



Central Texas Rural Transit District

APPLICATION FOR EMPLOYMENT

CTRTRD is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis of race, color, religion, gender, age, marital status, national origin, genetics, physical disability, or any other basis prohibited by local, state, or federal law unless based upon a bona fide occupational qualification. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization. If you believe you have been discriminated against, you should notify the Equal Employment Officer or the EEO Commission.

Applicant Name:

Position(s) and location applied for:

Date of Application:

Address:

Drivers License # and state issued:

City, State, Zip:

Class/Type: Restrictions/Endorsements:

Phone:

Social Security #:

Cell/Pager:

Email:

Date available for work:

If necessary, best time to call you at home is:

am pm

May we contact you at work? Yes No

If yes, work number and best time to call: am pm

Have you submitted an application here before? Yes No If yes, give date(s) and position(s) applied for:

Have you ever been employed here before? Yes No If yes, give date(s) and supervisor's name:

Are you legally eligible for employment in this country? Yes No

Type of employment desired: Full time Part time Temporary

Will you relocate if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No If no, please explain:

Are you related to an employee of CTRTRD? Yes No If yes, please list who and your relationship with employee:

1. Have you ever pled "guilty" or "no contest" to, or been convicted of a misdemeanor or felony? Yes No

2. Have you ever been terminated for violating drug free workplace policies/procedures? Yes No

3. Have you ever been terminated for violating workplace violence policies/procedures? Yes No

4. Have you ever pled "guilty" or "no contest" to, or been convicted of "driving under the influence" or "driving while intoxicated"? Yes No

5. Have you tested positive or refused to test for a pre-employment drug and alcohol test within the last two years? Yes No

If you answered yes to any of the above 5 questions please provide date(s) and details:

## EMPLOYMENT HISTORY

Provide the following information of your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

THIS MUST BE FILLED IN		
Employer	Phone	Dates Employed From & To
Address	Hourly Rate/Salary Starting: _____ Final: _____	
Starting Job Title/Final Job Title	Drug/Alcohol testing DOT Regulated <input type="checkbox"/> Yes <input type="checkbox"/> No	
Immediate Supervisor/Title	May we contact for a reference	
Summarize the type of work performed and job responsibilities:		
Employer	Phone	Dates Employed From & To
Address	Hourly Rate/Salary Starting: _____ Final: _____	
Starting Job Title/Final Job Title	Drug/Alcohol testing DOT Regulated <input type="checkbox"/> Yes <input type="checkbox"/> No	
Immediate Supervisor/Title	May we contact for a reference	
Summarize the type of work performed and job responsibilities:		
Employer	Phone	Dates Employed From & To
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Starting Job Title/Final Job Title	Drug/Alcohol testing DOT Regulated <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Immediate Supervisor/Title	May we contact for a reference	
Summarize the type of work performed and job responsibilities:		
Employer	Phone	Dates Employed From & To
Address	Hourly Rate/Salary Starting: _____ Final: _____	
Starting Job Title/Final Job Title	Drug/Alcohol testing DOT Regulated <input type="checkbox"/> Yes <input type="checkbox"/> No	
Immediate Supervisor/Title	May we contact for a reference	
Summarize the type of work performed and job responsibilities:		

Comments including explanation of any gaps in employment:

## SKILLS & QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

## EDUCATIONAL BACKGROUND (if job related)

Type	School	Degree or Diploma	# of Years Completed	Course of Study (Major/Minor)
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

## REFERENCES

Name	Complete Address (Include City, State, Zip)	Phone & Area Code	# of years known

## ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held. *Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard, or any other similarly protected status.*

Organization	Offices Held

List any special accomplishments, publications, awards, etc. *Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard, or any other similarly protected status.*

## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with Central Texas Rural Transit District is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application OR immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, Central Texas Rural Transit District, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employees, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding Central Texas Rural Transit District, its agents, employees, or representative, for seeking, gathering, and using such information in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that drug and alcohol testing is a requirement of employment with Central Texas Rural Transit District, City and Rural Rides, and that I will be subject to testing as a condition of employment. I also understand that all DOT employers are required to check on the drug and alcohol testing background of new hires and other employees beginning safety-sensitive work. CTRTD is required to get written consent from the applicant. CTRTD must send the request for information and the employee's consent to all other DOT-regulated employers for whom I have worked within the previous two years. CTRTD cannot let the employee perform safety-sensitive duties for more than 14 days unless CTRTD has obtained, or made and documented a good faith effort to obtain this information. If CTRTD finds that I have a violation on my record and have not completed the return-to-duty process, CTRTD must immediately stop using me to perform safety sensitive functions.

I understand that the employer does not lawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that this application is only for the current posted position and will be kept on file for 90 days.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Central Texas Rural Transit District is authorized to make any assurance to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the General Manager or Assistant General Manager.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United State and that federal immigration laws require me to complete an I-9 form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand, and accept all terms of the foregoing applicant statement.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## APPLICANT ACKNOWLEDGEMENT

I acknowledge that I have received a copy of the position description for the position for which I am applying. I further acknowledge that I have read the position description and have been given the opportunity to ask any questions I may have regarding the duties, both physical as well as mental for this position. Based on the information provided me on the position description, I hereby attest to the following:

- I can meet the minimum physical and mental requirements of the job as outlined on the position description.
- I can not meet the minimum physical and mental requirements of the job as outlined on the position description.
- Other (Please explain)

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### NOTICE TO APPLICANTS



**Screening tests for illegal drug use is required as a condition of employment.**

**Please make sure all forms have been completed prior to turning in application**

- Reference Form (Sign Only)
- Position description/acknowledgement
- Consent for Release of Alcohol & Drug misuse and testing information
- Affirmative action information (VOLUNTARY)

**Central Texas Rural Transit District**  
**City And Rural Rides**

P.O. Box 712, Coleman, TX 76834  
Phone: (800) 710-2277 Fax: (325) 625-5044

**Reference Form**

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Name of Applicant:	Position Applied For:
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I, \_\_\_\_\_ hereby authorize the required information be provided to C.A.R.R. for my employment/character reference.  
I hereby release such person (s) or company from all liability for any damage whatsoever for issuing such information (either on record or not on record).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant complete only above portion: (printed name, signature, and date)**

**Reference Name & Address:**

To: \_\_\_\_\_

*Reference Signature:* \_\_\_\_\_

If you will kindly share with us your knowledge of this persons character and work capacity. This information will be held in professional confidence. Thank you for your time and we appreciate your assistance.

	<i>Excellent</i>	<i>Good</i>	<i>Fair</i>	<i>Poor</i>	<i>N/A</i>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discretion (Profess./Non-profess)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ability/ Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation with Co-Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to authority/supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality/Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Additional Comments:* \_\_\_\_\_

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# Central Texas Rural Transit District

## Consent for Release of Alcohol and Drug Misuse & Testing Information

The information requested below is required by DOT to be released in accordance with this consent. If Central Texas Rural Transit District does not receive the requested information within 14 days, this will be documented and placed in the individual's DOT file to be made available to DOT officials on request. I am willing that a true copy of this authorization be accepted with the same authority as the original.

The purpose of this release is to determine if I have previously violated DOT alcohol or drug prohibitions, including records of dates and results of alcohol and drug tests including alcohol tests with results greater than 0.04, positive drug test results, and refusals to be tested, and any records related to violations of DOT alcohol or drug prohibitions.

Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

(To be signed by applicant)

**Applicant complete only above portion: (printed name, social security #, signature, and date)**

**Records to be RELEASED FROM:**

Company Name: \_\_\_\_\_

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

Telephone/Other: \_\_\_\_\_

**Please check one or both:**

- Requested information enclosed.
  
- I certify, to the best of my knowledge, the company named in the RELEASED FROM section has a DOT alcohol and drug testing program conforming to DOT requirements and the above named individual participated in such program from \_\_\_\_\_ to \_\_\_\_\_ and had no alcohol test greater than 0.04, positive drug test, refusals to be tested, or other violations of DOT alcohol and drug rules within the preceding two years. Include any documentation on return to duty process (if applicable).

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

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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**SEND RECORDS TO:**

Central Texas Rural Transit District (City And Rural Rides)  
P.O. Box 712  
Coleman, TX 76834  
Attn: Joe Guajardo, Assistant General Manager  
Phone: 1(800)710-2277  
Fax: 325-625-5044

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**TO BE COMPLETED BY CTRTD**

This form was faxed/mailed to previous employer(s) on \_\_\_\_\_ due back on (add 14 days) \_\_\_\_\_  
Date Date

Comments: \_\_\_\_\_

## AFFIRMATIVE ACTION VOLUNTARY INFORMATION

### COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not of interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is **not** a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

#### PLEASE PRINT

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

#### Referral Source:

- Walk-in     Relative     Private Employment Agency     Advertisement Source: \_\_\_\_\_  
 Employee     Government Employment Agency     School     Other: \_\_\_\_\_

Name of person who referred you (if applicable): \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

- Male     Female

#### Please check one of the following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic Origin)     Black (not of Hispanic Origin)     Hispanic     Veteran  
 American Indian/Alaskan Native     Asian/Pacific Islander     Disability

### For Administrative Use Only

Position applied for     Available     Not Available    Other positions considered for \_\_\_\_\_

Hired     Yes     No    Position hired for \_\_\_\_\_ Date of Hire \_\_\_\_\_

From the EEO job classifications listed below, which best describes the position filled?

- Officials & Managers     Administrative office/clerical     Dispatcher/Reservationist     Operators/Driver  
 Other \_\_\_\_\_

Notes: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Central Texas Rural Transit District  
Employee Referral

Please complete and attach this form to *each* application you submit to Central Texas Rural Transit District (CTRTRD) /City And Rural Rides. If you are selected for the position for which you have applied, both you and the current CTRTRD Employee that referred you will receive a bonus of \$125.00 gross after the completion of your Introductory Period (180 days) as a CTRTRD Employee.

*To receive the referral bonus, the current employee that referred you must be employed at the time of completion of your Introductory Period. Current and/or former employees are not eligible as a referral to this program. Management and Administrative Personnel that assist with the hiring process are not eligible to receive a referral bonus. This form MUST be attached to the application upon submittal for a job opening.*

**Applicant Information (to be completed by the Applicant):**

Name: \_\_\_\_\_ Social Security #: XXX-XX-\_\_\_\_\_

Position Applied For: \_\_\_\_\_ Location: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

Are you currently or have you ever been employed by CTRTRD?  Yes  No

If yes, dates and location: \_\_\_\_\_

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

**Current Employee Information (to be completed by Current CTRTRD Employee):**

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

Title: \_\_\_\_\_ Emp. ID #: \_\_\_\_\_ Location: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

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

Supervisor's Name & Title: \_\_\_\_\_

**Central Office Administration (to be completed by Central Office Employee):**

Position/Title Filled: \_\_\_\_\_

Location: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Is Applicant Eligible for Referral Bonus?  Yes  No

If no, reason: \_\_\_\_\_

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