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| C:\Users\krepasz\Desktop\Logo\Logo.jpg | **Transit Management of Denton County**  **Human Resources Department**  604 East Hickory, Denton, TX 76205  Fax: 940-218-1625  Email: jobs@dentontransit.com | **Safety Sensitive Positions Employment Application** |

**Note to Applicant: Please advise us in advance if you require an accommodation to complete this application.**

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| Thank you for considering applying for a position with Transit Management of Denton County (TMDC).  We appreciate the time you are giving to complete this application form. It is important you fully and accurately complete this form.  Please be very careful completing this application.  We use a sophisticated and detailed background and employment screening process which will disclose inaccurate false and/or incomplete or omitted information.  As a matter of policy and for the safety of the communities we serve, TMDC consistently applies background checking standards to all applicants. It is essential all information requested including educational background, work, criminal and residential history be complete and accurate. All TMDC applicants offered a position of employment are required to complete, with satisfactory results, a pre-employment drug screen. This application will remain on file for 180 days from the date herein, whereupon you should resubmit a new application if you are interested in a position with TMDC. |

**Instructions:** Please type or print in ink. Answer all questions, checking all boxes that apply. Answer **“N/A”** on questions that do not apply. Additional forms may be attached, as needed.

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| **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name First Middle | | | | | | | | | | | | | | | | | | | | Date of Application: | | | | |
| Present Address: Street City, State County Zip | | | | | | | | | | | | | | | | | | | | How long? | | | | |
| Telephone Number and Area Code  Primary: ( ) Secondary: ( ) | | | | | | | | | | | | | | | | If hired, can you present evidence of legal right to work in the US?  Yes  No | | | | | | | | |
| Social Security #: - -  Required by FMCSR391.21(b)(2) | | | | | | | | | | | | | DOB: / /  Required by FMCSR Part 391.21 (b)(2) | | | | | | | | | | | |
| **List any other names that you have used in the past 10 years** | | | | | | | | | | | | | | | | | | | | | | | | |
| Name Used | | | | | | | | | City | | | | | County | | | State | | | | | | From / To | |
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| **List all addresses for the past 10 years** | | | | | | | | | | | | | | | | | | | | | | | | |
| Street | | | | | | | | | City | | | | | County | | | State | | | | | | How long? (mo. /yr.) | |
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| **Are you able to perform, with or without reasonable accommodations, the essential functions of the job(s) you are seeking?**  **Yes**  **No** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Position(s) applying for:** | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Have you ever been fired or asked to resign by an employer?** | | | | | | | | Yes  No  If yes, explain: | | | | | | | | | | | | | | | | |
| **How were you referred to our company?** | | | | Flyer  Print Ad  On-line Ad  Radio TV Ad  State Employment Agency  Job Fair  Community Organization  Employee Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| **Have you ever worked for TMDC?** Yes  No | | | | | | | | | | | When? | | | | | | | | | | What Position(s): | | | |
| **Have you ever applied to TMDC before?**   Yes  No | | | | | | | | | | | | When? | | | | | What position did you apply for? | | | | | | | |
| If hired, what date are you available to start work? | | | | | | Are you applying for:  Full-time  Part-Time  Seasonal | | | | | | | | | | | | | Are you able to work:  Days  Evenings  Weekends | | | | | |
| **EDUCATIONAL BACKGROUND, TRAINING, AND EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Name and location of school or college** | | | | | | | | | **Circle highest grade completed** | | | | | **Did you graduate?** | | | | | | | **What was your degree and major?** | | |
| High School  and / or G.E.D. |  | | | | | | | | | 9 10 11 12 | | | | | Yes  No | | | | | | |  | | |
| College |  | | | | | | | | | 1 2 3 4 | | | | | Yes Degree \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Do you speak, write or understand any foreign languages?  Yes No If yes, which language(s)? | | | | | | | | | | | | | | | | | | | | | | | | |
| Typing: | | WPM: \_\_\_\_\_\_\_\_\_ | | | | | Spread Sheet | | | | | | Yes No | | | | | Cash Handling | | | | | | Yes  No |
| Ten Key | | KPH \_\_\_\_\_\_\_\_\_\_ | | | | | Database: | | | | | | Yes No | | | | | Word Processing: | | | | | | Yes No |
| Shorthand: | | Yes No | | | | | Multiline Phone: | | | | | | Yes  No | | | | | Dictaphone: | | | | | | Yes No |
| Accounting Programs: | | | Yes No | | | | If yes, please list: | | | | | | | | | | | | | | | | | |
| Graphic programs: | | | Yes No | | | | If yes, please list: | | | | | | | | | | | | | | | | | |
| List any additional Computer Programs with which you are familiar: | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any other experience, training, qualifications, licenses or skills which you feel make you especially suited for work at TMDC? Explain below. | | | | | | | | | | | | | | | | | | | | | | | | |

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| **EMPLOYMENT HISTORY** |

All employment for the past 10 years must be noted below, including jobs held while in school or while in the military. Record your present or most recent position first and go back in chronological order. Resumes may not be substituted for any information requested, but may be submitted as an addendum to the completed application. Complete all questions for each position.

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| **Employer Name:** | | | | | | | | | | **Dates employed (mo./yr.):** | | | | | | | | | | **Salary / pay rate:** | | | | | | | | |
|  | | | | | | | | | | From: / | | | | To: / | | | | | | Beginning: | | | | | Ending: | | | |
| **Employer address:** | | | | | | | | | | **Employer phone** | | | | | | | | | **Supervisor’s name & title:** | | | | | | | | | |
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| **Position(s) held:** | | | | | | | | | | **Briefly explain your job duties & responsibilities including supervisor experiences** | | | | | | | | | | | | | | | | | | |
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| **May we contact this employer?** | | | | | | | | | | **Reason for leaving?** | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)?**   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employer Name:** | | | | | | | | | | **Dates employed (mo./yr.):** | | | | | | | | | | **Salary / pay rate:** | | | | | | | | |
|  | | | | | | | | | | From: / | | | | To: / | | | | | | Beginning: | | | | | Ending: | | | |
| **Employer address:** | | | | | | | | | | **Employer phone** | | | | | | | | | **Supervisor’s name & title:** | | | | | | | | | |
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| **Position(s) held:** | | | | | | | | | | **Briefly explain your job duties & responsibilities including supervisor experiences** | | | | | | | | | | | | | | | | | | |
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| **May we contact this employer?** | | | | | | | | | | **Reason for leaving?** | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)?**   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employer Name:** | | | | | | | | | | **Dates employed (mo./yr.):** | | | | | | | | | | **Salary / pay rate:** | | | | | | | | |
|  | | | | | | | | | | From: / | | | | | | To: / | | | | Beginning: | | | | | Ending: | | | |
| **Employer address:** | | | | | | | | | | **Employer phone** | | | | | | | | | **Supervisor’s name & title:** | | | | | | | | | |
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| **Position(s) held:** | | | | | | | | | | **Briefly explain your job duties & responsibilities including supervisor experiences** | | | | | | | | | | | | | | | | | | |
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| **May we contact this employer?** | | | | | | | | | | **Reason for leaving?** | | | | | | | | | | | | | | | | | | |
| Yes  No | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)?**   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **IDENTIFY AND EXPLAIN ANY EMPLOYMENT GAPS, OR PERIODS OF UNEMPLOYMENT OF 30 DAYS OR LONGER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dates:** | | | | | **Reason:** | | | | | | | | | | | | | | | | | | | | | | | |
| **FROM:** | | | **TO:** | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **LICENSE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **State** | | | | | | | **License #** | | | | | | **Type, Class & Endorsements** | | | | | | | | | **Expiration date** | | | | | | |
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| A. | | Have you ever been denied a license, permit or privilege to operate a motor vehicle? | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| B. | | Has any license, permit or privilege ever been suspended or revoked? | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| C. | | Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulation? | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| D. | | Have you in the past three (3) years failed or refused a DOT-mandated pre-employment drug test? | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| E. | | Have you ever been convicted for driving under the influence (DUI)? | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| F. | | Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you, the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug and alcohol testing rules, during the past two years? | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | |
| **If “Yes” to any of the above, explain:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How many years of driving experience do you have?** | | | | | | | | | | | | Less than 3 years  3 years or more | | | | | | | | | | | | | | | | |
| **DRIVING EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **Class of equipment** | | | | | | **Type of equipment**  **(van, tanker, flat, etc.)** | | | | | | **Dates** | | | | | | **Approximate total number of miles** | | | | | |
|  | | | | |  | | | | | |  | | | | | | **From** | | | | **To** | |  | | | | | |
| **Straight Truck** | | | | |  | | | | | |  | | | | | |  | | | |  | |  | | | | | |
| **Auto Van** | | | | |  | | | | | |  | | | | | |  | | | |  | |  | | | | | |
| **Bus** | | | | |  | | | | | |  | | | | | |  | | | |  | |  | | | | | |
| **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |  | | | | | |  | | | | | |  | | | |  | |  | | | | | |
| List all states where you have held a CDL in the last five years: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List special driving courses or training you have received: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you had experience with elderly persons or persons with disabilities? Explain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever driven a bus?  Yes  No | | | | | | If yes, for what company or school district? | | | | | | | | | | | | Dates: | | | | Salary / pay rate: | | | | | | |
| **ACCIDENT REVIEW FOR THE PAST 3 YEARS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **Date** | | | | | **Nature of Accident**  **(head on, rear end, upset, etc.)** | | | | | | | | | **Fatalities** | | | | | | **Injuries**  **(other than yourself)** | | | | |
| **Last collision** | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | |
| **Next previous** | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | |
| **Next previous** | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | | | |
| **TRAFFIC CITATIONS / CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS**  **(other than parking violations)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Location** | | | | | | | | **Date** | | | | | | | **Charge** | | | | | | | **Penalty** | | | | | | |
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| **APPLICANT STATEMENT AND RELEASE** | | | | | | | | | | | | | | | | | | | | | | | | | | |

**By signing this application, I agree to the following statements:**

I certify all information provided on this Application for Employment and in any subsequently executed questionnaire or employment document are true and correct. I understand any material falsifications or omissions made on this application, or any pre-application document, may result in termination of my candidacy or any subsequent employment.

Transit Management of Denton County (TMDC) and its related entities are equal opportunity employers. I understand the Company recruits, hires, and promotes employees without regard to race, color, religion, sex, age, national origin, citizenship, military status or disability. Individuals with disabilities who need assistance completing this application can contact the Human Resources Department to arrange suitable accommodations.

I understand in order to comply with the Federal Immigration Reform and Control Act, TMDC requires all new hires to show proof of eligibility to work in the United States. If I fail to produce the required documents to Human Resources within the required time period, TMDC will rescind any job offer and terminate my employment.

I hereby authorize my prior employers, all educational institutions I have attended, and all individuals whom I have listed as references herein, to provide TMDC and its agents or designees, any and all information they may have regarding my past employment, education, experience, and qualifications. I hereby authorize TMDC to investigate and obtain any and all oral and documentary information regarding my past employment, education, experience, and qualifications. I hereby release and agree to indemnify and hold harmless TMDC and all such prior employers, educational institutions, and individuals from any and all liability for providing any information regarding my past employment, experience, and qualifications.

I hereby authorize TMDC, and any third-party affiliates used for investigative purposes, to obtain my driving record and criminal record from federal, state or local authorities, the Department of Transportation (DOT) and/or the Federal Transportation Administration (FTA) for the purpose of reviewing my background and history relevant to the position(s) I have applied for. I request, authorize, and consent to the release of any and all such information to TMDC consistent with state and federal laws and hereby release and agree to indemnify and hold harmless every person or entity that communicates such information to TMDC from any and all liability for providing any information regarding my driving record or criminal record.

I acknowledge TMDC is a drug-free workplace and any offer of employment is contingent upon my submittal to a drug screen and the Company’s receipt of satisfactory results of such testing, receipt of satisfactory background checks and, if necessary to determine ability to perform essential duties of the position offered, the satisfactory results of a physical examination.

If an employer and employee relationship is established, I understand either I or the company may terminate such employment “at will” at any time, for any reason, without cause, and with or without notice.

This certifies this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant’s Printed Name Date

Applicant’s Signature

**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

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| **Position Applied For:** | | | **Date of Application:** | |
| **Last Name:** | | | **First Name, Middle Initial:** | |
|  | | |  | |
| (Check mark preferred for all of the following categories) | | | | |
| **Gender** | Male | Female | **Ethnic Origin** | |
|  | | | White (not Hispanic or Latino) | Black or African American (not Hispanic or Latino) |
| **Veteran** | Yes | No | Hispanic or Latino | America Indian or Alaskan Native (not Hispanic or Latino) |
| **Surviving Spouse of Veteran who has not remarried** | Yes | No | Native Hawaiian or Other Pacific Islander  (not Hispanic or Latino) | Asian (not Hispanic or Latino) |
| **Orphan of Veteran** | Yes | No | Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five races. | |
|  | | |  | |
| **How did you first find out about this job?** | | | | |
| TMDC**/**DCTA employee | | | Television | |
| Recruitment Poster | | | www.DCTA.net | |
| Radio | | | Newspaper | |
| College/University Career Day | | | Other (specify): | |

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Applicant Signature Date

**Transit Management of Denton County 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.**