

**WACO TRANSIT**

301 South 8<sup>th</sup> Street, Suite 100  
Waco, TX 76701  
(254) 750-1900 Fax: (254) 750-1901

## APPLICATION FOR EMPLOYMENT

### BACKGROUND CHECKS

Waco Transit System, Inc. will conduct a full background check on all candidates for employment.  
**PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM**

### DRUG SCREENING

Waco Transit is committed to maintaining a **DRUG-FREE** workplace.  
All offers of employment are contingent upon successful completion of a pre-employment drug screen.  
**PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM**

Thank you for considering applying for a position with Waco Transit. 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. Please be very careful completing this application. We use a sophisticated and detailed background and employment screening process in which will disclose inaccurate, false, and/or incomplete or omitted information. 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 Waco Transit.

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

*[Please Print]*

### PERSONAL INFORMATION:

Name \_\_\_\_\_  
Last First Middle

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

Position you are applying for: \_\_\_\_\_

Present Address: \_\_\_\_\_  
No. Street City State Zip

Mailing Address: \_\_\_\_\_  
(if different) No. Street City State Zip

Business Telephone ( ) \_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Have you ever used another Social Security Number? ☐ Yes ☐ No

Please list the cities and corresponding state you have lived in during the past 7 years: 1 \_\_\_\_\_

2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_ If so, what state: \_\_\_\_\_ Driver's License# \_\_\_\_\_

Have you been a licensed driver for the last 5 years? ☐ Yes ☐ No

List all moving violations and accidents in the past three years: \_\_\_\_\_

Drivers License classification: C \_\_\_\_\_ CDL-C \_\_\_\_\_ CDL-B \_\_\_\_\_ CDL-A \_\_\_\_\_ Endorsements: \_\_\_\_\_

Have you ever been convicted for driving under the influence (DUI)? ☐ Yes ☐ No

If hired, would there be anything preventing you from working as scheduled? ☐ Yes ☐ No

If hired, 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

What days and hours are you available for work? \_\_\_\_\_

Circle the days you would be available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What are the times you would not be available to work? \_\_\_\_\_

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

If hired, on what date can you start work? \_\_\_\_\_

Have you ever applied to or worked for Waco Transit? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Waco Transit? ☐ 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 Waco Transit? ☐ Yes ☐ No

If yes, describe fully: \_\_\_\_\_

**REFERENCES:** How were you referred to our Company? \_\_\_\_\_ Newspaper \_\_\_\_\_ Walk-In \_\_\_\_\_ Internet \_\_\_\_\_  
\_\_\_\_\_ Texas Workforce Commission  
\_\_\_\_\_ Employee Referral (Name \_\_\_\_\_) \_\_\_\_\_ Other ( \_\_\_\_\_)

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	_____	_____	_____	_____

**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 _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
College/University _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
Vocational/Business _____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

Some of our customers/clients may not speak English. Do you speak, write or understand any other languages? ☐ Yes ☐ No  
If yes, which language(s): \_\_\_\_\_

Do you have any other experience, training, qualifications or skills, which you feel may make you especially suited for work at Waco transit? ☐ Yes ☐ No Explain: \_\_\_\_\_

Managerial Skills: ☐ Yes ☐ No -Typing Speed: \_\_\_\_\_ WPM -Ten Key: ☐ Yes ☐ No -Shorthand: ☐ Yes ☐ No -Spreadsheet: ☐ Yes ☐ No -  
Graphics ☐ Yes ☐ No -Word Processing: ☐ Yes ☐ No -Database Programs: ☐ Yes ☐ No -Dictaphone: ☐ Yes ☐ No  
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 contact 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: \_\_\_\_\_

**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)

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5. 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 \_\_\_\_\_ o Hourly / o Monthly  
Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary? o Vol o InVol  
Exact Reason for Leaving: \_\_\_\_\_

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6. 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 \_\_\_\_\_ o Hourly / o Monthly  
Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary? o Vol o InVol  
Exact Reason for Leaving: \_\_\_\_\_

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7. 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 \_\_\_\_\_ o Hourly / o Monthly  
Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary? o Vol o InVol  
Exact Reason for Leaving: \_\_\_\_\_

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8. 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 \_\_\_\_\_ o Hourly / o Monthly  
Did you operate a Commercial Motor Vehicle on this job? \_\_\_\_\_ Was termination voluntary or involuntary? o Vol o InVol  
Exact Reason for Leaving: \_\_\_\_\_

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**UNEMPLOYMENT HISTORY:** Please account for any time(s) you were not employed in the last 10 years, after leaving school. You do not need to include periods of one month or less. (Note: Attach additional page(s) if necessary.)

**You must account for all periods of unemployment.**

<u>Time Period</u>	<u>Reason(s) Unemployed</u>	<u>Time Period</u>	<u>Reason(s) Unemployed</u>
_____	_____	_____	_____
_____	_____	_____	_____

**MILITARY SERVICE:**

Were you ever in the Armed Services? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, what branch? \_\_\_\_\_

Dates of Duty: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you obtained any special skills or abilities as a result of service in the military? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_

**Have you in the last 7 years, under your name or another name, been convicted of, pleaded guilty or nolo contendere to, received deferred adjudication for, or been on any form of diversion for any criminal offense?**

☐ 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? ....** ☐ Yes ☐ No

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

Are you currently under arrest, or released on bond or your own recognizance, pending trial for a criminal offense? ☐ Yes ☐ No

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)

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation?

☐ Yes ☐ No If no, describe the functions that cannot be performed: \_\_\_\_\_

Is there any reason why you would not be able to fully conform to all attendance requirements? ☐ Yes ☐ No

Describe fully: \_\_\_\_\_

(Note: We comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

**NOTICE:** 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 the minimum qualifications and are among the best qualified candidate 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 includes a complete background check and pre-employment drug test. 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 page six carefully, print your name, initial, sign, and date.

## **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 UNDER PENALTY OF PERJURY 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 WACO TRANSIT EXCEPT WHERE RELEASE OF SUCH INFORMATION IS REQUIRED BY LAW. \_\_\_\_\_ INITIALS

### **OTHER EMPLOYMENT**

I UNDERSTAND THAT, IF HIRED, I MAY NOT HOLD OTHER EMPLOYMENT OR ENGAGE IN OTHER ACTIVITIES THAT CREATE A CONFLICT OF INTEREST WITH MY POSITION WITH THE COMPANY UNLESS I HAVE BEEN GIVEN PERMISSION IN WRITING BY THE COMPANY. \_\_\_\_\_ 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 WACO TRANSIT TO DETERMINE MY ELIGIBILITY FOR EMPLOYMENT. \_\_\_\_\_ INITIALS

### **RELEASE**

I VOLUNTARILY WAIVE ALL RECOURSE AND RELEASE ANY COMPANY, INDIVIDUAL OR ORGANIZATION FROM LIABILITY FOR COMPLYING WITH ANY REQUEST FROM THE COMPANY OR AGENTS OF THE COMPANY (INCLUDING ANY CONSUMER REPORTING AGENCY) TO OBTAIN ANY INFORMATION FROM ANY SOURCE WHATSOEVER RELATING TO MY APPLICATION FOR EMPLOYMENT. I FURTHER RELEASE THE COMPANY OR ANY INDIVIDUAL WITHIN THE COMPANY REGARDING THE USE ANY INFORMATION RECEIVED WHICH MAY HAVE BEARING ON MY APPLICATION FOR EMPLOYMENT. \_\_\_\_\_ INITIALS

### **NOTIFICATION & COMPLIANCE WITH RULES**

I AGREE TO IMMEDIATELY NOTIFY WACO TRANSIT IF I SHOULD BE CONVICTED OF A CRIME WHILE MY JOB APPLICATION IS PENDING, OR DURING MY EMPLOYMENT IF HIRED. IF I BECOME EMPLOYED, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMPLY WITH THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF WACO TRANSIT. \_\_\_\_\_ 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 WACO TRANSIT AND WACO TRANSIT. IN ADDITION, I UNDERSTAND AND AGREE THAT IF YOU EMPLOY ME, IN CONSIDERATION OF MY EMPLOYMENT, 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 OPTION OF WACO TRANSIT OR ME. I UNDERSTAND AND AGREE THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON WACO TRANSIT UNLESS MADE IN WRITING AND SIGNED BY ME AND AN AUTHORIZED OFFICER OF WACO TRANSIT. 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 WACO TRANSIT AND ME 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.

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

**WACO TRANSIT 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.**



**WacoTransit**  
**s y s t e m**

**Select Personnel Investigations, LLC**

P.O. Box 2139

Burleson, Texas 76097

Phone: 254.694.5878 Fax: 254.694.5907

www.selectpi.com

Reference #: \_\_\_\_\_

To Whom It May Concern:

I, \_\_\_\_\_, hereby authorize Select Personnel Investigations, LLC PO Box 2139; Burleson, TX 76097 and/or its agents to make an independent investigation of my background, in obtaining of consumer reports and/or investigative consumer reports which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with \_\_\_\_\_.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, law enforcement agencies, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish SelectPI LLC with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request. I understand that by agreeing below, that I am signing the Authorization form directing the background check as authorized in the disclosure.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: \_\_\_\_\_

Print Maiden Name or Other Names Used: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

D.O.B. (for I.D. purposes only): \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Previous Addresses:

\_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\_\_\_\_\_, City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**\* I authorize contact with my current employment as of the date I am signing this waiver: \_\_\_\_Yes \_\_\_\_No \***

Select Personnel Investigations LLC will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number where we may contact you.

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

If there is any information you need to make your employer aware of which may impact on your eligibility for this position, please provide the info below:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please sign above to acknowledge Authorization for Background Investigation)

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. [ ☐ Yes; send me a copy ]

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. [ ☐ Yes; send me a copy ]

**Select Personnel Investigations, LLC**

P.O. Box 2139

Burleson, Texas 76097

Phone: 254.694.5878 Fax: 254.694.5907

www.selectpi.com

**DISCLOSURE****Disclosure Regarding Background Investigation**

Employer [ ] may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and personal/professional references. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

I hereby consent to your obtaining the above information from Select Personnel Investigations PO Box 2139; Burleson, TX 76097, Voice: (866) 243-5054. I understand that providing personal identifiers and other information is necessary as an aid in the proper identification and evaluation of my records.

I understand that I am being provided the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681i. I understand I have the right to request the additional disclosures provided for under subsection (b) of § 606 - 15 U.S. Code § 1681d.

This Disclosure, in electronic, faxed, or photocopied form, will be valid for any reports that may be requested by the Company.

Last 4 digits of SSN or Government ID: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please sign above to acknowledge this Disclosure)

**Employer Only Below This Line**

I, \_\_\_\_\_ (employer) certify I have made the disclosures to the consumer required by paragraph (1) of § 606 - 15 U.S. Code § 1681d and will comply with subsection (b) of § 606 - 15 U.S. Code § 1681d.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please sign above to certify this Disclosure)



**Please fill out one form for each employer for the past 2 years.**

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

Employee Printed or Typed Name \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation 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. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I-A.**

New Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Designated Employer Representative: \_\_\_\_\_

**I-B.**

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_

**Section II. To be completed by the previous employer and transmitted by mail or fax 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? | N/A ____ YES ____ NO ____ |

*NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).*

**II-B.**

Reason for Leaving: \_\_\_\_\_ Is the applicant eligible for rehire? YES \_\_\_\_ NO \_\_\_\_

Name of person providing information in *Section II-A*: \_\_\_\_\_

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

**CONFIDENTIAL**  
**SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT**

Previous US Department of Transportation Drug and Alcohol Testing

\_\_\_\_\_  
Applicant First Name, Middle Initial, Last Name

\_\_\_\_\_  
Social Security Number

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?

Yes \_\_\_\_\_ (if yes, complete #1 and #2)

No \_\_\_\_\_ (if no, skip to #2)

1. In the last two years, have you ever:

a) Tested positive (0.04 or greater) for alcohol?

Yes \_\_\_\_\_

No \_\_\_\_\_

b) Had a verified positive drug test result?

Yes \_\_\_\_\_

No \_\_\_\_\_

c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?

Yes \_\_\_\_\_

No \_\_\_\_\_

d) Violated any other DOT drug or alcohol testing regulation within the last two years?

Yes \_\_\_\_\_

No \_\_\_\_\_

2. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?

Yes \_\_\_\_\_

No \_\_\_\_\_

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: \_\_\_\_\_

\_\_\_\_\_  
(Use additional pages as necessary)

*"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

## PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT

I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that my employment is contingent on the passing of the aforementioned drug test, and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgment is completed and signed.)*

## Waco.Transit

### Equal Employment Opportunity Information

The Equal Employment Office of the Federal Transit Administration (FTA) has asked all transit authorities to gather information on job applicants. You can assist the Waco Transit EEO Office by supplying the information requested on this sheet.

COMPLETION OF THESE QUESTIONS IS COMPLETELY VOLUNTARY AND IN NO WAY AFFECTS YOUR APPLICATION FOR EMPLOYMENT.

Please check the appropriate box and fill in the information requested.

**A. Ethnic Origin**

☐ White

☐ Black

☐ Hispanic/Spanish Surname

☐ Asian

☐ American Indian

☐ Other

**B. Gender**

☐ Male

☐ Female

**C. Date of Birth**

\_\_\_\_\_, \_\_\_\_  
Month Day Year

**D. Position Applied For:**

☐ Bus Operator      \_\_\_\_; please specify \_\_\_\_\_

**E. Date Submitting Application:** \_\_\_\_\_, 20\_\_\_\_  
Month Day Year

**F. ☐ I choose not to provide this information**