



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:

Seeking to work:

- 1. _____
2. _____

Full Time Part Time

Date available for work:

PERSONAL

Name _____ Last 4 of SSN. ***-**-_____
Last First MI

Present Address _____
Number Street City State Zip

Phone No. _____ E-mail 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:		Job Title:
Duties:		
Reason for Leaving:		Salary: Start: End:

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

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

May we contact all of these employers? Yes No

If no, please write which employers we may not contact below
