



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 BTM before? Yes No

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

Have you ever been employed by BTM 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 BTM? Yes No

If yes, who: _____ Relationship: _____

Do you have any commitment to another entity or person that might affect your employment with BTM? 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 BTM? 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.





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



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: _____