



**North Texas Mobility Corporation**  
**Human Resources Department**  
 1101 Teasley Lane, 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.**

Thank you for considering applying for a position with North Texas Mobility Corporation (NTMC). 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, NTMC 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 NTMC 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 NTMC.

**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.

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
List all addresses for the past 10 years				
Street	City	County	State	How long? (mo. /yr.)
Are you able to perform, with or without reasonable accommodations, the essential functions of the job(s) you are seeking? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Position(s) applying for:	<input type="checkbox"/> Bus Operator <input type="checkbox"/> Mechanic <input type="checkbox"/> Customer Service Representative <input type="checkbox"/> Street Supervisor <input type="checkbox"/> Director/Manager of _____ <input type="checkbox"/> Other: _____			

<b>Have you ever been fired or asked to resign by an employer?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:			
<b>How were you referred to our company?</b>		<input type="checkbox"/> Flyer <input type="checkbox"/> Print Ad <input type="checkbox"/> On-line Ad <input type="checkbox"/> Radio TV Ad <input type="checkbox"/> State Employment Agency <input type="checkbox"/> Job Fair <input type="checkbox"/> Community Organization <input type="checkbox"/> Employee Referral: _____ <input type="checkbox"/> Other: _____			
<b>Have you ever worked for NTMC?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		When?		What Position(s):	
<b>Have you ever applied to NTMC before?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		When?		What position did you apply for?	
If hired, what date are you available to start work?		Are you applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal		Are you able to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College		1 2 3 4	<input type="checkbox"/> Yes Degree _____ <input type="checkbox"/> No Major _____		
Do you speak, write or understand any foreign languages? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which language(s)?					
Typing:	WPM: _____	Spread Sheet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Handling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ten Key	KPH _____	Database:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Word Processing:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shorthand:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Multiline Phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dictaphone:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accounting Programs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:			
Graphic programs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:			
List any additional Computer Programs with which you are familiar:					
Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at NTMC? Explain below.					

## 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.

<b>Employer Name:</b>	<b>Dates employed (mo./yr.):</b>		<b>Salary / pay rate:</b>	
	From: /	To: /	Beginning:	Ending:
<b>Employer address:</b>	<b>Employer phone</b>		<b>Supervisor's name &amp; title:</b>	
<b>Position(s) held:</b>	<b>Briefly explain your job duties &amp; responsibilities including supervisor experiences</b>			
<b>May we contact this employer?</b>	<b>Reason for leaving?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)?</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>Employer Name:</b>	<b>Dates employed (mo./yr.):</b>		<b>Salary / pay rate:</b>	
	From: /	To: /	Beginning:	Ending:
<b>Employer address:</b>	<b>Employer phone</b>		<b>Supervisor's name &amp; title:</b>	
<b>Position(s) held:</b>	<b>Briefly explain your job duties &amp; responsibilities including supervisor experiences</b>			
<b>May we contact this employer?</b>	<b>Reason for leaving?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)?</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>Employer Name:</b>	<b>Dates employed (mo./yr.):</b>		<b>Salary / pay rate:</b>	
	From: /	To: /	Beginning:	Ending:
<b>Employer address:</b>	<b>Employer phone</b>		<b>Supervisor's name &amp; title:</b>	
<b>Position(s) held:</b>	<b>Briefly explain your job duties &amp; responsibilities including supervisor experiences</b>			
<b>May we contact this employer?</b>	<b>Reason for leaving?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)?</b>				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

### IDENTIFY AND EXPLAIN ANY EMPLOYMENT GAPS, OR PERIODS OF UNEMPLOYMENT OF 30 DAYS OR LONGER

<b>Dates:</b>		<b>Reason:</b>
<b>FROM:</b>	<b>TO:</b>	

**LICENSE INFORMATION**

State	License #	Type, Class & Endorsements	Expiration date
A.	Have you ever been denied a license, permit or privilege to operate a motor vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Has any license, permit or privilege ever been suspended or revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulation?		<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	Have you in the past three (3) years failed or refused a DOT-mandated pre-employment drug test?		<input type="checkbox"/> Yes <input type="checkbox"/> No
E.	Have you ever been convicted for driving under the influence (DUI)?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what company or school district?	Dates:	Salary / pay rate:
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**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

**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.

North Texas Mobility Corporation (NTMC) 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, NTMC 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, NTMC 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 NTMC and its agents or designees, any and all information they may have regarding my past employment, education, experience, and qualifications. I hereby authorize NTMC 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 NTMC 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 NTMC, 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 NTMC 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 NTMC from any and all liability for providing any information regarding my driving record or criminal record.

I acknowledge NTMC 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

**PROFESSIONAL REFERENCES**

<b>Name</b>	<b>Email Address</b>	<b>Phone</b>	<b>Years Known</b>

**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

<b>Position Applied For:</b>	<b>Date of Application:</b>
<b>Last Name:</b>	<b>First Name, Middle Initial:</b>

(Check mark preferred for all of the following categories)

<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Ethnic Origin</b>	
			<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Black or African American (not Hispanic or Latino)
<b>Veteran</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> America Indian or Alaskan Native (not Hispanic or Latino)
<b>Surviving Spouse of Veteran who has not remarried</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)	<input type="checkbox"/> Asian (not Hispanic or Latino)
<b>Orphan of Veteran</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five races.	

<b>How did you first find out about this job?</b>	
<input type="checkbox"/> NTMC/DCTA employee	<input type="checkbox"/> Television
<input type="checkbox"/> Recruitment Poster	<input type="checkbox"/> www.DCTA.net
<input type="checkbox"/> Radio	<input type="checkbox"/> Newspaper
<input type="checkbox"/> College/University Career Day	<input type="checkbox"/> Other (specify):

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Email Address:** \_\_\_\_\_

North Texas Mobility Corporation 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.

**Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing**

**Section I: To be completed by the new employer and signed by the employee, and transmitted to the previous employer.**

Employee Name: \_\_\_\_\_ SS/ID Number: \_\_\_\_\_

I hereby authorize release of information from my 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.

\_\_\_\_\_  
**Employee Signature** **Date**

**I-A:**

New Employer Name: North Texas Mobility Corporation  
 Designated Employer Representative: Cameron Springer, HR Manager  
 Address: 1101 Teasley Lane Denton, TX 76205  
 Phone #: 940.218.1614 Fax #: 817.532.5936

**I-B:**

Previous Employer Name: \_\_\_\_\_  
 Designated Employer Representative: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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**Section II: To be completed by the previous employer and transmitted to the new employer.**

**II-A:**

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 ___ No ___ |
| 2. Did the employee have verified positive drug tests?  | Yes ___ No ___ |
| 3. Did the employee refuse to be tested?  | Yes ___ No ___ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations?             | Yes ___ No ___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you?                               | Yes ___ No ___ |
| 6. If you answered "Yes" to any of the above items, did the employee complete the return to duty process? | Yes ___ No ___ |

**II-B:**

Person providing information in Section II-A:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Date: \_\_\_\_\_