

APPLICATION FOR EMPLOYMENT



Palmetto Breeze
 PO Box 2029, 25 Benton Field Rd.
 Bluffton, SC 29910
 Phone 843-757-5782/ Fax 843-757-5783
 Email: nbrown@palmettobreezetransit.com

Instructions: Complete all necessary information.
 You may be asked to provide additional information on another form. This application will be kept on file.
 It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application.

Please Print. Please complete the entire application unless stated otherwise.

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position (s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	
		Middle Name	
Address		City	State
		Zip Code	
Telephone Number (s)		Social Security Number	

Would you accept full-time work? YES NO

Would you accept part-time work? YES NO

Date available for work _____

Best time to contact you at home is: _____

Do you have a CDL (class A or B)? YES NO Passenger Endorsement? YES NO

If yes, years of CDL experience _____

If you are under 18 years of age, can you provide required proof of your eligibility? YES NO

Have you ever filed an application with us before?
 If Yes, give date (s) _____ YES NO

Have you ever been employed with us before?
 If Yes, give date (s) _____ YES NO

Do any of your friends or relatives work here?
 If Yes, state name and relationship _____ YES NO

Are you currently employed? YES NO

May we contact your present employer? YES NO

Do you have a legal right to be employed in the U.S.?
 YES NO

Have you ever been convicted of a felony within the last 7 years?
 If Yes, give conviction date: _____ YES NO

Educational Background

Grade School: Name and Location _____			
High School: Name and Location _____			
Course of Study _____	Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO Degree or Diploma
College, Vocational, or other training: Name and Location _____			
Course of Study _____	Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO Degree or Diploma
Graduate School: Name and Location _____			
Course of Study _____	Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO Degree or Diploma
Continuing Education: _____			

Employment Experience

Instructions: Start with your present job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap, or other protected status.

1			
Employer:	Dates Employed	Hourly Rate/Salary	Work Performed
Address:	From:	Starting:	
Phone Number (s):	To:	Final:	
Job Title:	Supervisor:	Reason for Leaving	
2			
Employer:	Dates Employed	Hourly Rate/Salary	Work Performed
Address:	From:	Starting:	
Phone Number (s):	To:	Final:	
Job Title:	Supervisor:	Reason for Leaving	
3			
Employer:	Dates Employed	Hourly Rate/Salary	Work Performed
Address:	From:	Starting:	
Phone Number (s):	To:	Final:	
Job Title:	Supervisor:	Reason for Leaving	

References

Give name, address, and telephone number of three (3) references who are not related to you and are not previous employers.

1
2
3

Have you ever had any job-related training in the United States Military? YES NO

If yes please describe:

Are there any conditions which may affect your ability to perform the duties of the job applied for? YES NO

If yes please describe:

APPLICANTS STATEMENT

This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time. I certify that the answers given herein are true and complete to the best of my knowledge. Falsely provided information may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company. In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(PLEASE PRINT)

DATE

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the *Affirmative Action* program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name:

Address:

City:

State:

Zip:

Social Security No.

Current Job:

Check One:

MALE

FEMALE

Check One of the Following:

WHITE BLACK HISPANIC AMERICAN INDIAN/ALASKAN NATIVE ASIAN/PACIFIC ISLANDER OTHER

Check if Any of the Following is Applicable:

VIETNAM ERA VETERAN DISABLED VETERAN HANDICAPPED INDIVIDUAL

Birth Date:

PALMETTO BREEZE

PO Box 2029
25 Benton Field Road
Bluffton, SC 29910
Phone: 843-757-5782 Fax: 843-757-5783
Email: nbrown@palmettobreezetransit.com

To: Background Check Provider and S.C. Department of Transportation

CONFIDENTIAL: Release Form

I hereby authorize Lowcountry Regional Transportation Authority dba Palmetto Breeze to receive any criminal history and motor vehicle information pertaining to me, which may be in the files of any state or criminal justice agency using a nationwide database search.

PLEASE PRINT:

First Name Middle Name Last Name

Current Address Street/City/State/Zip County

Previous Address Street/City/State/Zip County

Date of Birth Social Security Number

Driver's License Number State of Issue

Male Female
Circle Sex Race

Email Address

Employee Signature Date

Applicant Reference Check

Palmetto Breeze
P O Box 2029, 25 Benton Field Road
Bluffton, SC 29910
Phone 843-757-5782 / Fax 843-757-5783
Email: nbrown@palmettobreezetransit.com

Date: _____

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate below. This information will not be given to the employee. Please return by fax or mail to HR Department.

Thank You.

Company Name: _____

Address: _____

City, State, Zip Code: _____

Contact Name, Phone, Fax: _____

To be completed by applicant:

Applicants Name _____ Date of employment From: _____ To: _____

Previous employer: _____

Address: _____

Contact Person: _____ Phone: _____

I request and authorize the previous employer listed above to complete this reference check.
I release my previous employer and all persons and organization from all claims and liabilities of any nature arising from any information provided pursuant to this request.

Applicants Signature _____ Date: _____

To be Completed by Former Employer:

Dates of Employment: From: _____ To: _____ Rate of Pay: _____

(Weekly, Biweekly, Salary)

Position Title: _____

Responsibilities: _____

Reason for Leaving: _____

Would you Rehire? _____

Safe Driving Evaluation Excellent Good Fair Poor

Moving Violation 1 2-3 More **Accident (s)** 1 2-3 More

Absentee, Attendance, On Time Evaluation Excellent Good Fair Poor

Additional comments (training, skills, etc.) _____

Checked by _____ Title _____ Date _____



REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYERS

SECTION 1: TO BE COMPLETED BY EMPLOYEE

I, _____ Social Security # _____ By _____ my signature: _____ authorize my previous Employer: _____ Phone # _____

Street: _____

To release and forward the information concerning my Alcohol and Controlled Substances Testing Records as requested in section 2 of this document and information on my Drug History as requested in section 2 of this document to:

Palmetto Breeze
PO Box 2029 Bluffton, SC 29910
Email: nbrown@palmettobreezetransit.com

In accordance with the U.S. Code of Federal Regulations, section 40.25, this information must be provided in a written form that ensures confidentiality. This information is being requested in compliance with sections 40.25, 655.43 for the period of 2 years prior to _____ (employment date).

I certify that I have not tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which I applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. Signature _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If the driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here, sign below and return.

Under Department of Transportation requirements:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Has this person had a verified positive result for controlled substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive for alcohol with a result of 0.04 or higher? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person violated any other DOT drug and alcohol testing regulations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated any DOT drug and alcohol regulations, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including the follow up testing? (please send documentation with this form if applicable.) | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, please include any drug or alcohol testing information obtained from previous employers under section 40.25 or other applicable DOT agency regulations.

Employer: _____
 Street: _____
 City, State, ZIP: _____
 Phone #: _____ Fax #: _____
 This section completed by: (signature) _____

SECTION 3: TO BE COMPLETED BY PALMETTO BREEZE

This form was mailed to the previous employer on date: _____

Information received from previous employer by (check one)
 Recorded by: FAX MAIL

Date: _____



Conditions for Hire and/or Continuation of Employment

Thank you for applying to Palmetto Breeze. You are applying for a position at one of the leading public transportation companies in South Carolina.

Due to the nature of our business, it is imperative that all of our employees engaged in the transportation of passengers be screened for safety and liability reasons.

Screening will be done before and during the hiring process. Periodic screening may take place during the course of employment at the discretion of Palmetto Breeze. Any results which are deemed to put passengers or the company at risk will result in the immediate ineligibility and/or termination of the employee application and/or employment.

Conditions for hire and continuation of employment are as follows:

1. Drivers of commercial vehicles and Mechanics must have and maintain valid SC CDL or GA CDL with P endorsement or be able to attain within 90 days of hire
2. Drivers and Mechanics must have a valid DOT Physical or be able to attain with 90 days of hire
3. Drivers and Mechanics must have and maintain valid CPR and First Aid Certification or be able to attain
4. Employee must pass Motor Vehicle Report screening and be insurable
5. Employee must pass Criminal Background Check
6. Employee must pass Substance Abuse Screening
7. Employee must pass Office of Inspector General Exclusion check
8. Employee must pass Sex Offender check

If at any point an applicant fails any of the above conditions for hire, the applicant will not be eligible for employment at Palmetto Breeze. If at any point an employee fails any of the above conditions for employment, the employee is subject to immediate dismissal at the employer's discretion. It is the employee's responsibility to inform the employer, Palmetto Breeze, if any event has occurred that may jeopardize the employee's standing in regard to his/her employment with Palmetto Breeze

By signing below, the applicant/employee acknowledges having read and understood this policy in its entirety and agrees to adhere to the Conditions for Hire at Palmetto Breeze.

Applicant/Employee Print Name

Applicant/Employee Signature

Date

Interviewer/Supervisor Name

Interviewer/Supervisor Signature

Date

A Summary 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). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. 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>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

Notice of Amendments to the Fair Credit Reporting Act

The following amendments were added by the Consumer Reporting Employment Clarification Act of 1998.

- Conviction of a crime can be reported regardless of when the conviction occurred.

- If you apply for a job that is covered by the Department of Transportation's authority to establish qualifications and the maximum hours for such job and you apply by mail, telephone, computer or other similar means, **your consent to a consumer report may validly be obtained orally**, in writing, or electronically. If an adverse action is taken against you because of such consumer report wherein you give your consent to the consumer reporting agency over the telephone, computer, or similar means, **you may be informed** of such adverse action and the name, address and phone number of the consumer reporting agency, **orally**, in writing, or electronically. The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051