



# Brazos Transit District (BTD)

## Application for Employment

### BACKGROUND CHECKS

**BTD will conduct a full background check on all candidates for employment.**  
*PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM*

### DRUG SCREENING

**BTD is committed to maintaining a DRUG-FREE workplace. All offers of employment are contingent upon successful completion of a pre-employment drug screen.**  
*PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM*

BTD is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to age, gender, color, race, religion or non-religion, gender, gender identity, national origin, sexual orientation, veteran status, disability or any other status protected under local, state or Federal law. It is important that you fully and accurately complete this application yourself and indicate the position(s) for which you wish to be considered. We use a sophisticated and detailed background and employment screening process which will disclose inaccurate, false, incomplete or omitted information.

Note: BTD complies with the Americans with Disabilities Act (ADA) and provides reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Applicant may be subject to passing a medical examination, skill and agility tests.

**The following must be filled out completely for your application to be considered.**

*[Please Print]*

Position(s) and location applied for: \_\_\_\_\_ Posting #: \_\_\_\_\_ Application Date: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_

Address, City and Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No If so, state issued: \_\_\_\_\_

Have you been a licensed driver for the last five years?  Yes  No

List all moving violations and accidents in the past three years:

Driver's License classification:  Class C  CDL-C  CDL-B  CDL-A Endorsements: \_\_\_\_\_

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

Please list the cities and corresponding state you have lived in during the past seven years:

1 \_\_\_\_\_ 2 \_\_\_\_\_  
3 \_\_\_\_\_ 4 \_\_\_\_\_  
5 \_\_\_\_\_ 6 \_\_\_\_\_

Have you ever been terminated or asked to resign from a job?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you available to work:  Full-Time  Part-Time  Temporary

What hours are you available for work? \_\_\_\_\_

Circle the days you are available for work:

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

What are the times you are not available to work? \_\_\_\_\_

Would you be available to work overtime if necessary?  Yes  No If no, please explain: \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_

Have you submitted an application to BTD before?  Yes  No

If yes, give date(s) and position(s) applied for: \_\_\_\_\_

Have you ever been employed by BTD before?  Yes  No

If yes, give date(s) and supervisor's name: \_\_\_\_\_

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?

Yes  No

Will you relocate if job requires it?  Yes  No Will you travel if job requires it?  Yes  No

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

Do you have any relatives or significant others working for BTD?  Yes  No

If yes, who: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have any commitment to another entity or person that might affect your employment with BTD?  Yes  No

If yes, describe fully: \_\_\_\_\_

**REFERENCES:**

How were you referred to our company?

Newspaper  Walk-In  Internet  Texas Workforce Commission

Employee Referral (Name \_\_\_\_\_)  Other ( \_\_\_\_\_ )

List three professional references below, which should consist of three persons not related to you that have knowledge of your work performance within the last three years. If prior work experience does not apply to you, then provide three school or personal references that are not related to you.

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**EDUCATION, TRAINING AND EXPERIENCE:**

<u>School: Name and Address</u>	<u>No. of Years Completed</u>	<u>Degree or Diploma</u>	<u>Did you Graduate?</u>
High School _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational/Business _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If High School was not completed, do you have your GED?  Yes  No

Some customers may not speak English. Do you speak, write or understand any other languages?  Yes  No

If yes, which language(s): \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel may make you especially suited for work at BTD?  Yes  No If yes, explain: \_\_\_\_\_

Managerial Skills:  Yes  No Spreadsheet:  Yes  No Graphics  Yes  No

Word Processing:  Yes  No Database Programs:  Yes  No

Please describe your skills: \_\_\_\_\_

List any computer programs with which you are familiar: \_\_\_\_\_

**EMPLOYMENT HISTORY:** List below all present and past employment for the last 10 years, starting with your most recent employer. You must complete this section even if attaching a resume. Note: Attach additional page(s) if necessary.

Are you employed now?  Yes  No If Yes, may we contact your present employer?  Yes  No

**1. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending wage \_\_\_\_\_  Hourly /  Monthly

Did you operate a Commercial Motor Vehicle here? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  In

Exact Reason for Leaving: \_\_\_\_\_

**2. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending wage \_\_\_\_\_  Hourly /  Monthly

Did you operate a Commercial Motor Vehicle here? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  In

Exact Reason for Leaving: \_\_\_\_\_

**3. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending wage \_\_\_\_\_  Hourly /  Monthly

Did you operate a Commercial Motor Vehicle here? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  In

Exact Reason for Leaving: \_\_\_\_\_

**4. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending wage \_\_\_\_\_  Hourly /  Monthly

Did you operate a Commercial Motor Vehicle here? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  In

Exact Reason for Leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY:** List below all present and past employment for the last 10 years, starting with your most recent employer. You *must* complete this section even if attaching a resume. Note: Attach additional page(s) if necessary.

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**5. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Ending wage \_\_\_\_\_  Hourly /  Monthly

Did you operate a Commercial Motor Vehicle here? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  In

Exact Reason for Leaving: \_\_\_\_\_

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**6. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Ending wage \_\_\_\_\_  Hourly /  Monthly

Did you operate a Commercial Motor Vehicle here? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  In

Exact Reason for Leaving: \_\_\_\_\_

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**7. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Ending wage \_\_\_\_\_  Hourly /  Monthly

Did you operate a Commercial Motor Vehicle here? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  In

Exact Reason for Leaving: \_\_\_\_\_

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**8. Name of Employer:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Telephone No. (\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Date of Employment: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Ending wage \_\_\_\_\_  Hourly /  Monthly

Did you operate a Commercial Motor Vehicle here? \_\_\_\_\_ Was termination voluntary or involuntary?  Vol  In

Exact Reason for Leaving: \_\_\_\_\_

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**UNEMPLOYMENT HISTORY:** Please account for any time(s) you were not employed. You do not need to include periods of one month or less (attach additional page(s) if necessary).

**You must account for all periods of unemployment.**

<u>Time Period</u>	<u>Reason(s) Unemployed</u>	<u>Time Period</u>	<u>Reason(s) Unemployed</u>
_____	_____	_____	_____
_____	_____	_____	_____

**MILITARY SERVICE:**

Were you ever in the Armed Services?  Yes  No If so, what branch? \_\_\_\_\_

Dates of Duty: From: \_\_\_/\_\_\_/\_\_\_\_\_ To: \_\_\_/\_\_\_/\_\_\_\_\_

Have you obtained any special skills or abilities as a result of service in the military?  Yes  No

If yes, describe: \_\_\_\_\_

**Have you, in the last seven years under your name or another name, been convicted of, pleaded guilty or nolo contendere to, received deferred adjudication for or been on any form of diversion for any criminal offense?**

Yes  No

**Have you ever, under your name or another name, been convicted of a crime which resulted with your being in prison and released from prison or paroled?**  Yes  No

If yes, explain each conviction fully, when, where and of what you were convicted and disposition of the case(s):

Are you currently under arrest, parole, probation or released on bond or your own recognizance, pending trial for a criminal offense?

Yes  No

If yes, state the nature of the crime charged and when and where trial is pending: \_\_\_\_\_

**NOTE:** No applicant will be denied employment solely on the grounds that they have been charged, committed or been convicted or pleaded guilty or nolo contendere of a criminal offense or solely on an affirmative answer above.

**NOTICE:** Thank you for completing this application form. If there is a current opening in the position(s) you are seeking and the information in your application suggests you meet the minimum qualifications and are among the best qualified candidate for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the *entire interview process* is completed which includes a complete background check and pre-employment drug test. Thank you for your interest in Brazos Transit District. Please read page six carefully, print your name, initial, sign and date.

**AUTHORIZATION**

**PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH, THEN SIGN BELOW  
PLEASE COMPLETE AND SIGN ANY SEPARATE DOCUMENTS WHICH MAY BE ATTACHED**

**COMPLETED FORM HONESTLY AND ACCURATELY**

BY MY SIGNATURE AND MY INITIALS PLACED BELOW, I PROMISE THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE AND I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT IF DISCOVERED AT A LATER DATE. I UNDERSTAND THAT ANY JOB OFFER WILL BE CONDITIONAL BASED ON THE SATISFACTORY REVIEW OF MY QUALIFICATIONS INCLUDING ANY AND ALL BACKGROUND OR DRUG SCREENING, WHICH MAY BE REQUIRED. \_\_\_\_\_ INITIALS

**DRUG AND ALCOHOL SCREENING**

IF BTD MAKES A CONDITIONAL JOB OFFER, I GIVE PERMISSION FOR A PHYSICAL EXAMINATION INCLUDING A PRE-EMPLOYMENT DRUG SCREEN. RESULTS WILL BE HELD IN CONFIDENCE BY BTD EXCEPT WHERE RELEASE OF SUCH INFORMATION IS REQUIRED BY LAW. \_\_\_\_\_ INITIALS

**OTHER EMPLOYMENT**

I UNDERSTAND THAT, IF HIRED, I MAY NOT HOLD OTHER EMPLOYMENT OR ENGAGE IN OTHER ACTIVITIES THAT CREATE A CONFLICT OF INTEREST WITH MY POSITION WITH BTD UNLESS I HAVE BEEN GIVEN PERMISSION IN WRITING BY BTD. \_\_\_\_\_ INITIALS

**AUTHORIZATION TO OBTAIN INFORMATION**

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PAST EMPLOYER, EDUCATIONAL INSTITUTION, LAW ENFORCEMENT AGENCY, STATE, LOCAL OR FEDERAL AGENCY, MILITARY BRANCH, THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE AND/OR OTHER PERSONS, TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE RECORD, EDUCATIONAL HISTORY, LICENSING, EMPLOYMENT (INCLUDING CHARACTER, EARNINGS HISTORY AND REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY BTD TO DETERMINE MY ELIGIBILITY FOR EMPLOYMENT. \_\_\_\_\_ INITIALS

**RELEASE**

I VOLUNTARILY WAIVE ALL RECOURSE AND RELEASE ANY COMPANY, INDIVIDUAL OR ORGANIZATION FROM LIABILITY FOR COMPLYING WITH ANY REQUEST FROM BTD OR AGENTS OF BTD (INCLUDING ANY CONSUMER REPORTING AGENCY) TO OBTAIN ANY INFORMATION FROM ANY SOURCE WHATSOEVER RELATING TO MY APPLICATION FOR EMPLOYMENT. I FURTHER RELEASE BTD OR ANY INDIVIDUAL WITHIN BTD REGARDING THE USE ANY INFORMATION RECEIVED WHICH MAY HAVE BEARING ON MY APPLICATION FOR EMPLOYMENT. \_\_\_\_\_ INITIALS

**NOTIFICATION AND COMPLIANCE WITH RULES**

I AGREE TO IMMEDIATELY NOTIFY BTD IF I SHOULD BE CONVICTED OF A CRIME WHILE MY JOB APPLICATION IS PENDING OR DURING MY EMPLOYMENT IF HIRED. IF I BECOME EMPLOYED, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMPLY WITH THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF BTD. \_\_\_\_\_ INITIALS

**AGREEMENT FOR AT-WILL EMPLOYMENT**

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED, OR DURING MY EMPLOYMENT IF HIRED IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN ME AND BTD. IN ADDITION, I UNDERSTAND AND AGREE THAT IF BTD EMPLOYS ME, IN CONSIDERATION OF MY EMPLOYMENT, MY EMPLOYMENT WILL BE AT-WILL, FOR NO DEFINITE OR DETERMINABLE PERIOD OF TIME AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES OR SALARY, BE TERMINATED AT ANY TIME, FOR ANY REASON OR FOR NO REASON AT ALL, WITH OR WITHOUT PRIOR NOTICE, AT THE OPTION OF BTD OR ME. I UNDERSTAND AND AGREE THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON BTD UNLESS MADE IN WRITING AND SIGNED BY ME AND AN AUTHORIZED OFFICER OF BTD. I PROMISE THAT I HAVE NOT RELIED AND WILL NOT RELY ON ANY ORAL OR WRITTEN STATEMENTS TO THE CONTRARY. I UNDERSTAND AND AGREE THAT THIS IS THE ENTIRE AGREEMENT BETWEEN BTD AND ME REGARDING THE TERM OF MY EMPLOYMENT AND REPLACES ANY OTHER ORAL OR WRITTEN AGREEMENT OR UNDERSTANDING. \_\_\_\_\_ INITIALS

**I certify that all of the information provided by me on this application is true and accurate.**

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

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

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

**BTD IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS THE POLICY OF BTD TO CONSIDER ALL JOB APPLICATIONS ON THE BASIS OF MERIT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, GENDER IDENTITY, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, DISABILITY OR ANY OTHER PROTECTED CHARACTERISTIC.**





**DISCLOSURE AND AUTHORIZATION – EMPLOYMENT OR VOLUNTEER**

In connection with my application for employment (including contract or volunteer services) with Brazos Transit District, consumer reports will be requested. These reports may include the following types of information as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, eviction's, criminal records, etc., from federal, state and other agencies that maintain such records.

In addition, investigative consumer reports gathered from personal interviews with former employers or landlords, past or current neighbors and associates of mine, etc. to gather information regarding my work or tenant performance, character, general reputation and personal characteristics and mode of living (lifestyle) may be obtained.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO OBTAIN AND FURNISH THE ABOVE-MENTIONED INFORMATION.**

I have the right to make a request to the consumer reporting agency: First Check Applicant Screening, P.O. Box 92033, Southlake, TX 76092, telephone number (888) 588-2525, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request. I hereby consent to your obtaining the above information from the agency.

**I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S) AND INVESTIGATIVE CONSUMER REPORT(S).** If hired, contracted or accepted for "employment", this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract/volunteer) period.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

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

**The following information is being requested in order to conduct a background check on you:**

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

Other names you have used: \_\_\_\_\_

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

Email Address (if you wish to be contacted this way): \_\_\_\_\_

Social Security No.: \_\_\_\_\_; Date of Birth: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_; State of Issue: \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A



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# **Brazos Transit District**

## **Fair Credit Reporting Act Required Notice**

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Brazos Transit District (BTD) conducts a criminal background and motor vehicle check on all applicants being considered for employment. The information obtained in a background or motor vehicle check may be used in determining your ability to be employed by BTD.

The following findings may make you ineligible for employment with BTD:

- Refusing consent to the background/motor vehicle check
- Making a false statement regarding your criminal record
- Being a registered sex offender
- Being convicted of a drug-related offense within the past five years
- Being convicted of a cruelty to animals' offense
- Having been convicted of a felony or misdemeanor consisting of:
  - Murder
  - Child abuse
  - A crime against children, including pornography
  - Spousal abuse/domestic violence
  - A crime involving sexual violence or aggression
  - Arson
  - Physical assault or battery

As an applicant, you will have the opportunity to verify that all information contained in the consumer report is correct. Before BTD chooses to decline an applicant for employment, the FCRA requires that BTD provide you with a copy of the consumer report and a summary of your rights under the FCRA. If you wish to dispute any findings contained in your consumer report, please contact FirstCheck at 1.888.588.2525.





# Brazos Transit District

2117 Nuches Lane, Bryan, Texas 77803

Please fill out one form for each DOT covered employer for the past two years.

**Section I. To be completed by the prospective employer, signed by the employee and transmitted to the previous employer:**

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation (DOT) regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation; and
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

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

**I-A.**

Prospective Employer Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

**I-B.**

Previous Employer Name: \_\_\_\_\_

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

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

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax to the prospective employer:**

In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

- |   |                              |  |
|---|------------------------------|--|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher?                                   | YES <input type="checkbox"/> | NO <input type="checkbox"/>                              |
| 2. Did the employee have verified positive drug tests?  | YES <input type="checkbox"/> | NO <input type="checkbox"/>                              |
| 3. Did the employee refuse to be tested?  | YES <input type="checkbox"/> | NO <input type="checkbox"/>                              |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | YES <input type="checkbox"/> | NO <input type="checkbox"/>                              |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                               | YES <input type="checkbox"/> | NO <input type="checkbox"/>                              |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

Name of person providing information in *Section II-A*: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_



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# Brazos Transit District

## Equal Employment Opportunity Information

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The Equal Employment Office (EEO) of the Federal Transit Administration (FTA) has asked all transit authorities to gather information on job applicants. You can assist the BTD EEO Office by supplying the information requested on this sheet.

COMPLETION OF THESE QUESTIONS IS COMPLETELY VOLUNTARY AND IN NO WAY AFFECTS YOUR APPLICATION FOR EMPLOYMENT.

Please check the appropriate box and fill in the information requested.

**A. Ethnic Origin**

- White
- Black
- Hispanic/Spanish Surname
- Asian
- American Indian
- Other

**B. Gender**

- Male
- Female

**C. Date of Birth**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**D. Veteran**

- Yes
- No

**E. Position Applied For:**

- Vehicle Operator
- Other; please specify \_\_\_\_\_

**F. Date Submitting Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**G.  I prefer not to provide this information.**

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

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