



HTG - LONGVIEW TRANSIT LLC

908 Pacific Avenue, Suite 200 Longview, TX 75602
(903) 753-2287
Fax: (903) 753-2291

APPLICATION FOR EMPLOYMENT

BACKGROUND CHECKS

HTG – LONGVIEW TRANSIT LLC will conduct a full background check on all candidates for employment. PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM

DRUG SCREENING

HTG – LONGVIEW TRANSIT LLC 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 and applying for a position with HTG – LONGVIEW TRANSIT LLC. 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 HTG – LONGVIEW TRANSIT LLC.

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 HTG – LONGVIEW TRANSIT LLC? Yes No If yes, when?

Do you have any friends or relatives working for HTG – LONGVIEW TRANSIT LLC? 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 HTG – LONGVIEW TRANSIT LLC? Yes No

If yes, describe fully: _____

REFERENCES: How were you referred to our Company? _____ Newspaper _____ Walk-In _____ Internet _____
_____ 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 HTG–LONGVIEW TRANSIT LLC? 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 _____ 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: _____

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)

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: _____

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: _____

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: _____

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: _____

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?
o Yes o 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? o Yes o 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? o Yes o 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 no contest 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. All new hires may be subject to passing a medical examination and a skill and agility test.)

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 the entire application carefully, print your name, initial, sign, and date as appropriate.

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 HTG – LONGVIEW TRANSIT LLC 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 HTG – LONGVIEW TRANSIT LLC 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 HTG – LONGVIEW TRANSIT LLC 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 HTG – LONGVIEW TRANSIT LLC. _____ 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 HTG – LONGVIEW TRANSIT AND MYSELF. IN ADDITION, I UNDERSTAND AND AGREE THAT IF HTG – LONGVIEW TRANSIT LLC EMPLOYS 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 HTG – LONGVIEW TRANSIT LLC OR ME. I UNDERSTAND AND AGREE THAT NO PROMISES OR REPRESENTATIONS CONTRARY TO THE FOREGOING ARE BINDING ON HTG – LONGVIEW TRANSIT LLC UNLESS MADE IN WRITING AND SIGNED BY ME AND AN AUTHORIZED OFFICER OF HTG – LONGVIEW TRANSIT LLC. 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 HTG – LONGVIEW TRANSIT LLC 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: _____

HTG – LONGVIEW TRANSIT LLC 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.

HTG – LONGVIEW TRANSIT LLC

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 HTG – LONGVIEW TRANSIT LLC’s 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
- Other; please specify _____

E. Date Submitting Application: _____, 20____
Month Day Year

F. I choose not to provide this information

**REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER ON
ALCOHOL AND CONTROLLED SUBSTANCES TESTING**

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

APPLICANT:

• Have you ever tested positive or refused a test, on any pre-employment drug test administered by a DOT regulated employer for which you applied but did not obtain the safety-sensitive transportation position during the two years preceding the date of this application? _____ YES _____ NO

• Is the previous employer listed below a DOT regulated employer? _____ YES _____ NO

I, (Print Name): _____
First, M.I., Last _____ Social Security Number _____

hereby authorize that:

Previous Employer: _____

Street: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

may release and forward information requested by section 2 of this document concerning my
Alcohol and Controlled Substances Testing records:

 **HTG - Longview Transit LLC**
908 Pacific Avenue Suite 200
Longview, Texas 75602
Telephone No. (903) 753-2287
Fax No. (903) 753-2291

Applicant Signature **Date**

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

This is in compliance with 49 CFR Part 40.25 which states: (a) As an employer, you must obtain an employee's written consent, request the information about the employee listed in paragraph (b) of this section. This requirement applies only to employees seeking to begin performing safety-sensitive duties. (b) Employers must request the information listed in this section from DOT regulated employers who have employed the employee during any period during the two years before the date of the employee's application: (1) Alcohol tests with a result of 0.04 or higher alcohol concentration, (2) Verified positive drug tests, (3) Refusals to be tested (including verified adulterated or substituted drug test results, (4) Other violations of DOT agency drug and alcohol testing regulations, (5) Documentation on the employee's successful completion of DOT return-to-duty requirements (including follow-up tests) with respect to any employee who violated a DOT drug and alcohol regulation.

COMPLETE THIS SECTION AS IT PERTAINS TO 49 CFR PART 40.25 (SEE ABOVE):	Yes	No
1. Has this person ever tested positive for a controlled substance in the last two years?	<input type="radio"/>	<input type="radio"/>
2. Has this person ever had an alcohol test result of 0.04 or higher alcohol concentration in the last two years?	<input type="radio"/>	<input type="radio"/>
3. Has this person ever refused a required test for drugs or alcohol (including adulterated or substituted drug test results) in the last two years?	<input type="radio"/>	<input type="radio"/>
4. Has this person has any other violations of DOT agency drug and alcohol testing regulations in the last two years?	<input type="radio"/>	<input type="radio"/>

If YES to any of the above questions, please send documentation of the employee's successful completion of DOT return-to-duty and follow-up testing requirements.

FOR PROSPECTIVE EMPLOYER USE ONLY:

This form was (check one):
 Faxed to previous employer Mailed to previous employer Date sent: _____ Date information received: _____