



******* TO APPLICANT *******

READ THIS INSTRUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS!

THE CIVIL RIGHTS ACT OF 1964 PROHIBITS DISCRIMINATION IN EMPLOYMENT PRACTICE BECAUSE OF RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN.

P.L. 90-902 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 65 YEARS OF AGE. THE LAWS OF SOME STATES ALSO PROHIBIT SOME OR ALL OF THE ABOVE TYPES OF DISCRIMINATION AS WELL AS SOME ADDITIONAL TYPES, SUCH AS DISCRIMINATION AGAINST THE PHYSICALLY HANDICAPPED.

FILL OUT FORM COMPLETELY. IF QUESTIONS ARE NOT APPLICABLE, ENTER "NA". DO NOT LEAVE QUESTIONS BLANK. SIGNATURES WILL BE REQUIRED PRIOR TO OR DURING AN INTERVIEW. THIS APPLICATION BECOMES PUBLIC RECORD AND IS SUBJECT TO DISCLOSURE.

YOUR APPLICATION SHOULD CLEARLY DESCRIBE HOW YOU MEET THE MINIMUM REQUIREMENTS (EDUCATION, EXPERIENCE, AND KNOWLEDGE, SKILLS AND ABILITIES) FOR THIS POSITION. IN ADDITION TO APPLICATION, THE COMPANY WILL ACCEPT A SEPARATE SHEET(S) FROM APPLICANTS EXPLAINING HOW THEY MEET THE KNOWLEDGE, SKILLS, AND ABILITIES.

APPLICATION FOR EMPLOYMENT

PUBLIC TRANSIT SERVICES
P.O. BOX 1055
MINERAL WELLS, TEXAS 76068

DATE OF APPLICATION _____

TO BE CONSIDERED, THIS APPLICATION MUST BE FILLED OUT COMPLETELY

POSITION(S) APPLIED FOR _____ SOCIAL SECURITY # Must be able to provide upon request

LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS _____

STREET CITY STATE ZIP

HOW LONG LIVED THERE? _____ PHONE NUMBER _____

DATE OF BIRTH _____ IF HIRED CAN YOU PROVIDE PROOF OF AGE _____
MUST BE OVER 24 YRS OF AGE

ARE YOU EMPLOYED NOW? _____ IF NOT, HOW LONG SINCE EMPLOYMENT? _____

HAVE YOU EVER BEEN EMPLOYED WITH P.T.S? _____ Y _____ N

WHO REFERRED YOU? _____ RATE OF PAY EXPECTED _____

=====

EDUCATION, TRAINING AND SKILLS

NAME OF SCHOOLS ATTENDED AND LOCATION	AVERAGE GRADES	MAJOR FIELD	DEGREE OR CERTIFICATE EARNED
High School or Equivalent			
College/ University			

Do you speak a language other than English? (Not required for this position) Yes _____ No _____

If yes, what language do you speak? _____

EMPLOYMENT EXPERIENCE

List each position held. Start with your present or most recent position and work backwards. If you need additional space, please continue on separate sheet (s) of paper.

May inquiry be made of your present employer? ___Yes ___No

Employer _____	Dates From: _____ To: _____
Address _____	Phone Number _____
City and Zip _____	Supervisor _____
Job Title _____	
Job Duties _____	
Reason for Leaving _____	Ending Salary \$ _____

Employer _____	Dates From: _____ To: _____
Address _____	Phone Number _____
City and Zip _____	Supervisor _____
Job Title _____	
Job Duties _____	
Reason for Leaving _____	Ending Salary \$ _____

Employer _____	Dates From: _____ To: _____
Address _____	Phone Number _____
City and Zip _____	Supervisor _____
Job Title _____	
Job Duties _____	
Reason for Leaving _____	Ending Salary \$ _____

Employer _____	Dates From: _____ To: _____
Address _____	Phone Number _____
City and Zip _____	Supervisor _____
Job Title _____	
Job Duties _____	
Reason for Leaving _____	Ending Salary \$ _____

ADDITIONAL INFORMATION

The U.S. Department of Justice Immigration and Naturalization Service requires' all individuals have documents establishing identity and employment eligibility.

Can you furnish these documents? Yes No

Have you ever been convicted of a felony or other crime in a military or civilian court?

No Yes Please Explain: _____

Must be insurable under agencies policies!

Do you have a current Texas Driver's License? Yes No

License Number: MUST PROVIDE UPON REQUEST Type of License: CDL Class A; CDL Class B; Class C

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE?

YES NO

B. HAS LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED?

YES NO

SPECIAL COURSES THAT MAY HELP YOU AS DRIVER OR PTS DRIVER? _____

DO YOU HOLD ANY SAFE DRIVING AWARDS? AND FROM WHOM _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

LAST ACCIDENT _____ NATURE OF ACCIDENT _____

NEXT PREVIOUS _____ NATURE OF ACCIDENT _____

NEXT PREVIOUS _____ NATURE OF ACCIDENT _____

TRAFFIC CONVICTIONS AND VIOLATIONS FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION _____ DATE _____ CHARGE _____

LOCATION _____ DATE _____ CHARGE _____

REFERENCES: List three people who are not related to you who are qualified to describe your capabilities

NAME	ADDRESS	PHONE NUMBER	OCCUPATION

Public Transit Services has established the goal of a 100% drug and alcohol-free workplace. Applicants will be required to undergo drug and alcohol testing prior to employment and may be subject to further drug and alcohol testing throughout employment.

Safety-Sensitive employees will be subject to random drug and alcohol testing. Applicants Initials: _____

THROUGH SUBMISSION OF THIS APPLICATION I HEREBY CERTIFY THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE YOU TO MAKE SUCH INVESTIGATIONS AND INQUIRIES OF MY PERSONAL, EMPLOYMENT, FINANCIAL, CRIMINAL, MEDICAL HISTORY AND OTHER RELATED MATTERS AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION. I HEREBY RELEASE EMPLOYERS, SCHOOLS OR PERSONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE COMPANY AS PERMITTED BY LAW.

DATE

APPLICANT'S SIGNATURE