



Denton County Transportation Authority (DCTA)

1955 Lakeway Drive, Suite 260
Lewisville, TX 75057
Phone (972)221-4600
Fax (972)221-4601

APPLICATION FOR EMPLOYMENT

Thank you for considering applying for a position with the DCTA. We appreciate the time you are giving to complete this application form. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered.

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

[Please Print Clearly or Type]

PERSONAL INFORMATION

Date:

Name: Last First Middle

Have you ever used another name? Yes No List all other names by which you have been known:

Position(s) for which you are applying:

Date available to start?

Email Address:

Mailing Address: No. Street City State Zip

Please list the cities and corresponding state you have lived in during the past 7 years: 1. City, State

2. City, State 3. City, State 4. City, State

Contact Telephone () Alternate Phone ()

Do you have a valid driver's license? Yes No If so, what state: Driver's License #

Can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No (Note: Proof of age and eligibility for employment will be required if you are hired.)

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

Are you available to work: _____ Full Time _____ Part Time _____ Seasonal _____ Shift Work

What days and hours are you available for work? _____

Are you available for work on weekends? _____ Yes _____ No

Would you be available to work overtime, if necessary? _____ Yes _____ No

Have you ever applied to or worked for DCTA before? _____ Yes _____ No If yes, when? _____

Do you have any friends or relatives working for DCTA _____ Yes _____ No If yes, state name(s) and relationship(s):

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

If yes, describe fully: _____

EDUCATION, TRAINING AND EXPERIENCE

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

Some of our customers/clients may not speak English. Do you speak, write or understand any foreign languages? _____ Yes _____ No

If yes, which language(s): _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at DCTA?
Explain: _____

Clerical Skills: _____ Yes _____ No Shorthand: _____ Yes _____ No Spread Sheet: _____ Yes _____ No
Typing Speed: _____ WPM Graphics: _____ Yes _____ No Dictaphone: _____ Yes _____ No
Ten Key: _____ Yes _____ No Word Processing: _____ Yes _____ No DataBase Programs: _____ Yes _____ No

Accounting Programs: _____

Graphic programs _____

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 ten (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 inquire of 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 on this job? _____ Was termination voluntary or involuntary? Vol Invol

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 on this job? _____ Was termination voluntary or involuntary? Vol Invol

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 on this job? _____ Was termination voluntary or involuntary? Vol Invol

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 on this job? _____ Was termination voluntary or involuntary? Vol Invol

Exact Reason for Leaving: _____

BACKGROUND HISTORY:

Yes No Have you ever, under your name or another name, been convicted of, or pleaded guilty or nolo contendere to, a felony offense?
If yes, please explain: _____

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

Yes No Are you currently awaiting or under indictment for a pending criminal offense?
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.)

REFERENCES:

List below three persons, not related to you, who have knowledge of your work performance within the last three years. If this 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. _____	_____	_____	_____

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 minimum qualifications and are among the best qualified candidates 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 include pre-employment drug test and may include a complete background check. If there is no opening in the position(s) you are seeking, your application will be kept active for 180 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in our company. Please read the following page carefully, print your name, initial, sign, and date.

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

Signature: _____

Print Name: _____

Date: _____

DENTON COUNTY TRANSPORTATION AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS THE POLICY OF THIS COMPANY TO CONSIDER ALL JOB APPLICATIONS ON THE BASIS OF MERIT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, DISABILITY OR ANY OTHER PROTECTED CHARACTERISTIC.

AUTHORIZATION

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

PERSONALLY COMPLETED FORM HONESTLY AND ACCURATELY

BY MY SIGNATURE AND INITIALS PLACED BELOW, I PROMISE THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE 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 & ALCOHOL SCREENING

IF THE COMPANY 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 DCTA EXCEPT WHERE RELEASE OF SUCH INFORMATION IS REQUIRED BY LAW. _____ **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 DCTA TO DETERMINE MY ELIGIBILITY FOR EMPLOYMENT. _____ **INITIALS**

NOTIFICATION & COMPLIANCE WITH RULES

I AGREE TO IMMEDIATELY NOTIFY DCTA IF I SHOULD BE CONVICTED OF A CRIME WHILE MY JOB APPLICATION IS PENDING, OR DURING MY EMPLOYMENT IF HIRED. IF I BECOME EMPLOYED, I AGREE TO COMPLY WITH THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF DCTA. _____ **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 DCTA. IN ADDITION, I UNDERSTAND AND AGREE THAT IF YOU EMPLOY ME, 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 WILL OF DCTA OR ME. I UNDERSTAND AND AGREE THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON DCTA UNLESS MADE IN WRITING AND SIGNED BY ME AND AN AUTHORIZED OFFICER OF DCTA. 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 ME AND DCTA 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. Further, I have read this Authorization and voluntarily consent to all of its provisions.

Print Name: _____

Signature: _____

Date _____ / _____ / _____

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APPLICANT EEO DATA FORM

(Optional)

The information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and **will not be considered** as part of the application for employment. It will be separated from the application.

Position Applied For:	Date of Application: / /
Last Name:	First Name, Middle Initial:
Address:	
City, State, & ZIP Code:	
Phone Number: () -	Birth Date: / /

(Check mark preferred for all of the following categories)

Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnic Origin <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> America Indian or Alaskan Native <input type="checkbox"/> Other
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you first find out about this job? <input type="checkbox"/> DCTA employee <input type="checkbox"/> Radio <input type="checkbox"/> Recruitment Poster <input type="checkbox"/> Television <input type="checkbox"/> www.DCTA.net <input type="checkbox"/> Newspaper <input type="checkbox"/> College/University Career Day <input type="checkbox"/> Web Site - Internet <input type="checkbox"/> Other (specify):
Surviving Spouse of Veteran who has not remarried <input type="checkbox"/> Yes <input type="checkbox"/> No	
Orphan of Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	

White (Not of Hispanic Origin) - All Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

Black (Not of Hispanic origin) - All persons having origins in any of the Black racial group of Africa.

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin regardless of race.

Asian or Pacific Islander - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian.

America Indian or Alaskan Native - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Signature – Applicant Date

AN EQUAL OPPORTUNITY EMPLOYER