



City of Ottawa - NCAT PRE-EMPLOYMENT QUESTIONNAIRE



North Central Area Transit (NCAT) is a subsidiary of the City of Ottawa and all successful applicants will be employed by City of Ottawa.
NOTE: City of Ottawa is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity.

COMPLETE ALL INFORMATION CONTAINED IN THIS QUESTIONNAIRE TO THE BEST OF YOUR KNOWLEDGE.

TODAY'S DATE _____ POSITION APPLYING FOR _____

EMPLOYEE INFORMATION

YOUR NAME _____
LAST FIRST MIDDLE INITIAL

ADDRESS _____
NUMBER STREET APARTMENT OR LOT#

CITY _____ STATE _____ ZIP _____ COUNTY _____

HOME PHONE (_____) _____ ALTERNATE PHONE (_____) _____
AREA CODE AREA CODE

Are you at least 21 years of age? YES NO

Have you ever been convicted of a felony (You are not required to disclose sealed or expunged records of convictions or arrests)? YES NO
If yes, please list date and charge(s) _____

Are you legally eligible to work in the United States? YES NO
(Documentation verifying lawful right to work will be required upon employment.)

Is there any other name which you have previously used to identify yourself? YES NO If yes, please list _____

Are you able to perform the essential functions of the position with or without accommodations? YES NO

Were you ever in the armed services? YES NO If yes, list dates of active duty _____
VETERANS PREFERENCE – To claim veteran's preference you MUST SUBMIT PROOF OF SERVICE (DD 214) and include dates of active duty.

Type of Employment Desired:
FULL-TIME ONLY PART-TIME ONLY PART OR FULL-TIME

DAYS OF WEEK AVAILABLE (check all that apply):
Mon Tues Wed Thurs Fri Sat Sun

HOURS AVAILABLE:
From _____ a.m. p.m. To _____ a.m. p.m.

DRIVERS LICENSE INFORMATION

Do you currently have a valid driver license? YES NO State license issued in _____ License# _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO If yes, please explain _____

Has your motor vehicle license, permit, or privilege ever been suspended or revoked? YES NO If yes, when _____

Check the type of license you currently have Class C (non-commercial) Class D Chauffeur Class B CDL Class A CDL

If you hold a CDL, check the type of endorsement(s) you currently have Air Brakes Passenger

PLEASE READ AND SIGN AUTHORIZATION

I authorize the City of Ottawa - NCAT to obtain my driving record from the Illinois Department of Transportation Department of Motor Vehicles (DMV) as the first step of processing my Pre-Employment Questionnaire for potential employment opportunities.

Signed _____ Date _____

(If you have an OUT OF STATE LICENSE, you must submit a certified copy of your driving record in order to be considered for any position.)

EMPLOYMENT HISTORY

List below your current and previous employers for the last **10 years** beginning with the current or most recent. Please answer all questions for each employer listed. A resume will **not** substitute for a completed application form.

1. Name of Employer	Full or Part-Time? <input type="checkbox"/> FT <input type="checkbox"/> PT Number of hours per week?	State reason and length of inactivity between present application date and last employer:
Address	Phone	Describe Job/Duties
City	State Zip	
Supervisor's Name/Title		
Starting Date (FROM)	Ending Date (TO)	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Leaving		Did you hold a CDL for this position? <input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO

2. Name of Employer	Full or Part-Time? <input type="checkbox"/> FT <input type="checkbox"/> PT Number of hours per week?	State reason and length of inactivity between present application date and last employer:
Address	Phone	Describe Job/Duties
City	State Zip	
Supervisor's Name/Title		
Starting Date (FROM)	Ending Date (TO)	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Leaving		Did you hold a CDL for this position? <input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO

3. Name of Employer	Full or Part-Time? <input type="checkbox"/> FT <input type="checkbox"/> PT Number of hours per week?	State reason and length of inactivity between present application date and last employer:
Address	Phone	Describe Job/Duties
City	State Zip	
Supervisor's Name/Title		
Starting Date (FROM)	Ending Date (TO)	May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Leaving		Did you hold a CDL for this position? <input type="checkbox"/> YES <input type="checkbox"/> NO Were you subject to DOT Drug/Alcohol Testing? <input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION

	Graduated	Name of school and address	Type of Degree/Major
High School/GED	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate/Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade/Business or Driving School	<input type="checkbox"/> Yes <input type="checkbox"/> No		

List any additional training or education applicable to position applying for _____

SKILLS/WORK HISTORY

Please indicate any specific work skills you have which may not be adequately covered in review of your educational or job history. For example, forklift operation, computer programming, 10-key skills, typing (wpm), sales experience, etc. _____

Do you have any certificates or license(s) that would be applicable to the job you are applying for? YES NO If yes, please list below (example, boiler certification, hazardous material license, etc.) _____

Have you ever been discharged or asked to resign your employment? YES NO If yes, please give particulars _____

How many days of work have you missed this past year? _____ How many times have you been late this past year? _____

REFERENCES

List three professional and/or personal references (do not include relatives).

Name	Years Known	Company/Occupation	Telephone

STOP – FOR OFFICE USE ONLY – PLEASE DO NO WRITE BELOW THIS LINE

Date & Time of Interview _____

If Hired, Date and Time of Physical _____

DOT Physical Pass Fail

National Background/Criminal History Pass Fail

DOT Drug & Alcohol Test Pass Fail

Driving Record Pass Fail

Physical Fitness Assessment Pass Fail

Pre-employment check(s) complete? YES NO

EMPLOYEE ORIENTATION DATE _____

EMPLOYEE NUMBER _____

HR Comments:



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ATTENTION ALL APPLICANTS

City of Ottawa - North Central Area Transit is dedicated to providing safe, dependable, and economical transportation services to our transit passengers. City of Ottawa - NCAT's employees are our most valuable resource, and it is our goal to provide a healthy, satisfying work environment that promotes personal opportunities for growth. In meeting these goals, it is our policy to:

- Assure that employees are not impaired in their ability to perform assigned duties in a safe, productive, and healthy manner;
- Create a workplace environment free from the adverse effects of drug abuse and alcohol misuse;
- Prohibit the unlawful manufacture, distribution, dispensing, possession or use of controlled substances;
- To encourage employees to seek professional assistance any time personal problems, including alcohol or drug dependency, adversely affect their ability to perform their assigned duties.

In accordance with FTA Regulations 49CFR, City of Ottawa - NCAT will subject all applicants/employees to required drug and alcohol testing categories including, but not limited to, pre-employment, random, post-accident, post-injury, and reasonable suspicion testing.

An applicant must meet or exceed City of Ottawa - NCAT's established qualifications and standards for employment, which include, but are not limited to:

- Valid driver's license (CDL not required);
- Clean driving record;
- Criminal history and national background check;
- DOT physical and drug and alcohol screen
- Physical fitness assessment
- In-person interview
- Successful completion of training program and probationary period

IMPORTANT – READ THIS STATEMENT BEFORE SIGNING

I hereby certify that this Pre-Employment Questionnaire is complete to the best of my knowledge regarding current and prior employment information listed and that ALL information given is true and contains no misrepresentations. I understand that if I fail to complete all parts of the Pre-Employment Questionnaire, it may cause delay or result in the inability to process this Questionnaire and will be returned for proper completion.

FURTHERMORE,

I am aware that all statements submitted on this Questionnaire are subject to investigation and verification and that if a job offer has been extended, it is pending verification. I authorize the persons, educational institutions, law enforcement agencies and other organizations or employers named in this Questionnaire to provide information requested by City of Ottawa - NCAT in its processing of this Questionnaire. I agree to provide, upon request of City of Ottawa - NCAT, any written releases and waivers of confidentiality should any former employer or educational institutions request such a release.

I understand that any withholding of information, or misrepresentation on this Questionnaire or on medical records/forms related to my employment, could result in rejection for employment, or if employed, termination of employment with City of Ottawa - NCAT.

Signed _____ Date _____

Thank you for your interest in City of Ottawa - NCAT. Please submit this application via email to ncat@cityofottawa.org or mail to/drop off at:

North Central Area Transit
Attn: Transit Director
1784 Chessie Lane,
Ottawa, IL 61350

OR

Ottawa City Hall
Attn: Commissioner Eichelkraut
301 W. Madison Street
Ottawa, IL 61351.

All applications are kept on file for one year.



City of Ottawa - NCAT
PRE-EMPLOYMENT QUESTIONNAIRE



Name _____
PLEASE PRINT

Date of Birth _____
MONTH/DAY/YEAR

I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, financial institution, or other persons having personal knowledge about me to furnish the City of Ottawa - NCAT, and/or its agents, with any and all information in their possession regarding me, in connection with an application for or retention of employment.

Further, I hereby release from liability and hold harmless all person and corporations supplying this information to City of Ottawa - NCAT and/or its agents. A photocopy of this authorization is as effective as the original.

Signed _____

Date _____

PLEASE NOTE: The information requested in this release will be used for the sole purpose of obtaining background information in the event you may be offered the position that you applied/interviewed for. If you would like information regarding the Fair Credit Reporting Act, please direct your request to the receptionist.