



## Driver Application Packet

OATS is an equal opportunity employer, M/F/H/V, nonprofit, tax-exempt organization. The mission of OATS is to provide reliable transportation for transportation disadvantaged Missourians so they can live independently in their own communities.

Transportation is a vital part of life: without it, people cannot get to jobs, school, child care, health care services, or community activities. Public Transportation is especially critical to individuals with disabilities and senior citizens who do not or cannot drive.

Since 1971, OATS has been an option for many people in Missouri. If you are interested in joining our driving team, please review the attached materials and complete the Driver Application and submit it to the regional office that oversees your county.

### Attachments:

- ✚ Driver Job Description
- ✚ Overview of OATS Benefits
- ✚ Driver Application Form
- ✚ Fair Credit Reporting Disclosure Statement
- ✚ Authorization to check drivers license
- ✚ Authorization to check past employers
- ✚ Voluntary Affirmative Action Questionnaire
- ✚ E-Verify Poster
- ✚ Right to Work Poster



**OATS is an Equal Opportunity Employer.**

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## Driver Job Description

**Job Classification & Salary:** A Driver is the most important position within OATS. Without a solid driving team, OATS would be unable to fulfill its mission. Drivers are hired at a set rate of pay per hour and are paid according to the number of hours actually worked. OATS cannot guarantee a specific number of hours; rather, drivers work as assigned. A Driver operates an OATS vehicle to transport OATS passengers to predetermined destinations safely, promptly and courteously.

Job Class & Title	Urban* Starting Salary	Rural Starting Salary
D1 – Driver (non CDL)	\$9.50	\$9.00
D3 – CDL Driver	\$10.00	\$9.50
D7 – Federal Motor Carrier Safety Regulation (FMCSR) Driver	\$10.00	\$9.50

\*Urban: East & West Regions and drivers in the cities of Columbia & Springfield.

**Organizational Relationship & Coordination:** Drivers report directly to the Regional Director and coordinates all activities with the Regional Director (or his or her designee) and other drivers.

### Primary Responsibilities, Duties, Skills & Qualifications

The **responsibilities** of all drivers include:

- ✚ The driver is responsible for the condition of the assigned OATS vehicle and equipment.
- ✚ The driver promotes OATS, encourages ridership, recruits volunteers, and seeks donations.
- ✚ Equally important to actual driving duties is the driver's sincere understanding of the psychological and physical needs of OATS senior passengers and those with disabilities.
- ✚ It is important to have a thorough working knowledge of the Driver's Handbook.

The **duties** of all drivers include:

- ✚ Daily safety and maintenance inspection of vehicle.
- ✚ Perform minor maintenance (e.g., bus washing).
- ✚ Report maintenance problems to the Regional Director.
- ✚ Report accidents and breakdowns to the Regional Director immediately.
- ✚ Comply with all vehicle operation rules and regulations.
- ✚ Complete required paperwork in a timely manner.
- ✚ Attend training meetings and, where appropriate, county support committee meetings.
- ✚ Relate positively to all passengers.
- ✚ Of course your biggest responsibility is to drive in a manner that adheres to the saying on the bus: *SAFE, RELIABLE, COURTEOUS.*

To be an OATS driver, an individual must have the following **skills**:

- ✚ Safe driving habits;
- ✚ Able to display sound judgment; and
- ✚ Have acceptable oral and written communication skills.

To **qualify** to be an OATS Driver, an individual must:

- ✚ Take and pass U. S. Department of Transportation medical exam and drug screen.
- ✚ Take a U. S. Department of Transportation road test.

- ✚ Have a Chauffeurs License (Class E or Commercial Drivers License) with no more than four (4) points assessed. Drivers are not allowed more than one license.
- ✚ Have knowledge of basic vehicle mechanics.
- ✚ Be a minimum of 25 years of age and be eligible for bonding.
- ✚ Understand they will be subject to drug and alcohol testing randomly throughout employment.

**NOTE:** For information about the D.O.T. regulations OATS must comply with, you can go online here: [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov). There you can find the Driver Qualifications; Hours of Services (driver logs); and the Medical Program. If you click on Medical Program, you can find information about the exam and the exemption programs.

The **physical demands** of an OATS Driver include:

- ✚ Sitting on a daily basis for many hours at a time.
- ✚ Walking on a daily basis to and from the door of the destination and assisting passengers.
- ✚ Standing on a daily basis.
- ✚ Bending/stooping on a daily basis while lifting packages, assisting passengers, doing the vehicle maintenance inspection, etc.
- ✚ Climbing on a daily basis while getting on and off the bus.
- ✚ Kneeling/crawling two or three times per week while performing minor maintenance on the vehicle.
- ✚ Pushing/pulling varies but could be daily, especially if driving a lift or ramp equipped vehicle.
- ✚ Lifting/carrying packages, groceries, luggage, etc. is performed daily and can include 20-50 pounds.
- ✚ Drivers must also manage riders in wheelchairs. This entails negotiating single steps or curbs, positioning the wheelchair on the lift platform, maneuvering the wheelchair inside the vehicle and securing the wheelchair with the tie-down system. The weight of a wheelchair and passenger can easily exceed 200 pounds. All drivers receive training on wheelchair management and are encouraged to know their limits.

**CDL Drivers:** A “CDL” is a Commercial Drivers License. It meets certain “standards” that are the same for every state. It differs from the Missouri "operator's" or "chauffeur's" licenses and it is required by law if you drive a vehicle with a manufacturer's gross vehicle weight rating (GVWR) of more than 26,000 lbs. or a vehicle used to carry 15 or more passengers (excluding the driver). Because OATS has some of these larger vehicles in its fleet, we have a need for CDL drivers. OATS drivers are only classified as a CDL Driver (D3 or D7) if they are routinely assigned to drive a qualified vehicle. Maintaining a CDL license requires more testing; therefore, the pay scale for these drivers is higher. We have some drivers who have a CDL license but are assigned a smaller vehicle.

**FMCSR Drivers (D7):** CDL drivers who routinely drive the larger vehicles for routes that are not funded through Federal Transit Administration grants fall under the Federal Motor Carrier Safety Regulations as it pertains to drug and alcohol testing.

# Overview of OATS Benefits






*All personnel are hired with a six month probationary period during which time training occurs and performance is monitored. Upon successful completion of probation, employees become eligible for benefits.*

**Holidays:** Employees (even while on new hire probation) who work enough hours receive holiday pay.

**Paid Leave:** All drivers who work at least 50% full-time equivalency (20 hours per week) will receive 5 days of paid personal leave each year (upon successful completion of their new hire probation) during their first five years of employment; 10 days of personal leave each year upon the first day of their sixth year of employment.

**Retirement:** OATS offers a 403(b) Tax Deferred Annuity Plan that all employees may elect to participate in. Employees can elect to participate at any time during their employment (even while on new hire probation.)

**Benefit Allowance:** Employees who work more than an average of 20 hours a week receive a \$100, \$75 or \$50 per month (based on hours worked) benefit allowance that is added to their check upon successful completion of their new hire probation. They are also added to OATS' group life insurance program valued at \$10,000, \$7,500 or \$5,000. They can use the benefit allowance towards one or more of the following items:

-  **AFLAC Products:** Includes dental, vision, personal disability income protector, specified health event, personal accident indemnity.
-  **Section 125 Cafeteria Plan:** Cash you set aside for out-of-pocket medical expenses and/or child care.
-  **Pre-Paid Legal Services**
-  **Identity Theft Shield**
-  **Additional Life Insurance**

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## Driver's Application for Employment

*OATS is an **Equal Opportunity Employer** and complies with Federal and State equal employment opportunity laws. Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, or non-job related disability.*

**This application will not be considered unless fully completed and signed – Please Print.**

Full Name \_\_\_\_\_ Date of Application: \_\_\_\_\_  
First Middle Last Social Security Number \_\_\_\_\_

Type of Employment Seeking:  Full Time  Part Time Date you are available to begin work \_\_\_\_\_

CDL Driver (with passenger endorsement)?  Yes  No How did you learn about this job? \_\_\_\_\_

Minimum Salary Requirement: \$ \_\_\_\_\_ per hour Who referred you (if applicable)? \_\_\_\_\_

**List your addresses of residency for the past 3 years.**

Current Address \_\_\_\_\_  
Street City  
State Zip Code Phone How Long? \_\_\_\_\_

Previous Addresses (if applicable) \_\_\_\_\_  
Street City State/Zip Code How Long? \_\_\_\_\_

Street City State/Zip Code How Long? \_\_\_\_\_

Street City State/Zip Code How Long? \_\_\_\_\_

Have you applied at OATS before?  Yes  No When? \_\_\_\_\_ Where? \_\_\_\_\_

Have you worked for OATS before?  Yes  No When? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No  
*(If offered employment, you will be required to provide documentation to verify eligibility.)*

Have you ever been convicted of a crime or violation other than a minor traffic infraction?  Yes  No  
*(If yes, attach explanation. A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account. All employees of OATS must be eligible for bonding.)*

Have you served in the U.S. Armed Forces?  Yes  No If yes, length of service: \_\_\_\_\_

Name of person to be notified in case of an emergency: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_

### Employment History

OATS is required under the Federal Motor Carrier Safety Regulations (49 CFR part 391) to investigate previous employment. Driver applicants must provide the following information on all employers during the preceding 3 years. Information provided may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history. D.O.T. below means Department of Transportation.

**List employers in reverse order starting with the most recent. Use additional paper if necessary.**

<b>Employer Name:</b>	Dates Employed: From _____ To _____
Employer Address:	Position Held:
City: _____ State: _____ Zip: _____	Was position "safety-sensitive" under D.O.T.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person:	Salary (optional):
Phone Number:	Reason for Leaving:
While employed here, did you undergo a D.O.T. Drug and/or Alcohol Test within past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date(s):	While employed here, were you subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer Name:</b>	Dates Employed: From _____ To _____
Employer Address:	Position Held:
City: _____ State: _____ Zip: _____	Was position "safety-sensitive" under D.O.T.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person:	Salary (optional):
Phone Number:	Reason for Leaving:
While employed here, did you undergo a D.O.T. Drug and/or Alcohol Test within past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date(s):	While employed here, were you subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employer Name:</b>	Dates Employed: From _____ To _____
Employer Address:	Position Held:
City: _____ State: _____ Zip: _____	Was position "safety-sensitive" under D.O.T.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contact Person:	Salary (optional):
Phone Number:	Reason for Leaving:
While employed here, did you undergo a D.O.T. Drug and/or Alcohol Test within past 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date(s):	While employed here, were you subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: \_\_\_\_\_  
(NAME) (CITY)

### Driving Experience

<b>Driver Licenses – List all types ever held – Use additional paper if necessary</b>			
State	License Number	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? o Yes o No

B. Has any license, permit or privilege ever been suspended or revoked? o Yes o No

C. Have you ever been disqualified subject to Section 391 of the Federal Motor Carrier Safety Regulations? o Yes o No

**If the answer to any of these questions is YES, attach statement giving details.**

<b>Driving Experience – If CDL, must list previous 10 years experience</b>					
	Class of Equipment	Type of Equipment (van, tanker, flat, etc.)	Dates		Approx. No. of Miles (Total)
			From	To	
Straight Truck					
Auto or Van					
Bus					
Other					

List states operated in for last 5 years (10 years if CDL) \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_ Dates: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

<b>Accident Review for past 3 years (10 years if CDL Driver) - Use additional paper if necessary</b>				
	Date	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

<b>Traffic Convictions and Forfeitures for past 3 Years (10 Years if CDL Driver)</b>			
Location	Date	Charge	Penalty

### To Be Read and Signed by Applicant

OATS complies with all State and Federal Laws prohibiting discrimination and protecting an applicant's right to privacy. The following questions are "bona fide occupation qualifications" for an OATS Driver position.

**Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by a DOT agency drug and alcohol testing rules during the past three years?**

Yes ( ) No ( )

**If yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirement?**

Yes ( ) No ( )

**Qualifications of an OATS Driver include:**

- Must pass a US Dept. of Transportation physical and take and pass a drug screen
- Must pass US Dept. of Transp. road test
- Must have valid license with no more than 4 points assessed
- Must be at least 25 years of age

**Will you be able to meet the qualifications listed in the previous column?**

Yes ( ) No ( )

**Essential Functions of the position include:**

- Safely operating a vehicle for many hours at a time
- Lifting/carrying packages, 20-50 pounds
- Performing routine vehicle maintenance including washing the vehicle, cleaning interior, changing tires and other duties as assigned
- Performing daily inspection of vehicle
- Assisting passengers on and off the vehicle
- Pushing and maneuvering wheelchairs on and off the vehicle
- Operating lift equipment on vehicle

**Will you be able to perform these tasks?**

Yes ( ) No ( )

I certify that all statements made on this application for employment are true and correct to the best of my knowledge. I authorize OATS, Inc. and their representatives to inquire of all former employers, or others who know me or know of me, and release the employers and persons named herein from all liability for any damages on account of their furnishing such information. I understand that any false information which I give may result in termination of my candidacy for employment.

If an employee relationship is established, I understand that such employment is terminable at will, by either myself or OATS, Inc., at any time, for any reason. I also understand that any period of employment is not for a specific duration. I further understand that the Executive Director has the sole authority to enter into any agreement for employment.

I authorize OATS, Inc. to request and obtain my law enforcement and motor vehicle records for considering my application for employment. I understand that as a DOT employer, OATS, Inc. is required to obtain specific past employment and drug and alcohol testing information as outlined below.

I acknowledge that any offer of employment is conditional upon my successful completion of a DOT physical examination and drug screen as part of OATS' pre-employment policy. I further understand that if employed by OATS I will be subject to alcohol and/or drug testing for random, post-accident, return to duty, and reasonable cause as part of OATS' Substance Abuse Policy.

OATS complies with Federal Motor Carrier Safety Regulations and, therefore, must investigate, at a minimum, information from all previous employers that employed you to operate a commercial motor vehicle within the previous three years. The investigation request will contain general driver identification and employment verification information and data for accidents as defined by the regulations in the three-year period preceding the date of the employment application. OATS must also request information from all previous DOT regulated employers that employed you within the previous three years from the date of the employment application in a safety-sensitive function that required alcohol and controlled substance testing specified by 49 CFR part 40 of the regulations. The investigation request will include whether, within the previous three years, you had violated the alcohol and controlled substances prohibitions under the regulations and whether you failed to undertake or complete a rehabilitation program prescribed by a substance abuse professional (SAP) pursuant to the regulations. If the previous employer does not know this information (e.g., an employer that terminated an employee who tested positive on a drug test), OATS must obtain documentation of your successful completion of the

SAP's referral directly from you. For a driver who had successfully completed a SAP's rehabilitation referral, and remained in the employ of the referring employer, information on whether the driver had the following testing violations subsequent to completion of a referral must be obtained: alcohol tests with a result of 0.04 or higher alcohol concentration; verified positive drug tests; refusals to be tested (including verified adulterated or substituted drug test results).

The following are your rights regarding the investigative information outlined above that is obtained by OATS:

- The right to review information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to OATS, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. OATS will provide this information to you within five (5) business days of receiving the written request. If OATS has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when OATS receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of OATS making them available, OATS may consider the driver to have waived his/her request to review the records.

I certify that I have read, understand and agree to the above and understand my rights that are outlined above.

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

Date \_\_\_\_\_

**For this application to be considered, it must be signed and dated by the applicant.  
This application will be held in an open file for 30 days.**

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## Fair Credit Reporting Act Disclosure Statement

**APPLICANT: Please read the following statement and complete the attached authorization to Release Information form. Detach and retain this Disclosure Statement for your records.**

### Disclosure

OATS, Incorporated, when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a “consumer report” from a “consumer reporting agency.” These terms are defined in the Fair Credit Reporting Act (FCRA), which applies to you. As an applicant for employment or an employee of OATS, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information on consumers for the purpose of furnishing “consumer reports” to others, such as, OATS.

A “consumer report” is any written, oral or other communication of any information by a “consumer reporting agency” bearing on a consumer’s character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes. For OATS purposes, a consumer report will consist of a criminal background check using fingerprints, driving record check, employment verification, reference checking, workers compensation history, and may consist of educational verification and credit records check for management and fiscal staff. Further, all OATS employees are required to be registered with the Family Care Safety Registry, maintained by the Missouri Department of Health and Senior Services.

If OATS obtains a “consumer report” about you, and if OATS considers any information in the “consumer report” when making an employment related decision that directly and adversely affects you, you will be notified before the decision is finalized and you will be provided with a copy of the “consumer report.” You may also contact the Federal Trade Commission about your rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies.”

Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness and privacy of information in the files of every “consumer reporting agency” (CRA). You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>), or contact the Federal Trade Commission, Consumer Response Center FCRA, Washington, DC 20580 (202) 326-3761.

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### Driver's License Check Request and Employee Release Form

Department of Revenue  
Driver's License Bureau  
P.O. Box 200  
Jefferson City, MO 65105-0200

Fax number: 573-526-7367

A bona fide occupational qualification for OATS, Inc. employees is a valid Missouri Chauffeurs license Class E or Class C (Commercial Drivers License) with no more than 4 points assessed on the license at the time of employment.

**OATS' Security Access Code is:** \_\_\_\_\_

Please run a driver's license check on the following individual and fax results to:

Regional Office Requesting Report: \_\_\_\_\_

Requester's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

**APPLICANTS: COMPLETE THIS SECTION ONLY AND RETURN WITH YOUR APPLICATION.**

I hereby give permission to OATS, Inc. to contact the appropriate licensing agency in the State of Missouri and/or the State of \_\_\_\_\_ to obtain my previous driving record.

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

Full Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

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## Request for Information From Previous Employer

**Complete one form for each previous employer listed on page 2 of the application.**

OATS is a private, not-for-profit passenger transportation provider. To receive state and federal funding, we must be in compliance with Federal Motor Carrier Safety Regulations as prescribed by the U.S. Department of Transportation. These regulations require we investigate the applicant's employment record during the preceding three years (§391.23). The applicant has named you as one of their past (or current) employers during this period. Please take a moment to complete this form and return to OATS.

**IMPORTANT NOTE: If you are a D.O.T.-regulated employer who administers D.O.T. Drug and Alcohol tests, D.O.T. Regulation 49 CFR Part 40, Section 40.25, requires you to provide requested information pertaining to drug and alcohol testing. All information released to OATS will remain confidential.**

**Applicant Release:** I hereby authorize you to release the following information to OATS, Inc. for purposes of investigation as required by the regulations cited above – including any information for drug and/or alcohol tests (if applicable) listed on next page. You are released from any and all liability which may result from furnishing such information. I understand I will be offered a chance to review and correct any misinformation provided by a previous employer.

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

\_\_\_\_\_  
Date

### This portion to be completed by OATS:

Name of Applicant: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Position applying for: \_\_\_\_\_

Name of person submitting request (Regional Director): \_\_\_\_\_

Request made via:  Mail  Telephone  Fax Date request sent: \_\_\_\_\_

Name of previous employer: \_\_\_\_\_

Dates applicant stated they worked for previous employer: from \_\_\_\_\_ to \_\_\_\_\_

Position(s) applicant stated they had at previous employer: \_\_\_\_\_

### This portion to be completed by previous employer:

1. Is the employment record as stated?  Yes  No

2. Reason for leaving your employ:

\_\_\_ Still employed

\_\_\_ Lay Off

\_\_\_ Resignation

\_\_\_ Military Duty

\_\_\_ Discharge

3. Is this individual eligible for rehire?  Yes  No

4. Did this individual have custody of money and/or valuables?  Yes  No

5. Please rate the following characteristics by checking the appropriate column:

Characteristics	Excellent	Good	Fair	Poor
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Attendance Record				
Safety Habits				
Attitude				
Loyalty				
Driving Skill (if applicable)				

6. Are you a Dept. of Transportation regulated employer?  Yes  No

7. Did the applicant drive a motor vehicle for you?  Yes  No

If yes, check what type(s) of motor vehicle(s) they drove:

\_\_\_ Straight Truck

\_\_\_ Bus

\_\_\_ Tractor Semi-Trailer

\_\_\_ Other: \_\_\_\_\_

8. Was the applicant a safe and efficient driver?  Yes  No

9. Number of accidents \_\_\_\_\_ Number preventable \_\_\_\_\_

10. In the two years prior to the date of the applicant's signature on the front of this form, for D.O.T.-regulated drug and alcohol testing:

a. Did applicant have alcohol tests with a result of 0.04 or higher? YES \_\_\_ NO \_\_\_

b. Did applicant have verified positive drug tests? YES \_\_\_ NO \_\_\_

c. Did applicant have refuse to be tested? YES \_\_\_ NO \_\_\_

d. Did applicant have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_

e. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_ NO \_\_\_

f. 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 e, you must provide previous employer's report. If you answer "yes" to item f, you must also transmit the appropriate return-to-duty documentation (ie. SAP report (s), follow-up testing record).*

Any other remarks about applicant's employment: \_\_\_\_\_

\_\_\_\_\_  
Past Employer's Signature/Title

\_\_\_\_\_  
Date

*If conducted by phone, name of person conducting the interview:* \_\_\_\_\_



## Voluntary Affirmative Action Questionnaire

OATS, Inc. is an Equal Opportunity Employer with an Affirmative Action Program. The purpose of this questionnaire is to help us analyze our policies and complete our Workforce Analysis as required by the Federal regulations. Completion of this form is **voluntary**; your choice not to respond will not adversely affect your employment opportunity since the information will not be kept with the application and the interviewer will not see this questionnaire. Please take a moment to complete the form and return to OATS with your application or, if you'd rather, you can mail it directly to 2501 Maguire Blvd., Ste. 101, Columbia, MO 65201. **HOWEVER**, please be sure to check the position for which you applied and the location. **Your responses are kept strictly confidential.**

GENDER:  Female  Male OVER AGE 40:  Yes  No

RACE:

- Black or African American  Native Hawaiian or Other Pacific Islander  
 American Indian or Alaskan Native  White (not of Hispanic origin)  
 Asian  Two or more races  
 Hispanic or Latino

IF A VETERAN, CHECK ANY THAT APPLY:

- Special Disabled Veteran** (1- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or 2- a person who was discharged or released from active duty because of a service-connected disability.)
- Veteran of the Vietnam-era** (1- served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or 2- was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.)
- Newly Separated Veteran** (served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.)
- Other Protected Veteran** (served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.)

WHERE DID YOU LEARN OF THIS POSITION? (check one):  Newspaper  Job Service  
 Friend  Internet  Other: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

LOCATION WHERE YOU APPLIED:  Columbia  St. Louis  Union  
 Sedalia  Shelbyna  St. Joseph  Springfield  Harrisonville  Mapaville

NAME (optional): \_\_\_\_\_

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# This Employer Participates in E-Verify



# E-Verify™



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

## NOTICE:

**Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.**

**Employment Verification**  **Done.**

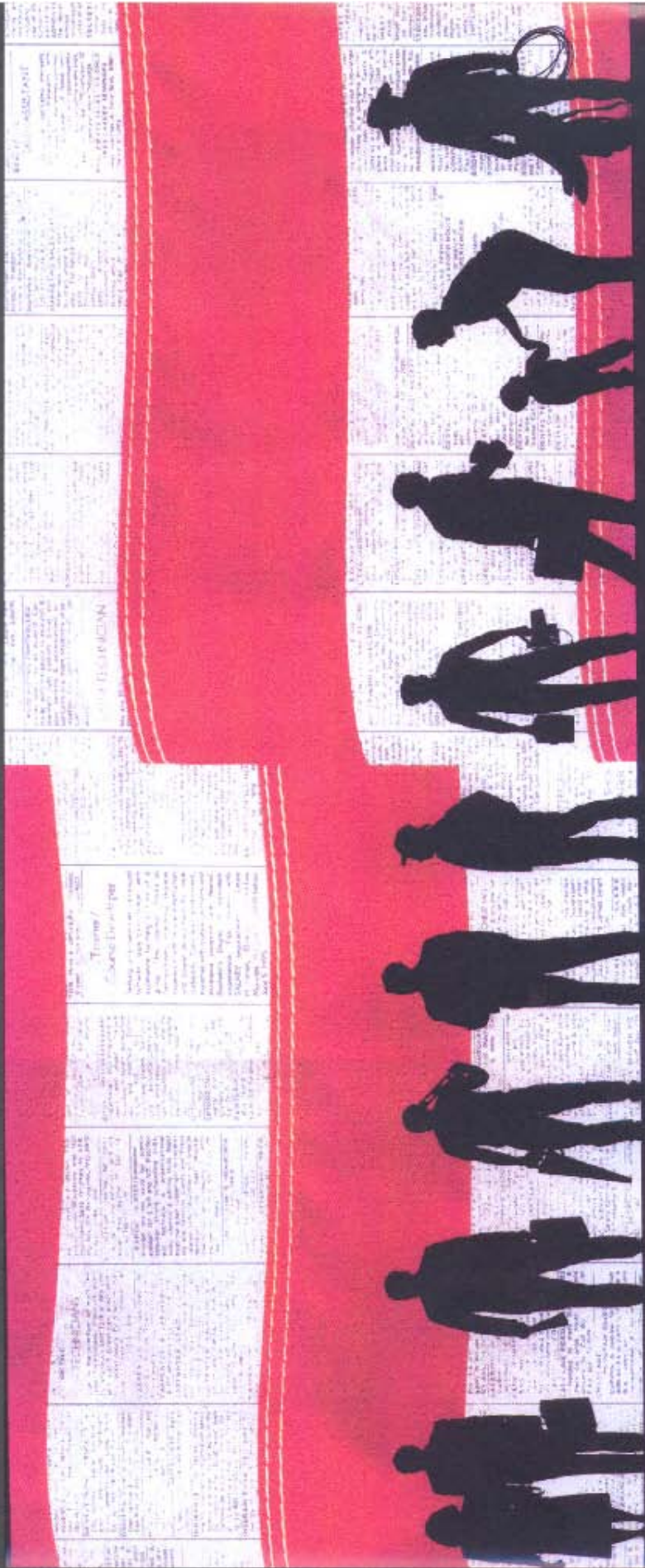
For more information on E-Verify, please contact DHS at:

**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA

# IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



**If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.**

**You should know that –**

No employer can deny you a job or fire you because of your national origin or citizenship status.

In most cases employers cannot require you to be a U.S. citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

Or write to:  
The Office of Special Counsel  
Civil Rights Division  
U.S. Department of Justice  
P.O. Box 27728,  
Washington, DC 20038-7728

U.S. Department of Justice  
Civil Rights Division

Office of Special Counsel for  
Immigration-Related Unfair  
Employment Practices



# Este Empleador Participa en E-Verify



# E-Verify™



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

**IMPORTANTE:** En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben


restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

## A V I S O:

**La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.**

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

**1-888-464-4218**



E-VERIFY IS A SERVICE OF DHS AND SSA

# SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



**Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.**

**Debe saber que –**

Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

En la mayoría de los casos, los patrones no pueden exigir que usted sea ciudadano de los Estados Unidos o residente permanente o negarse a aceptar documentos válidos por ley.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja válida de discriminación. Comuníquese con OSC para obtener ayuda en español.

Llame al **1-800-255-7688**.

La línea telefónica para personas con problemas de audición, es

**1-800-237-2515**. En Washington, D.C., llame al **202-616-5594**, o al

**202-616-5525** (personas con problemas de audición), o escriba a la Oficina del

Consejero Especial, División de Derechos Civiles, P.O. Box 27728, Washington, DC 20038-7728.

**Departamento de Justicia  
De los Estados Unidos,  
División de Derechos Civiles**

Oficina del Consejero Especial

