



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.

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: _____

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: _____

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: _____

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: _____

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: _____

Have you ever tested positive, or refused to test, on any USDOT drug or alcohol test administered by an employer of safety-sensitive transportation work covered by a USDOT agency drug and alcohol testing rules in the two years prior to applying to BTM? Yes No

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.





Atlantic Employee Screening

DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU

Brazos Transit District may obtain “consumer reports” about you from a consumer reporting agency for employment purposes. A “consumer report” is a background screening report that may contain information regarding your criminal history, sex offender registry status, credit history, employment history, education history, driving history, professional licenses, drug test results, and other information about you. It may bear upon your character, general reputation, personal characteristics, and/or mode of living.

ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU

Brazos Transit District may also request an “investigative consumer report” on you from a consumer reporting agency.

An “investigative consumer report” is a background screening report generated through personal interviews with sources such as your neighbors, friends or associates.

The consumer reporting agency that may prepare an “investigative consumer report” on you for the Company is Atlantic Personnel & Tenant Screening, Inc., 8895 N. Military Trail, #301C, Palm Beach Gardens, Florida 33410; (877) 747-2104. The information contained in an “investigative consumer report” may bear upon your character, general reputation, personal characteristics, and/or mode of living.

Please be advised that the nature and scope of the most common form of “investigative consumer report” that may be ordered by the Company is an investigation into your employment history. During such an investigation, Atlantic Personnel & Tenant Screening, Inc. may ask questions about your employment history to certain knowledgeable individuals and provide response information to the Company.

Note: You have the right to request disclosure of the exact nature and scope of any “investigative consumer report” ordered by the Company on you. You may do so by contacting the Company.

ADDITIONAL STATE LAW NOTICES

If you live in, work in, or are seeking work for **Brazos Transit District** in Washington State, Massachusetts, New Jersey, New York, Minnesota, Oklahoma, or California, please note the following information which we are required to provide to you:

State of Washington applicants/employees only: If the Company requests an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Massachusetts applicants/employees only: If the Company requests an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to have a copy of the report upon request.

New Jersey applicants/employees only: If the Company requests an investigative consumer report (as defined by state law) from a consumer reporting agency, you have the right to have a copy of the report upon request.

New York applicants/employees only: You have the right, upon written request, to be informed of whether or not an investigative consumer report (as defined by state law) was requested from a consumer reporting agency. If a report was requested, you will be provided with the name and address of the consumer reporting agency to whom the request was made. You may also inspect and receive a copy of the report by contacting Atlantic Personnel & Tenant Screening, Inc., 8895 N. Military Trail, #301C, Palm Beach Gardens, Florida 33410; (877) 747-2104. You are also now receiving a copy of Article 23-A of the NY Correction Law.

Minnesota applicants/employees only: You have the right, upon written request, to receive a complete and accurate disclosure of the nature and scope of the consumer report. A consumer reporting agency must make this disclosure within five (5) days of receipt of your request or of the Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma applicants/employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants/employees only: In addition to this document, you are separately receiving a copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW

(For California Applicants and Employees Only)

Brazos Transit District intends to obtain information about you from an investigative consumer reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics, and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to: your criminal history, sex offender registry status, driving history, education history, employment history, credit information, drug test results, and professional licenses. The Company may also obtain comments from individuals who are knowledgeable about you. These reports may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be Atlantic Personnel & Tenant Screening, Inc., 8895 N. Military Trail, #301C, Palm Beach Gardens, Florida 33410; (877) 747-2104. Information regarding Atlantic Personnel & Tenant Screening, Inc.'s privacy practices (including information about whether any consumer personal information will be sent outside the U.S. or its territories) may be found at <http://www.atlanticscreening.com/>.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and upon reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.
- A summary of all information contained in the ICRA's file on you (which is required to be provided by the California Civil Code) will be provided to you via telephone, if you have made a written request for telephone disclosure and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report (as defined by relevant state law) at no charge if one is obtained by the Company.

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

By signing below, I acknowledge receipt of the following separate documents (and certify that I have read and understood them):

- DISCLOSURE REGARDING BACKGROUND INVESTIGATION ON YOU;
- A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT;
- ADDITIONAL NOTICE REGARDING INVESTIGATIVE CONSUMER REPORTS ON YOU;
- ADDITIONAL STATE LAW NOTICES.

By signing below, I also authorize **Brazos Transit District** to obtain “consumer reports” and “investigative consumer reports” about me for employment purposes at any time during the hiring process and throughout my employment, if applicable.

Signature: _____ Date: _____

Printed Name: _____

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

Full Name (First, middle, last): _____

Social Security Number: _____

Date of Birth: _____

Driver License No.: _____

State Issued: _____

Full Current Address

Additional Previous Address Within the Last 7 Years

Additional Previous Address Within the Last 7 Years

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer 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).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list,	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA
in addition to the CFPB:	Washington, DC 20580 (877) 382-4357

<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 Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 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, S.E. 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 the 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, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357



Brazos Transit District

Fair Credit Reporting Act Required Notice

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: _____



Brazos Transit District

Equal Employment Opportunity Information

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: _____