



BIG BEND TRANSIT, INC.

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT
SAFETY SENSITIVE

EQUAL EMPLOYMENT POLICY

It is the policy of Big Bend Transit, Inc. and each of its establishments to seek and employ qualified people in all facilities and at all locations: to provide equal opportunity for the advancement of employees, including upgrading, promotion and training; and to administer these activities in a manner which will not discriminate against any person because of race, color, religion, sex, age, national origin or physical handicap.

Date: \_\_\_\_\_

Type of work/position applying for:

- 1. \_\_\_\_\_
2. \_\_\_\_\_

Date available for work:

\_\_\_\_\_

PERSONAL

Name \_\_\_\_\_ Last 4 of SSN. \*\*\*-\*\*-\_\_\_\_\_
Last First MI

Present Address \_\_\_\_\_
Number Street City State Zip

Phone No. \_\_\_\_\_ Email Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Birth Date \_\_\_\_\_

Have you previously applied for employment or been employed by BBT? Yes No

If yes, when? \_\_\_\_\_

How were you referred to us? Newspaper Ad School Online Ad

Agency Company employee, if so, name \_\_\_\_\_

Other \_\_\_\_\_

**GENERAL**

Do you have the legal right to live and work in the US?                      Yes                      No  
Are you between the ages of 18 and 70?                      Yes                      No  
Were you in the US Armed Forces?                      Yes                      No  
If yes, dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Reserve Status \_\_\_\_\_

**OPERATOR INFORMATION**

Driver’s License Number \_\_\_\_\_ Type/Class \_\_\_\_\_  
State of License \_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_\_\_

If yes, provide the reason:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

**DRIVER’S PRIVACY PROTECTION ACT (DPPA) COMPLIANCE**

I am aware that my Motor Vehicle Report may be obtained as part of my job application and/or employment. The reports may be procured by Big Bend Transit, Inc. or its insurance company representative(s), and will include my driving record and an assessment of my insurability for Big Bend Transit, Inc.’s insurance program. By Checking Yes, I hereby provide my authorization for Big Bend Transit, Inc. or their insurance representative(s) to procure such information to evaluate my insurability.

Yes                      No                      Electronic Signature  
(Print Your Name)

Name as it appears on my Driver’s License \_\_\_\_\_

**APPLICATION ACKNOWLEDGEMENT OF BACKGROUND AND DRUG TEST REQUIREMENTS**

Effective August 01, 2001, 49 CFR Part 40.25 requires employers to check on the drug and alcohol testing background of prospective employees for safety sensitive positions. This regulation also requires that we ask, **“have you failed or refused a US DOT drug or alcohol pre-employment test within the past two years from an employer who did not hire you?”**

Yes                      No                      Electronic Signature  
(Print Your Name)

I understand that as part of my application for employment with Big Bend Transit, Inc., I must successfully complete a US DOT drug test as required by 49 CFR Part 655. I understand that a negative test result is required before I will be considered for hire.

Yes                      No                      Electronic Signature  
(Print Your Name)

**REFERENCES/OTHER**

Do not list relatives or former supervisors

Name	Telephone	Occupation
_____	_____	_____
_____	_____	_____

Any other information you think would be helpful to us in considering you for employment, such as: achievements, activities, accomplishments

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**EDUCATIONAL DATA**

High School Name and Location: \_\_\_\_\_

Name and Location	Dates	Type of Course or Major	Graduated Yes/No	Degree or Certificate Received
College/University: _____ Location: _____	From _____ To _____			
College/University: _____ Location: _____	From _____ To _____			
College/University: _____ Location: _____	From _____ To _____			
College/University: _____ Location: _____	From _____ To _____			

List any other Certifications or Degrees you have received as well as the dates you received them:

1. \_\_\_\_\_
2. \_\_\_\_\_

## EMPLOYMENT HISTORY

Please put your most recent employment history first

Employer:	From _____ (mo/yr)  To _____ (mo/yr)	Kind of Business:
Address:		Supervisor Name and Phone Number:
Telephone:		
Duties:		Job Title:
Reason for Leaving:		Salary: Start:                      End:

Employer:	From _____ (mo/yr)  To _____ (mo/yr)	Kind of Business:
Address:		Supervisor Name and Phone Number:
Telephone:		
Duties:		Job Title:
Reason for Leaving:		Salary: Start:                      End:

Employer:	From _____ (mo/yr)  To _____ (mo/yr)	Kind of Business:
Address:		Supervisor Name and Phone Number:
Telephone:		
Duties:		Job Title:
Reason for Leaving:		Salary: Start:                      End: