



**Capital Area Rural Transportation System**

Headquarters: 5300 Tucker Hill Ln, Cedar Creek TX, 78612

Mailing address: P.O. Box 6050, Austin, TX 78762

**APPLICATION FOR EMPLOYMENT**

**DATE:** \_\_\_\_\_

Capital Area Rural Transportation System (CARTS) is an equal opportunity employer. CARTS does not discriminate in employment on the basis of race, color, religion, national origin, sex, age disability or any other legally protected status. Thank you for applying with CARTS.

*Please answer all questions. If a question does not pertain to you, put "NA" in the given space.*

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
Street City Zip Code

**TELEPHONE** \_\_\_\_\_ **SOCIAL SECURITY #** \_\_\_\_\_

**POSITION APPLYING FOR:** \_\_\_\_\_ **DATE AVAILABLE:** \_\_\_\_\_

**CARTS provides transportation service in nine counties surrounding the City of Austin:  
Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, Lee, Travis & Williamson**

**In what area would you like to work?** \_\_\_\_\_

**Are you willing / able to commute to work outside of your immediate area of residence?** Yes No

**What type of employment are you seeking (circle all that apply)?** Full-Time Part-Time

**Are you available to work on weekends (circle all that apply)?** Yes No Limited

**How did you find out about our employment opportunities (circle all that apply)?**

Newspaper Recruiting Event Employment Agency Walk-in Telephone

**Other:** \_\_\_\_\_

**Have you been employed by CARTS before?** Yes No If so, please provide dates: \_\_\_\_\_

**IF EMPLOYMENT IS OFFERED, CAN YOU SUBMIT A BIRTH CERTIFICATE, SOCIAL SECURITY CARD, CERTIFICATE OF US CITIZENSHIP OR VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?** Yes No

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** Yes No  
If yes, give the nature of the offense, location and date. (An affirmative response will not necessarily disqualify you from being considered for employment.)

**Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test by an employer to which you applied for a safety-sensitive position administered by a DOT covered agency in the past two years?**  
Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION:**

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

	Name & Location	Dates Attended	Degree Received	Major
High School				
College				
Business or Technical				
Other Job Related Education or Training				

*Please list additional training/education on a separate sheet of paper.*

**OFFICE SKILLS**

List all office skills you possess that are applicable to the position in which you are applying for - such as software proficiency, 10-key, etc..

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**OTHER SPECIAL SKILLS / QUALIFICATIONS**

Describe any other special job-related skills or qualifications (military experience or training, foreign language ability, professional associations, etc.) that would be valuable to the position(s) for which you are applying.

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**LICENSURE**

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_

List any professional licenses you hold that are related to the position for which you are applying.

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

### EMPLOYMENT HISTORY

May we contact your present employer? (If no, please explain) Yes No

Begin with your current or most recent employer and work back to include the last **ten** years. *If additional space is needed, attach a supplemental sheet.* While you are welcome to attach a resume for additional information, complete all of the information requested below:

Please account for any gaps in employment that exceed two months.

Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Street \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_  
Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
Hourly Rates / Salary:  
Starting \_\_\_\_\_ Final \_\_\_\_\_

Summary of duties:

Reason for leaving: \_\_\_\_\_

Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Street \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_  
Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_  
Hourly Rates / Salary:  
Starting \_\_\_\_\_ Final \_\_\_\_\_

Summary of duties:

Reason for leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY CONTINUED**

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

Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Street \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Hourly Rates / Salary:  
Starting \_\_\_\_\_ Final \_\_\_\_\_

Summary of duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_  
Job Title \_\_\_\_\_  
Street \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

Hourly Rates / Salary:  
Starting \_\_\_\_\_ Final \_\_\_\_\_

Summary of duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## APPLICANT'S STATEMENT

**Read this agreement thoroughly and carefully before signing.**

I hereby affirm that the information provided on this application (and my accompanying resume, if any) is true and complete to the best of my knowledge. I also understand and agree that any falsified information or significant omissions may disqualify me from further consideration for employment and, if discovered after I am hired, may result in my dismissal.

I understand if employment is offered and accepted, such employment is not for any specified term and can be terminated anytime with or without cause and with or without notice. I further understand that my at-will employment status cannot be changed except by a written document signed by the Executive Director of CARTS, and that any oral promises of employment for a definite period or that are otherwise contrary to my at-will status (or any such written representations by anyone other than the CARTS Executive Director) are not binding upon CARTS.

In consideration of my being considered for employment, I authorize investigation of my past employment and activities, agree to cooperate in such investigations and release from all liability or responsibility all persons and businesses requesting or supplying such information.

I understand that if I am offered employment, depending upon the position, I may be required as a condition of employment to undergo a physical examination for the purpose of determining whether I am able to perform the essential functions of the job for which I am applying. I hereby authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of the job. I understand the refusing to submit to the physical examination will result in my not being considered for employment.

I understand that if offered employment, depending upon the position, I may be required to submit to a drug screening test as a condition of employment. I further understand that refusing to submit to a test, or test results showing any detectable amounts of illegal drugs, will subject me to not being considered for employment.

I understand and agree that if I am hired I am required to read and abide by all rules and regulations under CARTS policies governing the conduct of its employees. I hereby acknowledge and agree to abide by the rules which provide that the use or possession of illegal drugs, alcoholic beverages, firearms or weapons of any kind in any office, work location, vehicle, or facility of CARTS is prohibited and I further agree that I will not attempt to perform any work for CARTS while under the influence of alcohol or any other debilitating drug, legal or illegal.

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APPLICANT'S SIGNATURE

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DATE



CAPITAL AREA RURAL TRANSPORTATION SYSTEM
2010 East Sixth Street, Austin, Texas 78702 / P.O. Box 6050, 78762
512 481 1011

RELEASE OF INFORMATION FORM-49 CFR PART 40 Drug and Alcohol Testing

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

APPLICANTS NAME: (Last) (First) (M.I.)

CURRENT ADDRESS:

DATE OF BIRTH: SOCIAL SECURITY #:

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:

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

EMPLOYEE SIGNATURE: DATE:

I-A.

NEW EMPLOYER NAME: Capital Area Rural Transportation System

ADDRESS: PO Box 6050, Austin, TX 78762

PHONE #: FAX#: 512-478-1110

EMPLOYER REPRESENTATIVE:

I-B. Information required!

PREVIOUS EMPLOYER NAME:

ADDRESS:

PHONE #: FAX#:

DESIGNATED EMP. REP. OR SUPERVISOR:

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? Yes No
7. Is this employee eligible for rehire? Yes No

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).

Name of person providing information in Section II-A:

Title: Phone# Date:



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AUTHORIZATION FOR SECURITY BACKGROUND CHECK

Note: Submitting an incomplete or illegible form may delay the background check results.

I hereby AUTHORIZE and request any law enforcement agency to furnish bearer with criminal history and identity check information in their possession regarding me in connection with my employment in a critical position. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I understand this AUTHORIZATION is to be part of the written employment application which I sign.

I understand that the Capital Area Rural Transportation System (CARTS) positions that are designated safety-sensitive require background checks for the purpose of evaluating me for employment, promotion, reassignment, reclassification, transfer, or retention as an employee. I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification, release or dismissal.

Print Name: Last First Middle
Date of Birth: Social Security #:
Home Phone #: Business Phone #:
Other Names You Have Used:
Current Address:

Street Number & Name City State Zip How Long?

Have you had a criminal background check by the Capital Area Rural Transportation System (CARTS) previously?
If yes, please note date (approximate):

IN THE LAST SEVEN YEARS, HAVE YOU BEEN CONVICTED OF FELONY OR MISDEMEANOR CONVICTIONS OF ANY VIOLENT CRIMES, ABUSIVE BEHAVIOR, SEX OFFENSES OR FRAUD IN ANY JURISDICTION?
If yes, please indicate date, location and explanation:

HAVE YOU EVER BEEN CONVICTED OF A CRIME UNDER ANOTHER NAME?
IF YES, STATE NAME:

Please complete driver's license information.
DRIVER'S LICENSE INFORMATION: License number Expiration Date State of Issue

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief. I understand that the Capital Area Rural Transportation System (CARTS) solicits this information so as to be informed of my previous record and character. I understand that my employment with the Capital Area Rural Transportation System (CARTS) depends upon successful completion of a criminal background investigation. If employed, I understand that any falsification, misrepresentation or omission of facts of this record may be considered cause for release or dismissal.

APPLICANT SIGNATURE: DATE:



EEO APPLICANT DATA FORM

Capital Area Rural Transportation System (CARTS) is proud to be an Equal Opportunity Employer. Please assist us by completing this information for complying with equal opportunity/affirmative action recordkeeping and reporting requirements. Providing this information is voluntary and will not be used in the evaluation of your application. Refusal to provide information will not result in any adverse treatment. This form will be kept in a separate, confidential file and will be used only for government reporting purposes. Thank you for your help.

Applicant Name: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Gender:  M  F

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

Veteran:  Yes  No

Disabled:  Yes  No

Race/Ethnic Group (select one only):

- White (not Hispanic or Latino) - A person, with origins in any of the original peoples of Europe, North Africa or the Middle East.
Black or African American (not Hispanic or Latino) - A person with origins in any of the Black racial groups of Africa.
Hispanic - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race. This does not include persons of Portuguese descent or persons from Central or South America who are not of Spanish origin or culture.
Asian (not Hispanic or Latino) - A person with origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent. This area includes for example: China, Japan, Korea, the Philippine Islands, Cambodia, Thailand and Vietnam, as well as India, Pakistan, Bangladesh, Sri Lanka, Nepal, Sikkim and Bhutan.
Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) - A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands
American Indian or Alaskan Native (not Hispanic or Latino) - A person with origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or has community recognition as an American Indian or Alaskan Native.
Two or More Races (not Hispanic or Latino) - A person who identifies with more than one of the above races.

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

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

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition, or physical or mental disability