



# 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
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:		
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

## 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: \_\_\_\_\_

**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

**TO BE COMPLETED BY CTRTD**

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

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

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: \_\_\_\_\_

