



Central Texas Rural
Transit District

APPLICATION FOR EMPLOYMENT

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

Rev 1/1/22

Applicant Name:

Position(s) and location applied for:

Date of Application:

Address:

Drivers License # and state issued:

City, State, Zip:

Class/Type: Restrictions/Endorsements:

Phone:

Social Security #:

Cell/Pager:

Email:

Date available for work:

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

☐ am ☐ pm

May we contact you at work? ☐ Yes ☐ No

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

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

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

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

Type of employment desired: ☐ Full time ☐ Part time ☐ Temporary

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

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

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

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

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

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

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

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

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

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

EMPLOYMENT HISTORY

Provide the following information of your past and current employers (past 7 years) for 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 – COMPLETE INFORMATION REQUIRED 7 YEARS PRIOR

Employer	Phone	Dates Employed From & To
Address	Hourly Rate/Salary Starting: Final:	
Starting Job Title/Final Job Title	DOT/FTA Regulated Drug/Alcohol testing <input type="checkbox"/> Yes <input type="checkbox"/> No If yes complete Authorization to release information form	
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	DOT/FTA Regulated Drug/Alcohol testing <input type="checkbox"/> Yes <input type="checkbox"/> No If yes complete Authorization to release information form	
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	DOT/FTA Regulated Drug/Alcohol testing <input type="checkbox"/> Yes <input type="checkbox"/> No If yes complete Authorization to release information form	
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	DOT/FTA Regulated Drug/Alcohol testing <input type="checkbox"/> Yes <input type="checkbox"/> No If yes complete Authorization to release information form	
Immediate Supervisor/Title	May we contact for a reference	
Summarize the type of work performed and job responsibilities:		

Comments including explanation of any gaps in employment:

SKILLS & QUALIFICATIONS

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

EDUCATIONAL BACKGROUND (if job related)

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

REFERENCES

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

ADDITIONAL INFORMATION

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

Organization	Offices Held

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

APPLICANT STATEMENT

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

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

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

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

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

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

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

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

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

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

Applicant Signature _____ **Date** _____

APPLICANT ACKNOWLEDGEMENT

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

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

Applicant Signature _____ **Date** _____

NOTICE TO APPLICANTS



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

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

- | | |
|---|---|
| <input type="checkbox"/> Reference Form (Sign Only) | <input type="checkbox"/> Position description/acknowledgement |
| <input type="checkbox"/> Consent for Release of Alcohol & Drug misuse and testing information | <input type="checkbox"/> Affirmative action information (VOLUNTARY) |

Central Texas Rural Transit District

City And Rural Rides

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

Reference Form

Name of Applicant:	Position Applied For:
--------------------	-----------------------

I, _____ hereby authorize the required information be provided to C.A.R.R. for my employment/character reference.
I hereby release such person (s) or company from all liability for any damage whatsoever for issuing such information (either on record or not on record).

Signature of Applicant: _____ Date: _____

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

Reference Name & Address:

To: _____

Reference Signature: _____

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

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

Additional Comments: _____

Central Texas Rural Transit District

CONFIDENTIAL

AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON US DOT DRUG AND ALCOHOL TESTING

(A **separate form** must be filled out for each US DOT-regulated employer who employed the applicant during the two-year period preceding the date of the employee's application or transfer) **Additional forms available at the end of the application.**

I, _____, _____, authorize that:
Print First Name, Middle Initial, Last Name Last 4 digits of Social Security Number

Contact Person: _____

Previous Employer: _____

Street Address or P.O. Box: _____ Telephone: _____

City, State, Zip _____ Fax: _____

may release the information requested below concerning my US DOT drug and alcohol testing records

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: 325-643-3599 or Email: joe@cityandruralrides.com

Applicant's Signature

Date

This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for the _____. This authorization for release of information is valid for one year from the date of signature.

COMPLETED BY PREVIOUS EMPLOYER

Check here ☐ if this employee did **not** participate in US DOT-regulated drug and alcohol testing while under your employment. Then sign below and return this form;

OR, respond to the following questions regarding this employee's US DOT-regulated drug and alcohol testing history while employed with your agency/firm.

- | | |
|--|------------|
| 1. Has this employee tested positive (0.04 or greater) for alcohol in the last two years? | Y____N____ |
| 2. Has this employee had a verified positive drug test result in the last two years? | Y____N____ |
| 3. Has this employee refused a required drug or alcohol test in the last two years? | Y____N____ |
| 4. Has this employee violated any other US DOT drug or alcohol testing regulation within the last two years? | Y____N____ |
| 5. Has a previous employer reported a drug and alcohol rule violation to you? | Y____N____ |
| 6. If you answered yes to any of the above items, did the employee complete the return to duty process? | Y____N____ |

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).

Previous Employer's Signature

Date

Please return this form to the prospective employer at the address listed above.

Central Texas Rural Transit District

CONFIDENTIAL

SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT

Previous US Department of Transportation Drug and Alcohol Testing

_____,
Applicant First Name, Middle Initial, Last Name Social Security Number

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?

Yes _____ (if yes, complete #1 and #2) **No** _____ (if no, skip to #2)

1. In the last two years, have you ever:

a) Tested positive (0.04 or greater) for alcohol?

Yes _____ No _____

b) Had a verified positive drug test result?

Yes _____ No _____

c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?

Yes _____ No _____

d) Violated any other DOT drug or alcohol testing regulation within the last two years?

Yes _____ No _____

2. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?

Yes _____ No _____

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: _____

(Use additional pages as necessary)

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."

Signed

Date

Central Texas Rural Transit District
Employee Referral

Please complete and attach this form to *each* application you submit to Central Texas Rural Transit District (CTRTD) /City And Rural Rides. If you are selected for the position for which you have applied, both you and the current CTRTD Employee that referred you will receive a bonus of \$125.00 gross after the completion of your Introductory Period (180 days) as a CTRTD 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 CTRTD? ☐ Yes ☐ No

If yes, dates and location: _____

Signature: _____ Date: _____

Current Employee Information (to be completed by Current CTRTD 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: _____

COMPLETION OF INFORMATION BELOW IS VOLUNTARY AND SHOULD BE SUBMITTED ATTENTION: Joe Guajardo, Assistant General Manager VIA:

ADDITIONAL US DOT DRUG AND ALCOHOL TESTING AUTHORIZATION FORMS BELOW

Central Texas Rural Transit District

CONFIDENTIAL

AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON US DOT DRUG AND ALCOHOL TESTING

(A **separate form** must be filled out for each US DOT-regulated employer who employed the applicant during the two-year period preceding the date of the employee's application or transfer)

I, _____, _____, authorize that:
Print First Name, Middle Initial, Last Name Last 4 digits of Social Security Number

Contact Person: _____

Previous Employer: _____

Street Address or P.O. Box: _____ Telephone: _____

City, State, Zip _____ Fax: _____

may release the information requested below concerning my US DOT drug and alcohol testing records

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: 325-643-3599 or Email: joe@cityandruralrides.com

Applicant's Signature

Date

This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for the _____. This authorization for release of information is valid for one year from the date of signature.

COMPLETED BY PREVIOUS EMPLOYER

Check here ☐ if this employee did **not** participate in US DOT-regulated drug and alcohol testing while under your employment. Then sign below and return this form;

OR, respond to the following questions regarding this employee's US DOT-regulated drug and alcohol testing history while employed with your agency/firm.

- | | |
|--|------------|
| 1. Has this employee tested positive (0.04 or greater) for alcohol in the last two years? | Y____N____ |
| 2. Has this employee had a verified positive drug test result in the last two years? | Y____N____ |
| 3. Has this employee refused a required drug or alcohol test in the last two years? | Y____N____ |
| 4. Has this employee violated any other US DOT drug or alcohol testing regulation within the last two years? | Y____N____ |
| 5. Has a previous employer reported a drug and alcohol rule violation to you? | Y____N____ |
| 6. If you answered yes to any of the above items, did the employee complete the return to duty process? | Y____N____ |

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).

Previous Employer's Signature

Date

Please return this form to the prospective employer at the address listed above.

Central Texas Rural Transit District

CONFIDENTIAL

AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON US DOT DRUG AND ALCOHOL TESTING

(A **separate form** must be filled out for each US DOT-regulated employer who employed the applicant during the two-year period preceding the date of the employee's application or transfer)

I, _____, _____, authorize that:
Print First Name, Middle Initial, Last Name Last 4 digits of Social Security Number

Contact Person: _____

Previous Employer: _____

Street Address or P.O. Box: _____ Telephone: _____

City, State, Zip _____ Fax: _____

may release the information requested below concerning my US DOT drug and alcohol testing records

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: 325-643-3599 or Email: joe@cityandruralrides.com

Applicant's Signature

Date

This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for the _____. This authorization for release of information is valid for one year from the date of signature.

COMPLETED BY PREVIOUS EMPLOYER

Check here ☐ if this employee did **not** participate in US DOT-regulated drug and alcohol testing while under your employment. Then sign below and return this form;

OR, respond to the following questions regarding this employee's US DOT-regulated drug and alcohol testing history while employed with your agency/firm.

- | | |
|--|------------|
| 1. Has this employee tested positive (0.04 or greater) for alcohol in the last two years? | Y____N____ |
| 2. Has this employee had a verified positive drug test result in the last two years? | Y____N____ |
| 3. Has this employee refused a required drug or alcohol test in the last two years? | Y____N____ |
| 4. Has this employee violated any other US DOT drug or alcohol testing regulation within the last two years? | Y____N____ |
| 5. Has a previous employer reported a drug and alcohol rule violation to you? | Y____N____ |
| 6. If you answered yes to any of the above items, did the employee complete the return to duty process? | Y____N____ |

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).

Previous Employer's Signature

Date

Please return this form to the prospective employer at the address listed above.