



## EMPLOYMENT APPLICATION

In order to fill out this application, you must have Adobe Acrobat Reader installed on your computer. It may be downloaded from the following website: [www.get.adobe.com/reader/](http://www.get.adobe.com/reader/).

This application will require you to sign in five places. You may do this in one of two ways:

1. Electronically by clicking on each signature field and Acrobat will walk you through the steps necessary to create an electronic signature which is legally binding; or
2. Fill out the form on your computer, print it out and physically sign it in each of the five required places. You may either send the printed application to us via mail or you may scan the signed application and send as a PDF via email.

The places requiring your signature:

- a. Notice of Pre-Employment Alcohol and Drug Screening Test form;
- b. Applicant's Authorization to Obtain Past Drug and Alcohol Test Results form;
- c. The application form;
- d. Equal Employment Opportunity (EEO) Self-Identification form; and
- e. Motor Vehicle and Criminal Background Check Consent form.

**Please note, if your application is not signed in all of these places, it is incomplete and will not be accepted.**

To return your application via email, please send it to [hadministration@appalcart.com](mailto:hadministration@appalcart.com)

To return your application via mail, please send it to

AppalCART  
Attn: Anna Goddard  
305 Hwy 105 Bypass  
Boone, NC 28607

Or you may drop off your completed application at our offices between the hours of 8:00 a.m. and 5:00 p.m. located at 305 Highway 105 Bypass, Boone, NC 28607.

AppalCART is an equal opportunity employer that is committed to diversity and inclusion in the workplace. We prohibit discrimination and harassment of any kind based on race, color, sex, religion, sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristic as outlined by federal, state, or local laws.

This policy applies to all employment practices within our organization, including hiring, recruiting, promotion, termination, layoff, recall, leave of absence, compensation, benefits, training, and apprenticeship. AppalCART makes hiring decisions based solely on qualifications, merit, and business needs at the time. For more information, read through our EEO Policy.



## **Notice of Pre-Employment Alcohol and Drug Screening Test**

Dear Applicant:

As part of its policy to provide employees with a safe, healthy and substance-free work environment, AppalCART requires pre-employment alcohol and drug screening.

If the alcohol and/or drug test is confirmed as positive, the results will result in a rejection of your application for employment. You may request the results of your test within sixty (60) days of our notice to you of a decision concerning your employment.

You should also understand that AppalCART reserves the right to test employees at random for alcohol and drug use in post-accident situations and when there is reasonable suspicion to believe that an employee is under the influence of drugs or alcohol.

AppalCART expects all applicants to truthfully and accurately answer questions on the attached form. Falsification or inaccuracies may produce grounds for denying an application and/or terminating employment. AppalCART will initiate procedures as necessary to effectively enforce its policy. Procedures may include employee medical screening where employee judgement or performance is impaired; and where employee behavior is erratic or employee accidents have occurred. Refusal to cooperate with these procedures may subject employees to discipline and/or termination.

"Illegal drugs" are defined as "controlled substances" under 49 CFR 40.21 of the Drug and Alcohol Act:

Marijuana, Opiates, Amphetamines, Cocaine, Phencyclidine (PCP)

Employees taking prescription or nonprescription drugs should report their usage to a supervisor or manager if the effect influences the employee's ability to perform assigned duties. Failure to follow this procedure may subject the employee to disciplinary action, up to and including termination.

The above represents a summary of AppalCART policies on alcohol and drug abuse. Copies of complete policies are available upon request. Should any provision of these policies be in conflict with the applicable law of the State or Federal jurisdiction, it will be modified to comply with law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\* [Only complete this section (page 3) if you have a CDL license and been driving under DOT regulations] \*\***

**APPLICANTS AUTHORIZATION  
TO OBTAIN PAST DRUG AND ALCOHOL TEST RESULTS**

I, the applicant, understand that as a condition of hire with AppalCART, I must give AppalCART written authorization to obtain the results of all D.O.T. required drug and/or alcohol tests (including any refusals to be tested) from all of the companies for which I worked as a driver, or for which I took a pre-employment drug and/or alcohol test, during the past two (2) years. I have also been advised and understand that my signing of this authorization does not guarantee me a job or guarantee that I will be offered a position with AppalCART.

In the following form, I have listed a previous employer for which I have worked for as a driver, or to which I applied as a driver during the last two (2) years. I hereby authorize AppalCART to obtain from those companies, and I hereby authorize those companies to furnish to AppalCART the following information concerning my drug and alcohol tests: (i) all positive drug tests results during the past two (2) years; (ii) all alcohol test results of 0.04 or greater during the past two (2) years; (iii) all alcohol tests results of 0.02 or greater but less than 0.04 during the past two (2) years; (iv) all instances in which I refused to submit to a D.O.T. required drug and/or alcohol test during the past two (2) years.

PLEASE COMPLETE THE NEXT PAGE OF THE APPLICATION.

# CONFIDENTIAL

## AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON US DOT DRUG AND ALCOHOL TESTING

(A **separate form** must be filled out for each US DOT-regulated employer who employed the applicant during the two-year period preceding the date of the employee's application or transfer)

I, \_\_\_\_\_, authorize that:  
Print First Name, Middle Initial, Last Name Last 4 digits of Social Security Number

Contact Person: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Fax: \_\_\_\_\_

may release the information requested below concerning my US DOT drug and alcohol testing records to:

Contact Person: Anna Goddard, Human Resources/Administrative Coordinator

Prospective Employer: AppalCART

Street Address or P.O. Box: 305 NC Hwy 105 Bypass Telephone: (828)-297-1300 ext. 105

City, State, Zip Boone, NC 28607 Fax: (828)-297-4100

\_\_\_\_\_  
*Applicant's Signature* *Date*

This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for the \_\_\_\_\_. This authorization for release of information is valid for one year from the date of signature.

### COMPLETED BY PREVIOUS EMPLOYER

Check here  if this employee did **not** participate in US DOT-regulated drug and alcohol testing while under your employment. Then sign below and return this form;  
**OR**, respond to the following questions regarding this employee's US DOT-regulated drug and alcohol testing history while employed with your agency/firm.

- |  |             |
|--|-------------|
| 1. Has this employee tested positive (0.04 or greater) for alcohol in the last two years?                    | Y ___ N ___ |
| 2. Has this employee had a verified positive drug test result in the last two years?                         | Y ___ N ___ |
| 3. Has this employee refused a required drug or alcohol test in the last two years?                          | Y ___ N ___ |
| 4. Has this employee violated any other US DOT drug or alcohol testing regulation within the last two years? | Y ___ N ___ |
| 5. Has a previous employer reported a drug and alcohol rule violation to you?                                | Y ___ N ___ |
| 6. If you answered yes to any of the above items, did the employee complete the return to duty process?      | Y ___ N ___ |

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).

\_\_\_\_\_  
Previous Employer's Signature *Date*

**Please return this form to the prospective employer at the address listed above.**

## COMMERCIAL DRIVER LICENSE (CDL) INFORMATION

### OBTAINING A CDL LICENSE OR PERMIT

**WRITTEN TESTS:** Before operating a transit bus, an individual must pass three written true or false tests: a General Knowledge test, an Air Brakes test and a Passenger Test. In order to pass, a person must score 80% or above on each test. Tests are administered by the North Carolina Department of Motor Vehicles (DMV) and may be taken at any Driver License Office. (Offices are open Monday through Friday from 8:00 a.m. to 5:00 p.m.). Call the DMV to confirm testing times before traveling to a DMV site.

Qualifications also include three skill tests:

**SKILL TESTS:** In addition to written tests, applicants must also pass three types of skill tests to qualify for a CDL. Trainees who obtain a CDL Learner's Permit will be given the Skill Tests by a third party examiner. Skill tests will be administered near the end of training class.

**NOTE:** If an applicant currently holds a Class A or Class B CDL, but does not have a "P" Passenger Endorsement on the license s/he must take the Passenger Test and get the Endorsement before meeting the qualifications to operate a transit bus.

\*\*\*\*\*

How did you learn of this position? (Check One)

- |   |   |
|---|---|
| <input type="checkbox"/> Watauga Democrat | <input type="checkbox"/> Employment Security Commission |
| <input type="checkbox"/> Mountain Times   | <input type="checkbox"/> Internet                       |
| <input type="checkbox"/> Craig's List     | <input type="checkbox"/> Walk-in                        |
| <input type="checkbox"/> Career Builder   | <input type="checkbox"/> AppalCART Webpage/Social Media |
| <input type="checkbox"/> Other            | <input type="checkbox"/> AppalCART Employee_____        |

**AppalCART**  
**APPLICATION FOR EMPLOYMENT**

Location: 305 NC Hwy 105 Bypass  
Boone, NC 28607

Phone: 828.297.1300 x 108 Assistant Director [asstdirector@appalcart.com](mailto:asstdirector@appalcart.com)

**PLEASE READ CAREFULLY**

AppalCART is firmly committed to a policy of non-discrimination in employment and to a program of achieving total equality of opportunity for all applicants.

1. AppalCART applications are accepted for current vacancies only. Current vacancies are published in the local newspapers as vacancies become available and on the AppalCART website. ([www.appalcart.com](http://www.appalcart.com)).
2. A separate AppalCART application must be completed for each vacancy, although photocopies and facsimile copies are acceptable.
3. Please note the education and experience requirements for each position. They represent the minimum standards that applicants must meet or exceed to receive consideration for employment.
4. Applications must be received in the AppalCART offices no later than 5 p.m. on the established closing date.
5. Applicants must complete all parts of the application before it is defined as "complete." Resumes are welcome as a supplement, but are not accepted in lieu of the employment application. Failure to respond to all parts of the application will make it null and void.
6. Applicants will be required as a condition of employment to furnish documentation certifying their identity and eligibility to work in the United States.

**Background Check Disclaimer**

Wolfe, Inc. will be verifying the information you provide to AppalCART during the pre-employment process and researching background information at our request. Our objective is to complete this process quickly. Please make every effort to accurately provide all of the information requested on the application. A Wolfe associate may contact you for additional information during the verification process. Please return the associate's call or e-mail promptly to help ensure that your application is processed as quickly as possible.

**An Equal Opportunity Employer**

Thank you for your interest in employment with the AppalCART. Our goal is to recruit the best qualified individuals available to serve the transit population. Although we cannot hire everyone, we can assure that each application is reviewed and considered.

**Please know that every consideration is given regarding your application.  
We will contact you if we wish to schedule an interview.**

Position Applying For: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICANT INFORMATION					
Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	

EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	

PREVIOUS EMPLOYMENT					
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From	To	Reason for Leaving			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					

Company				Phone			
Address				Supervisor			
Job Title			Starting Salary \$			Ending Salary \$	
Responsibilities							
From	To		Reason for Leaving				
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Company				Phone			
Address				Supervisor			
Job Title			Starting Salary \$			Ending Salary \$	
Responsibilities							
From	To		Reason for Leaving				
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>							

### SKILLS

List field of work for which you are licensed, registered or certified, giving date(s) and source(s) of issuance:


If the position applied for calls for specific courses, please indicate those taken and credit hours received:


Do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>	State:	Number:
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List all states in which you have been licensed to drive in the past seven (7) years:

State:	Number:	Class/Type:	Exp. Date:
State:	Number:	Class/Type:	Exp. Date:
State:	Number:	Class/Type:	Exp. Date:
State:	Number:	Class/Type:	Exp. Date:

**Note:** Verification of a valid driver's license is a condition of employment.

Please indicate which of the following skills and/or experience you can demonstrate:

<input type="checkbox"/>	Basic Computer	<input type="checkbox"/>	Adding Machine/Calculator
<input type="checkbox"/>	Microsoft Word	<input type="checkbox"/>	Fax and Scanning
<input type="checkbox"/>	Microsoft Excel	<input type="checkbox"/>	Other Microsoft Products
<input type="checkbox"/>	Microsoft Access	<input type="checkbox"/>	Customer Service
<input type="checkbox"/>	Other:		

Types of equipment you operate:




**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**REFERENCES**

*Please list three professional references who are not relatives and who have definitive knowledge of your qualifications for the position for which you are applying. DO NOT repeat the names of supervisors previously listed.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**DISCLAIMER AND SIGNATURE**

I certify that, to the best of my knowledge, statements given truly represent my background and experience. In addition, I give the following Authorization to Release information. I hereby authorize my previous employers, personal references listed, and other persons or institutions shown on my application to provide AppalCART any information requested. I further authorize AppalCART to conduct a Police and Court Records investigation of my background and Driving Record Check. I further understand that AppalCART will require a pre-employment alcohol and drug screen and driver physical. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

Signature		Date	
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**EQUAL EMPLOYMENT OPPORTUNITY (EEO) – SELF-IDENTIFICATION FORM**

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability or other protected characteristic.

AppalCART is subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, AppalCART invites you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This form will be kept in a confidential file separate from your application for employment.

Name (Last, First, MI): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**Gender:**     Male         Female

**Please check the EEO Identification Group that best applies to you:**

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

**- OR -**

**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 races, excluding those who identify themselves as Hispanic or Latino.

**Decline self-identification.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### Motor-Vehicle and Criminal-Background Check Consent Form

I understand that by signing below, I am granting permission for Wolfe, Inc. to perform a Motor-Vehicle and Criminal-Background Check. I understand that Wolfe, Inc. requires the following information to complete the checks. I acknowledge and affirm that all information provided by me is truthful. I also understand that intentional falsification may result in ineligibility for employment. If I'm already employed, the information received by AppalCART could result in termination of my employment for misconduct and violation of AppalCART policy.

Full Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number:	Date of Birth:	
Driver's License Number:	Issuing State:	
Current Address:		
Permanent Address:		
Cell Phone Number:		

\_\_\_\_\_  
Consenting Signature of Applicant

\_\_\_\_\_  
Date

## **Description of Work**

AppalCART drivers operate vans and buses in the Watauga County area and are responsible for the safe and orderly transportation of passengers to and from their destinations. Work includes completion of daily vehicle inspections, fueling, interior and exterior cleaning, maintaining accurate trip records, assisting passengers as required, receiving and accounting for fares, preparing daily route summaries, radio communications and other activities as assigned by the Assistant Director. All drivers are paid on an hourly basis. There are full-time and part-time positions.

## **Responsibilities**

1. **Care of Vehicle** - Inspects the vehicle daily prior to beginning a route. Follows a prescribed checklist to review the vehicle's operational and safety features; Reports all repair needs or problems to the dispatcher on duty; completes all fluid checks and maintains proper fluid levels; and cleans the vehicles.
2. **Driving Behavior** - Uses prudent judgment in following dispatch instructions; Responsible for recognizing, creating and following logical sequences for picking up and dropping off passengers in an efficient manner; Learns to operate all Authority routes and vehicles; Observes all traffic laws, especially those related to public transportation; Ensures that all passengers wear seat belts when required; and Follows all safety regulations.
3. **Record Keeping** - Maintains and completes accurate daily trip sheets to provide the necessary data for the Authority's management information system; Follows reporting procedures as prescribed; and Receives and accounts for all fares as collected daily.
4. **Passenger Assistance** - Assists passengers to and from the vehicle. Drivers can assist passengers from the vehicle to a ground-level entrance, but are not to move wheelchair persons up and down stairs and are not to enter a private residence or destination.
5. **Use of Radio** - Keeps in regular contact, by radio (or by telephone if radio system is down) with the dispatcher; Uses correct FCC procedures and observes radio courtesy; and Keeps clocks synchronized with dispatch office by calling in time checks.
6. **Attitude, Initiative, Behavior, and Appearance** - Attends and successfully completes the following courses: driver's safety, defensive driving, emergency first aid, cardiopulmonary resuscitation (CPR), and alcohol/drug training courses; procedures prescribed by the Authority in emergency situations. Represents the organization in a professional and positive manner. Adheres to the AppalCART dress code.
7. **Other** - Performs other duties, as assigned by supervisor, or as required to carry out the mission of AppalCART.

**Qualifications** - Must be able to accept and follow instructions. Must possess a valid North Carolina Class "C" license and be at least 19 years of age. Must not have any physical or mental limitations that prevents the competent operation of a motor vehicle or prevents the provision of physical assistance to passengers. Must be bondable, courteous and dependable, and able to relate to people of all ages, economic and ethnic backgrounds. Must have a good driving record. This position requires graduation from high school, GED, or the equivalent in work experience. Must have 3 years general driving experience.

## Hiring Criteria Set Forth by NCDOT

**Application** – Each potential driver shall fully complete a written application.

**Age** – Drivers shall be at least 19 years of age.

**MVR** – Potential drivers shall have experience in safely driving some type of motor vehicle (including private automobile) for not less than three (3) years). Drivers transporting the public shall hold a valid NC Driver's License or Commercial Driver's License as appropriate. *Wolfe Workplace Protection* will issue to AppalCART, a Division of Motor Vehicle (DMV) report prior to the potential driver being considered for hire.

- Candidates must have a good driving record with no DWI, DUI, or similar charges such as reckless driving, railroad crossing violations, or leaving the scene of the accident offenses.
- Within the last three (3) years, no more than a total of two moving violations or accidents. Within the last ten (10) years, no suspended or revoked licenses or violations of criminal laws.
- Any combination of violations, unfavorable road observations, or accidents that indicate a pattern of unsafe vehicle operation behavior.

**Background Check** – An original criminal record check shall be obtained as part of the application process. *Wolfe Workplace Protection* will issue to AppalCART a Criminal Background Check report prior to the potential applicant being considered for hire. AppalCART hiring staff will review the applicant's background to determine if they are eligible for employment based on their criminal history. If you are interested in viewing our entire policy on criminal history, please contact Anna Goddard at [hadministration@appalcart.com](mailto:hadministration@appalcart.com).

**Interview** – The Assistant Director and/or management staff shall interview each potential driver.

**Alcohol and Drugs Pre-employment Test** – Potential drivers must test negative for alcohol and drugs. AppalCART tests for substance abuse in-house.

**Operating-Skills Test in Van** – AppalCART's Route Supervisor (or an AppalCART representative approved by the Assistant Director) shall observe each potential driver operating an AppalCART van. The Route Supervisor will observe handling and maneuvers, and ensure that potential drivers obey all traffic laws.

**Physical Requirements** – For the drivers, passengers, and the general public safety, AppalCART must feel confident that its drivers are healthy. All drivers must have a medical card signed by a qualified, licensed physician attesting that the driver has met satisfactory qualifications set forth in applicable State and/or Federal regulations. At AppalCART's expense, new drivers are sent to AppFamily Medicine for a CDL physical. Thereafter, all AppalCART employees shall have annual physicals.

**Training** – Prior to getting behind the wheel, AppalCART's Trainer teaches classes to new drivers for a minimum of forty (40) hours total training.

Deputy Director - Operations Jason White  
828.297.1300 x 108  
[asstdirector@appalcart.com](mailto:asstdirector@appalcart.com)

Trainer Rick Osborne  
828.297.1300 x 110  
[trainer@appalcart.com](mailto:trainer@appalcart.com)