

COLES COUNTY COUNCIL ON AGING APPLICATION FOR EMPLOYMENT

We do not discriminate on the basis of sex, religion, age, national origin, race, ancestry, marital status, physical or mental handicap, or unfavorable military discharge.

PERSONAL

Date: _____

Name: _____

Present Address: _____

How many years have you lived at this address? _____ Telephone Number: _____

Job applied for: Dial-A-Ride Driver Pay expected \$ _____ Per _____

How did you learn of this opening? _____

Do you want to work full time? _____ Part Time? _____

Have you worked at the Council on Aging before? _____ Yes _____ No

If yes, When? _____

List any relative working for the Council on Aging, and their relationship to you: _____

If hired, do you have reliable means of transportation to get to work? _____ Yes _____ No

List other experiences, skills or qualifications, which you feel would especially qualify you for the position you have applied for: _____

Have you failed or refused a pre-employment Department of Transportation test within the past two years? _____ Yes _____ No (drug or alcohol testing)

Is there any reason you could not perform safely and reliably the tasks required of the position(s) you have applied for? _____

If hired, on what date would you be available to start work? _____

PERSONAL REFERENCES (Must list 3)

Name and Occupation	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

PRIOR WORK HISTORY (List in order, last or present employer first)

1)

Dates From- To	Name and Address of Employer	Telephone Number	Supervisor's Name	Reason for Leaving

Describe in detail the work you did: _____

2)

Dates From- To	Name and Address of Employer	Telephone Number	Supervisor's Name	Reason for Leaving

Describe in detail the work you did: _____

3)

Dates From- To	Name and Address of Employer	Telephone Number	Supervisor's Name	Reason for Leaving

Describe in detail the work you did: _____

EDUCATIONAL BACKGROUND

Type of School	Name and Address	How Many Years Attended	Graduated?	Major
Grammar or Grade				
High School				
Post Graduate				
Business or Trade				
Other				

MILITARY SERVICE RECORD

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Date of duty: From _____ To _____ Rank at Discharge _____

What were your duties in the Service? _____

Have you had any schooling under the G.I. Bill of Rights? _____

Have you been convicted of a felony within the last seven years? Yes No

If so, when and where were you convicted and what was the crime of conviction?

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application are cause for immediate dismissal. You are hereby authorized to make any investigation of my personal history as deemed necessary for this position.

Signature: _____

To assist us in finding the proper position for you in our agency, use the space below to summarize any additional information necessary to describe your qualifications.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with our agency will be based only on your merit and on no other consideration.

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history as deemed necessary for this position.

Signature of Applicant

RETURN COMPLETED FORM TO:
COLES COUNTY COUNCIL ON AGING
11021 East County Road 800 North
Charleston, IL 61920-8632

AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON D.O.T. DRUG AND ALCOHOL TESTING

(a separate form must be filled out for each 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 Social Security Number

Contact Person: _____

Previous Employer: _____

Street Address or P. O. Box: _____ Telephone: _____

City, State, Zip Code: _____ Fax No: _____

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

Contact Person: _____

Prospective Employer: _____

Street Address or P. O. Box: _____ Telephone: _____

City, State, Zip Code: _____ Fax No: _____

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 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 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 DOT-regulated drug and alcohol testing history while employed with your agency/firm.

1. Has this employee tested positive (.04 or greater) for alcohol in the last two years? Yes _____ No _____
2. Has this employee had a verified positive drug test result in the last two years? Yes _____ No _____
3. Has this employee refused a required drug or alcohol test in the last two years (or had a verified adulterated or substituted drug test result)? Yes _____ No _____
4. Has this employee violated any other DOT drug or alcohol testing regulation within the last two years? If so, state the nature of the violation: Yes _____ No _____

If you responded "YES" to any of the above questions, please provide documentation of the employee's successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why not: _____

SPECIFIC QUALIFICATIONS

To assist us in finding the proper position for you in our agency, use the space below to summarize any additional information necessary to describe your qualifications.

Thank you for completing this application form and for your interest in employment with us. We would like to assure you that your opportunity for employment with our agency will be based only on your merit and on no other consideration.

**PLEASE READ CAREFULLY
APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history as deemed necessary for this position.

Signature of Applicant

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11021 East County Road 800 North
Charleston, IL 61920-8632

RELEASE OF INFORMATION FORM



"It's All In The Attitude"

To:

From: Coles County Council on Aging
11021 East County Road 800 North
Charleston, IL 61920 - 8632

A.) To be completed by applicant

I hereby authorize the release of any information requested on this form.

Applicant Name: _____

Applicant Signature: _____ Date: _____

Position Applied For: _____

B.) To be completed by former employer

One of your former employees has applied for employment with the Council on Aging. We would appreciate your replies to the question asked below. Please feel free to enclose any additional information which may be relevant. All replies are confidential. Thank you for your cooperation.

Employer Name: _____ Title: _____

Employer Signature: _____ Date: _____

Employment dates with your company: _____

Reason for leaving your company: _____

Would you re-hire this worker? _____

Please rate the applicant on the following:

	above average	average	below average	no knowledge
Ability to work with others	_____	_____	_____	_____
Appearance	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Cooperation	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Job knowledge	_____	_____	_____	_____
Quality of work	_____	_____	_____	_____

Overall rating: _____ Comments: _____

Date: _____

Dear

In cooperation with all local, state and federal funding sources of CCCoA-sponsored programs, the Coles County Council on Aging Board of Directors has voted to require all staff and volunteers (as applicable) to participate in the process of undergoing a non-fingerprint conviction information screening conducted by the Illinois State Police or the Ross Agency. The Coles County Council on Aging will bear 100% of the cost of the required background record check.

The intent of this agency-wide policy is to reduce risk and promote the safety and privacy of persons served by CCCoA programs funded in whole or in part by local, State and/or Federal funding sources.

This letter is to advise you that prior to/ or upon employment, dependent upon program, (or volunteer assignment) a Uniform Conviction Information Act (UCIA) non-fingerprint conviction information request will be initiated by the Coles County Council on Aging.

You have the right to obtain a copy of the UCIA report we receive from the Illinois State Police or Ross Agency. You also have the right to challenge the accuracy and completeness of the report, and request a waiver if you have been convicted of committing or attempting to commit one of the offenses enumerated in the ACT which would otherwise preclude employment or volunteer service.

Your employment is contingent upon eligibility determined by the results of the background check. Volunteers and/or staff (if applicable) may be re-assigned in a different volunteer/staff position if the UCIA report indicates a record of conviction of any of the offenses enumerated in the ACT unless a fingerprint-based check validates your identity and establishes that you do not have a disqualifying record or you receive a waiver. Even if you do receive a waiver, we are not under any obligation to hire or retain you in our employment and/or volunteer service.

If you have any questions regarding this matter, please contact me.

Respectfully,

Dee Braden

Executive Director

11021 BCR 800N ♡ Charleston, IL 61920 ♡ Tel (217) 639-5150 ♡ Fax (217) 639-5199 ♡ lifespancenter@colescouncilonaging.org ♡ www.colescouncilonaging.org

The Coles County Council on Aging does not discriminate in admission to programs or treatment in programs, activities, or employment in compliance with appropriate State and Federal statutes. If you feel you have been discriminated against, you have the right to file a complaint with the Coles County Council on Aging (call 217-639-5150) or the Illinois Department on Aging (call 1-800-252-8966 voice or 1-888-206-1327 TTY).

DISCLOSURE OF CONSUMER REPORT
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Coles County Council On Aging ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Occuscreen, LLC, 805 Broadway Street, Suite 215, Vancouver, WA 98660, (888) 833-5304, www.occuscreen.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

I agree that a facsimile ("fax"), electronic or photographic copy of this Disclosure shall be as valid as the original. I acknowledge receipt of this Disclosure and certify that I have read and understand this document.

Signature

Date

(if under 18) Guardian Signature

Employer: Coles County Council On Aging

Phone: 217-639-5150

Requested By:

SERVICES REQUESTED (Check all that apply)

- Initial Screening Package Initial Screening Package (No MVR)
- Renewal Screening Package Renewal Screening Package (No MVR)
- Social Security Trace X National Criminal Database X County Criminal Court Search
- X Motor Vehicle Report X Sex Offender Search *****Coles County Council On Aging will only Request the following services.*****

In order to process your background check, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years.
 PRINT CLEARLY IN INK OR TYPE IN ALL INFORMATION. MAKE SURE DISCLOSURE IS SIGNED ABOVE.

First Name:		Middle Initial:		
Last Name:				
Social Security Number:			Birth Date:	
Current Address:				
City:		State:		Zip:
Driver's License #:			State:	
Other Names Used (previous 7 years only):				
1.		2.		
3.		4.		
Please provide City and County information for your residence covering a period of seven (7) years, beginning with your most current address.				
City	County	State	Zip	From ____ To ____
				From ____ To ____
				From ____ To ____
				From ____ To ____
				From ____ To ____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

TYPE OF BUSINESS	CONTACT
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE. Washington DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue N.W. Washington, DC 20580 (877) 382-4357</p>

**Dial-A-Ride Rural Public Transportation Program
Job Description**

I. POSITION TITLE: Dial-A-Ride Rural Public Transportation Program Secretary/Dispatcher

II. POSITION SUMMARY: With final authority resting with the Coles County Council on Aging and under the direct supervision of the Executive Director/Administrative Assistant and the Program Director, the Secretary/Dispatcher will execute the daily routing/dispatching functions of the program as well as the required secretarial functions. Coles County Council on Aging has determined that this position is safety sensitive.

III. DIRECT RESPONSIBILITIES:

1. Shall schedule demand-response and/or subscription trips for registered riders via the telephone or in person.
 - shall respond to all service requests, either over the phone or in person, in a courteous, business-like manner,
 - shall schedule requested trips in such a manner as to insure the timely delivery of riders to their destination with the least inconvenience possible, and in the most efficient manner available,
 - shall be responsible for the timely preparation of schedules/routing forms.
2. Shall route scheduled trips both subscription and demand-response, in the most efficient manner possible.
 - shall route trips in such a manner as to insure the timely deliver of riders with a minimum of inconvenience,
 - shall schedule vehicles and utilize assigned drivers in the most efficient manner possible so as to maximize the vehicles' and drivers' productivity and minimize operation costs,
 - shall utilize all appropriate scheduling and routing procedures as assigned by the Program Director, Executive Director or Administrative Assistant.
3. Shall dispatch routed trips to the drivers in the most time-efficient manner possible.
 - shall follow all radio procedures,
 - shall regulate all conversation over the radio to insure the minimum possible use of the air wave,
 - shall at no time use vulgar, profane or obscene language over the radio in conversation with riders or others, or in conversations with drivers.
4. Shall coordinate activities in conjunction with the Program Director in any emergency situation.
 - advise the driver to the extent feasible of how to proceed,
 - contact the proper authorities to insure their quick response,
 - contact the requested persons for any rider involved in an emergency,
 - maintain radio contact with the drivers to the extent possible.
5. Shall attend required staff training sessions.
6. Shall adhere to all CCCoA Transportation Policies and Procedures as well as all other relevant agency policies.
7. Perform relevant secretarial functions.

- maintain all client files, rider history files, grant files, etc.,
- update rider files annually or as required,

8. Shall maintain an orderly and business-like appearance in the office so as to help assure the efficient performance of duties.

9. Shall perform such other tasks as assigned by the Program Director, Executive Director or Administrative Assistant.

IV. QUALIFICATIONS:

- Be 21 years of age or over
- High School diploma or GED
- Working knowledge of Coles and Douglas County streets and rural areas
- Demonstrated ability or experience in scheduling and/or Dispatching vehicles for a transportation company
- Pleasant personality over the phone in daily interaction with the public
- Pass a physical examination (including drug testing) annually and prior to hiring
- Strong communications skills
- Ability to type, file and maintain filing system and required records/reports

V. OTHER:

The Secretary/Dispatcher shall be covered by the Personal Policies and Procedures of the Coles County Council on Aging. The position shall be full time, salaried position. Salary shall be commensurate with experience, job performance, responsibilities and availability of funding.

Approved by CCCoA Board: October 2001

Dial-A-Ride Rural Public Transportation Program Job Description

I. Position Title: Dial-A-Ride Rural Public Transportation Program Driver

II. Position Summary: With final authority resting with the Coles County Council on Aging, Inc. and under the direct supervision of the Executive Director, Administrative Assistant and Program Director, the Driver shall be responsible for the safe, efficient transport of passengers and/or movement of vehicles as dispatched to them by the Dial-A-Ride Dispatcher. Department of Transportation (DOT) has determined that this position is a Safety Sensitive Position. Responsibilities shall include, but not be limited to, the following:

III. Direct Responsibilities:

1. Be responsible for transporting passengers to locations within the approved service area.
2. Be responsible for the maintenance and upkeep of the vehicles (expenses shall be incurred by the Program), under the supervision of the Program Director and Maintenance Coordinator.
3. Coordinate with the Secretary/Dispatcher on the schedule and routing of trips.
4. Assist passengers to and from their homes (Drivers may not step into the dwelling itself), on and off the vehicle, on and off the wheelchair lift, with their packages, etc. on an as-needed basis.
5. Complete the required paperwork accurately and on time.
6. Have the vehicle inspected and maintained as required by State law.
7. Provide safe transportation by: a.) obeying all traffic laws, b.) observing safety regulations and c.) maintaining a safe driving record.
8. Perform a daily walk-around safety inspection, complete the daily vehicle and lift inspection forms and report all defects to the Maintenance Coordinator. (Copies of vehicle and lift inspection forms are attached.)
9. Not operate the vehicle to transport passengers when malfunctions and/or defects in equipment or in any vehicle system or device which could threaten safe operating performance is detected, until such defect(s) is (are) corrected.
10. Report all accidents and complete required reports as soon as possible.
11. Exercise responsible leadership at all times.
12. Maintain discipline and report any disciplinary problems to the Program Director.
13. Become acquainted with and abide by all new rulings and laws affecting Driver's job responsibilities and performance.
14. Demonstrate mature judgment capability.
15. Express and display willingness to follow rules established by Federal and State law, the Department of Transportation, the Department on Aging, and CCCoA.
16. Present a neat, clean appearance.
17. Refrain from the use of vulgar, profane or obscene language in presence of passengers or the general public.
18. Do not eat or drink while operating the vehicle. (Exception: In extreme hot weather conditions, liquids may be brought on board the vehicle as long as they are properly

secured.)

19. Do not smoke a pipe, cigar, cigarette or chew tobacco while driving or on the vehicle.
20. Be knowledgeable of proper placement of warning devices when vehicle is disabled or stopped for any reason.
21. Use a seat belt when vehicle is in operation.
22. Do not operate vehicle until everyone is seated and belted and carry-on items are secured.
23. Know how to evacuate passengers safely and conduct periodic verbal/physical emergency evacuation drills of passengers.
24. Ask each wheelchair passenger how (s)he can best be handled in an emergency when the mobility device cannot be operated.
25. Demonstrate proper caution before crossing railroad tracks as per instruction from Mattoon Police Department.
26. Exercise extreme caution when operating in hazardous conditions such as snow, ice, fog, smoke, dust, rain or any other condition which adversely effect visibility and/or traction and reduce speed accordingly.
27. Know physical/mental/emotional condition of each passenger (learned at time of registration and made available to the Driver).
28. Know how to extinguish any type of fire.
29. Know exact location of nearest medical facilities within or near the service area.
30. Shall not allow a greater number of passengers to be transported than the number for which the vehicle was designed and for which permanent seats are provided.
31. Shall not resort to physical, verbal or emotional abuse of a passenger, regardless of provocation.
32. Shall treat all passengers courteously and respectfully.
33. Shall not allow passengers on the vehicle that are not on the daily schedule as prepared by the Secretary/Dispatcher.
34. Shall be responsible for payment of any tickets or citations issued for violation of state of Illinois motor vehicle laws.
35. Any Driver of the Dial-A-Ride Program cited for driving under the influence of drugs or alcohol, whether driving a D-A-R vehicle or privately owned automobile will be subject to immediate termination of employment.
36. The Driver may be called to perform other related duties as deemed necessary by the CCCoA Executive Director, Administrative Assistant or Program Director.

IV. Qualifications:

1. Be 21 years of age or over.
2. Display proof of a current and valid CDL driver's license with passenger and senior transportation endorsements or pass the test to receive the properly classified license as a condition of employment.
3. Pass a DOT (Department of Transportation) physical examination, drug screen and TB test prior to hiring.
4. Maintain a neat and orderly appearance.
5. CCCoA will verify a safe driving history from the Checkley Agency (CCCoA Insurance Carrier).

6. Experience in safely driving the same type (or similar) of vehicle for not less than two years, including experience throughout the four seasons.
7. Completion of passenger assistance training, emergency procedures training, defensive driving course, CPR and the Heimlich Method, blood-borne pathogen training, drug and alcohol awareness training and any other training mandated by the Illinois Department of Transportation (IDOT), Rural Transit Assistance Center (RTAC) or CCCoA.
8. Be willing to attend training as requested and/or required and complete annual refresher courses.
9. Be in sound physical and mental condition.
10. Have visual acuity of 20/40 (in each eye) with or without correction, depth perception and peripheral vision within normal limits, and must be able to distinguish between red, green and yellow. (Determined at DOT physical.)
11. Shall not have a hearing loss that will inhibit ability to communicate with passengers or hear emergency signals.
12. Shall not be addicted to the use of narcotics, habit-forming drugs or alcoholic beverages, as evidenced by the required drug testing.
13. Adhere to random drug and alcohol testing policies established by Federal Transit Administration.
14. Shall not suffer from cardiovascular disease, epilepsy, diabetes (not diet controllable) or any condition, which may result in loss of consciousness or control.
15. Shall have sufficient strength to assist passengers and to handle mobility devices.
16. Undergo annual DOT physical examination, drug screen and TB test with acceptable results.
17. Good work references.

V. Other:

The Driver shall be covered by the Personnel Policies and Procedures of the CCCoA and the Dial-A-Ride Program. The position may be part-time or full-time. Wages/Salary shall be commensurate with experience, job performance, responsibility and availability of funding. *This position is not a light duty position. With a light duty restriction this position would not be obtainable.*

DATED: 1979; Revised: March, 1986; August, 1992; October, 2001; May, 2006