copy of Driver's License**

- _____ **Social Security Card**

- _____ **Pre-Employment Drug Test**

STAFF



Employment Application

We comply with state and federal laws regarding equal employment opportunity.

Tell us about yourself. Please complete both pages of the application and provide your signature.

PERSONAL INFORMATION				
Last Name	First Name	Middle Name	Social Security Number	Date of Application
Other names under which you have worked	Telephone Number	E-Mail Address		DOB (For DOT positions ONLY)
Present Address (Number and street)	City	State	Zip Code	
Previous Address (If less than 3 years at current)	City	State	Zip Code	
Previous Address (If less than 3 years at current)	City	State	Zip Code	
How were you referred to us? (Please check one)				
<input type="checkbox"/> Walk-In (Location?) _____		<input type="checkbox"/> Job Fair (Location?) _____		
<input type="checkbox"/> Challenger Employee (Name?) _____		<input type="checkbox"/> Website (Address?) _____		
<input type="checkbox"/> Advertisement (Which?) _____		<input type="checkbox"/> Other _____		
Home Telephone No.		Message or Other Telephone No. where you may be reached		

POSITION INFORMATION						
Position Applied For			Location		Date Available for Work	
Rate of Pay Desired	Applying for (check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary/Casual					
Willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Hours Available to Work Mon Tues Wed Thurs Fri Sat Sun					
Have you ever applied or been employed by Supreme Airport Shuttle? If yes, when and where?					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you perform the essential functions of the position for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain. (Please see attached job description for a description of the essential functions)						
If hired, can you provide proof of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
			Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any relatives or know anyone currently employed by our Company? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please provide name			



Have you ever been convicted of a felony or misdemeanor? Yes No

(Record of conviction does not necessarily disqualify the applicant from employment consideration. You may make any comments regarding any conviction below.)

Comments:

EMPLOYMENT HISTORY

****PLEASE DO NOT WRITE "SEE RESUME"****

Beginning with your present position, list all jobs you have held to cover a ten-year time period. If you have a resume, please attach it to the application; however, you must complete, sign and date this application.

Name of Employer		Type of Business	
Address			Telephone
Dates Employed FROM (Mo./Yr.)	TO Mo./Yr.)	Last Position Held	Ending Salary
Supervisor Name		May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving

Name of Employer		Type of Business	
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Dates Employed FROM (Mo./Yr.)	TO Mo./Yr.)	Last Position Held	Ending Salary
Supervisor Name		May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving

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Supervisor Name		May we contact now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving

Summarize prior experience you believe is relevant and explain periods of unemployment or periods not accounted for above. List other skills (e.g., computer knowledge, language skills) or special training or business/civic organization affiliations related to the position you are seeking. Use a separate sheet of paper if necessary.

EDUCATION

List names and locations of educational institutions attended. For purposes of checking your occupational background, state your degree or credentials received.

	Name	Location	Major	# Yrs. Attended	Diploma or Degree obtained
High School					
College/University					
Trade/Vocational School:					
Other:					



PROFESSIONAL REFERENCES

Please list below three professional references not related to you who have knowledge of your work performance within the last three years.

Name/Title	Company/Location	Telephone	Relationship

I authorize investigation of all statements contained in this application for employment. I authorize a background investigation; and education institutions, law enforcement authorities, and any other organizations and individuals to release such information and documents as deemed appropriate or necessary by Supreme Airport Shuttle. I understand that falsifications, omissions, or misstatements of information may result in refusal to hire, or if hired, dismissal from employment. I certify that I, the undersigned applicant, have personally completed this application. I agree that Supreme Airport Shuttle, my previous employers, and all parties providing information shall not be held liable in any respect if any employment offer is not tendered, is withdrawn, or my employment is terminated due to falsifying the statements and answers in the application. **Further, that I will be required as a condition of employment to agree to Supreme Airport Shuttle's dispute resolution procedure, including binding arbitration, to resolve any and all claims related to my employment, except as provided in a labor agreement or by law.**

I understand that as a condition of employment, I will be required, prior to employment, to take and pass a controlled substances test. I understand that Company benefits and rules and regulations may be changed, modified, deleted, or added to by the Company at any time, at the Company's sole option and without any prior notice. Supreme Airport Shuttle is an at-will employer, and I understand that my employment may be terminated at any time with or without cause and with or without notice either at my option or the option of the Company. No employee, agent or representative of Supreme Airport Shuttle. has authority to enter into a verbal agreement for employment for any specified period of time or to make any verbal representations contrary to the foregoing. I understand that if the position offered to me by the Company requires me to operate a vehicle; I must provide a valid driver's license at the time of my employment. I also authorize the Company to check Department of Motor Vehicle records to ensure that I am in compliance with Company policy. I understand that if I do not meet Company requirements, I may be subject to termination of employment.

BY SIGNING BELOW, I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.



Applicant Name
SSN

Applicant Name (Please Print) _____

Applicant Signature _____

Date _____

REQUEST/CONSENT FORM FOR THE RELEASE OF INFORMATION

From Previous Employers For DOT Alcohol and Controlled Substances Testing Information I hereby authorize that my employer(s) FROM THE PREVIOUS TWO YEARS release and forward all information regarding my Alcohol and Controlled Substances Testing to Supreme Airport Shuttle in compliance with 49 CFR Part 40.25. Applicant
 Signature _____ Date _____



If employee was not subject to 49 CFR Part 40 testing requirements with any previous employer within the last 2 years from the application date please check here , sign and return.

If employee was subject to 49 CFR Part 40 testing requirements, please answer the following questions, including any information obtained from a previous employer under Part 40 or other applicable DOT agency regulations:

	<u>Yes</u>	<u>No</u>
Has this person had an alcohol test with a result of 0.04 alcohol concentration or greater in the past two years?	___	___
Has this person ever had a verified positive controlled substances test result within the past two years?	___	___
Has this person ever refused to be tested for controlled substances (including verified adulterated or substituted drug test results) or refused to be tested for alcohol in the past two years?	___	___
Has this person had any other violations of DOT agency drug & alcohol testing regulations?	___	___

If yes for any of the above questions, please provide documentation of the following:
 Employee's successful completion of DOT Return to Duty requirements (including follow-up tests)
 The name, address and phone number of the Substance Abuse Professional (SAP) to whom the employee was referred for further reference
 SAP's Name _____ Phone Number ____/____-_____
 SAP's Address _____

Completed By: _____ Signature: _____ Date: _____
 Title: _____ Company: _____
 Phone#: _____



SECTION TO BE COMPLETED BY MV Safety Trainers (make a copy for employee's file before sending to previous employers)

Date Mailed or faxed _____ Trainer Initials _____ Division _____



For Supreme's Use- Please fill in your local address below and keep a copy of this form for our records prior to sending it to the previous employer. Keep this form and any response you receive back in the Drug and Alcohol file for each employee.

Previous Employers Return completed form to: Supreme Airport Shuttle

Address _____
City _____ State: _____ Zip: _____
Office: _____ Fax: _____

Drug Testing Acknowledgement Form

I understand that the Federal Transit Administration (FTA) regulation (49 CFR §655.41) require that all applicants for employment in safety-sensitive position must be given pre-employment urine drug tests. Employees may be hired but NOT assigned to the safety-sensitive function until a negative drug test is received from the Medical Review Officer.

Safety Sensitive positions includes; (1) Driver, (2) Mechanics, (3) Safety Trainers, (4) Dispatch personnel.

I understand that the controlled substance that I will be tested for are;

- (1) Marijuana, (2) cocaine, (3) Opiates, (4) Amphetamines, (5) Phencyclidine (PCP), (6) Ecstasy

I further understand that if hired by Supreme Airport Shuttle I will be subject to other testing requirements under FTA regulations and company policy. These types of tests are: 1) Random, 2) Post Accident, 3) Reasonable suspicion Testing.

THIS QUESTION MUST BE ASKED IN ACCORDANCE WITH DOT 40.25(J)*(The Supreme Airport Shuttle Manager must verbally ask the question below and mark the appropriate box, NOT the applicant))*

As the employer, Supreme Airport Shuttle must ask each applicant if he/she has ever tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied but did not obtain safety-sensitive work covered by DOT drug and alcohol testing rules during the past two years.

YES NO _____

Managers Initials

I understand that a positive pre-employment drug test or any positive or refusal to test result and /or information Supreme receives back from my previous employer within the last two years will result in disqualification and or termination of my application.

In no way does passing or failing this test guarantee a right to employment with Supreme Airport Shuttle.

Applicant Signature _____ Date _____



Print Name _____

Your application will be considered incomplete if this notice is not signed and dated.

For Supreme's Use – Please ensure that this form is kept in the Drug and Alcohol File for each new employee

The Standard of Excellence

**SUBSTANCE ABUSE PROFESSIONAL
ACKNOWLEDGEMENT FORM**

In the event of a positive drug or alcohol test 49 CFR Part 655.61 and 655.62, and 40.287 requires employers to provide information to all safety sensitive employees (including applicants) who test positive or have refused to submit to a drug or alcohol test as defined in 40.191 and 40.261 of a substance abuse professional (SAP) for evaluation and treatment.

Supreme Airport Shuttle has contracted with the following firm to establish compliance with this part of the regulations. Simply call the toll-free number and give them your zip code and they will find you a local qualified SAP closest to your area:

National Counseling Resource

11622 Fair Oaks Blvd., Suite 103

Fair Oaks, CA 95628

Contact: Duncan MacPherson, NCAC II, SAP

1-800-607-1010

Supreme Airport Shuttle is not responsible for any cost associated with any rehabilitation and treatment prescribed by the SAP.

ACKNOWLEDGEMENT

I acknowledge receipt of information regarding substance abuse professional evaluations. I understand that Supreme Airport Shuttle is not responsible for any costs associated with rehabilitation and treatment that I undergo as a result of recommendations made by the substance abuse professional.

Name (Print): _____



Signature: _____

Date: _____

Supreme's USE ONLY- (1) After the applicant/employee signs this form you must make a copy and give it to him/her.
(2) If the applicant/employee tests POSITIVE you must fax this form to 206-600-5301 attn: Cassandra Clary. (3) Please keep this original form in the D&A file for this applicant/employee

**NO TOLERANCE SUBSTANCE ABUSE POLICY &
EMPLOYEE EDUCATION AND TRAINING
ACKNOWLEDGEMENT FORM**

Revised: 07/13/12

The Substance Abuse policy Manual describes information about Supreme Airport Shuttle Controlled Substance Policy and Procedures for testing. I understand that I should consult the Director of Human Resources regarding any questions not answered in the handbook.

Since the information, policies and procedures described in the manual are necessarily subject to change, I acknowledge that revisions to the manual may occur. All such changes will be communicated through official notices, and I understand that revised information may supersede, modify or eliminate existing policies. Only the CEO and EVP of Human Relations of the organization have the ability to adopt any revisions to the policies in this manual.

I have entered into my employment relationship with this organization voluntarily and acknowledge that there is no specified length of employment. Accordingly, either myself or the organization can terminate the relationship at will, with or without cause, at any time.

Furthermore, I acknowledge that this manual is neither a contract of employment nor a legal document. I have received this manual, and I understand that it is my responsibility to read and comply with the policies contained in this manual and any revisions made to it.

In addition, this policy and procedures handbook was covered and I hereby acknowledge that I have participated in and completed the required one hour of DRUG AND ALCOHOL EMPLOYEE EDUCATION AND TRAINING in accordance with Part 655.14(b)(1).

This includes the consequences for safety sensitive employees who have violated the testing requirements and information concerning the effects of alcohol misuse and controlled substances abuse on health, work, and personal life.

Employee Signature: _____ **Date:** _____

Print Name: _____

For Supreme's Use – Employee must sign this form the day the employee receives the required 1 hour training, once signed, please keep this form in the Drug and Alcohol File for each new or transferring

Comprehensive Release & Disclosure Authorization

DISCLOSURE REGARDING BACKGROUND INVESTIGATION



Tandem_Standard_Release_and_disclosure.pdf

W-4 Form



fw4.pdf

I-9 FORM



i-9.pdf

Work Credit



Tax Credit Form-1.pdf

