



Please answer all of the questions completely and accurately and indicate the position for which you wish to be considered.

This application will **only** be considered for the position indicated. You may apply for other open positions by completing a new application(s). Note that if hired you must agree to sign the Employment Verification (Form I-9) as required by the Immigration Reform and Control Act of 1986 and provide supporting documents.

Prospective employees will receive consideration without discrimination based on race, color, age, sex, national origin, disability, veteran status or any condition prescribed by federal, state, or local law. Citibus is an AA/Equal Opportunity/Disability/Veteran Employer.

Date of Application: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

**PERSONAL INFORMATION:**

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

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

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

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

Telephone Number: Home/Cell ( \_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

Are you legally authorized to work in the United States? ☐ Yes ☐ No Are you at least 18 years of age? ☐ Yes ☐ No

How many years have you been a licensed driver? \_\_\_\_\_

Drivers license classification: C ☐ CDL- C ☐ CDL- B ☐ CDL- A ☐ Endorsements: \_\_\_\_\_

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

Are you available to work: Full-Time ☐ Part-Time ☐ Seasonal ☐

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

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

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

Have you ever applied or worked for Citibus before? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

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

If hired, would there be anything preventing you from working as scheduled or conforming to all attendance requirements?

☐ Yes ☐ No

Do you have any friends or relatives working for Citibus? ☐ Yes ☐ No If yes, state name(s) and relationship(s) \_\_\_\_\_

Have you ever been terminated or asked to resign from a job? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

**REFERENCES:**

How were you referred to our Company? Newspaper ☐ Walk-In ☐ Internet ☐ Bus Wrap ☐

Employee Referral ☐ Name \_\_\_\_\_ Other ☐ \_\_\_\_\_

List below name, address, telephone number and relationship of three personal references that are not related to you and are not previous employers who have knowledge of your work performance.

- 1 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL	GRADUATE OR GED
Name: _____ City: _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

COLLEGE/UNIVERSITY	GRADUATE
Name: _____ City: _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____ _____

OTHER EDUCATION	GRADUATE
Name: _____ City: _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Degree/Certificate: _____ _____

Do you speak, write or understand any other languages? ☐ Yes ☐ No If yes, which language(s): \_\_\_\_\_

Do you have any other experience, training, qualifications, computer or business skills, licenses, etc. which you feel make you especially suited for work at Citibus? ☐ Yes ☐ No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_



**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. Attach additional page(s) if necessary

Are you employed now? ☐ Yes ☐ No If Yes, may we contact your present employer? ☐ Yes ☐ No

CURRENT/MOST RECENT EMPLOYER		
Name: _____	Job Title: _____	Dates of Employment:
Address: _____	Duties: _____	From: _____
_____	_____	To: _____
Telephone No.: _____	_____	Reason for Leaving: _____
Type of Business: _____	_____	_____
Supervisor's Name: _____	Ending Wage: _____	_____
Supervisor's Title: _____	<input type="checkbox"/> Hourly / <input type="checkbox"/> Monthly	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
PREVIOUS EMPLOYER		
Name: _____	Job Title: _____	Dates of Employment:
Address: _____	Duties: _____	From: _____
_____	_____	To: _____
Telephone No.: _____	_____	Reason for Leaving: _____
Type of Business: _____	_____	_____
Supervisor's Name: _____	Ending Wage: _____	_____
Supervisor's Title: _____	<input type="checkbox"/> Hourly / <input type="checkbox"/> Monthly	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary
PREVIOUS EMPLOYER		
Name: _____	Job Title: _____	Dates of Employment:
Address: _____	Duties: _____	From: _____
_____	_____	To: _____
Telephone No.: _____	_____	Reason for Leaving: _____
Type of Business: _____	_____	_____
Supervisor's Name: _____	Ending Wage: _____	_____
Supervisor's Title: _____	<input type="checkbox"/> Hourly / <input type="checkbox"/> Monthly	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary



**EMPLOYMENT HISTORY CONTINUED:**

PREVIOUS EMPLOYER		
Name: _____	Job Title: _____	Dates of Employment:
Address: _____	Duties: _____	From: _____
_____	_____	To: _____
Telephone No.: _____	_____	Reason for Leaving: _____
Type of Business: _____	_____	_____
Supervisor's Name: _____	Ending Wage: _____	_____
Supervisor's Title: _____	<input type="checkbox"/> Hourly / <input type="checkbox"/> Monthly	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary

  

PREVIOUS EMPLOYER		
Name: _____	Job Title: _____	Dates of Employment:
Address: _____	Duties: _____	From: _____
_____	_____	To: _____
Telephone No.: _____	_____	Reason for Leaving: _____
Type of Business: _____	_____	_____
Supervisor's Name: _____	Ending Wage: _____	_____
Supervisor's Title: _____	<input type="checkbox"/> Hourly / <input type="checkbox"/> Monthly	<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary

**UNEMPLOYMENT HISTORY:** Please explain any time(s) you were not employed in the last 10 years. Attach additional page(s) if necessary. You must account for all periods of unemployment.

TIME PERIOD	REASON(S) UNEMPLOYED	TIME PERIOD	REASON(S) UNEMPLOYED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Within the past seven (7) years, have you, 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 including DUI and DWI?

☐ Yes\* ☐ No

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

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Within the past seven (7) years, have you, 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):

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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:

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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.

In the past two years, have you, under your name or another name, tested positive, or refused to test, on any DOT pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain a safety-sensitive position?

☐ Yes\* ☐ No

\*If yes, explain \_\_\_\_\_

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: \_\_\_\_\_

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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 subject to skill and agility tests.



**PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW.**

**COMPLETE AND SIGN ANY SEPARATE DOCUMENTS WHICH MAY BE ATTACHED.**

**PERSONALLY, HONESTLY AND ACCURATELY COMPLETED FORM**

By my signature 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 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.

**DRUG & ALCOHOL SCREENING**

If the company makes a conditional job offer, I give my permission for a physical examination including a Pre-Employment drug screen. Results will be held in confidence by Citibus except where release of such information is required by law.

**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 Citibus to determine my eligibility for employment.

**RELEASE**

I voluntarily waive all recourse and release any company, individual or organization from liability for complying with any request from Citibus or agents of Citibus (including any consumer reporting agency) to obtain any information from any source whatsoever relating to my application for employment. I further release Citibus or any individual within Citibus regarding the use of any information received which may have bearing on my application for employment.

**NOTIFICATION & COMPLIANCE WITH RULES**

I agree to immediately notify Citibus if I should be convicted of a crime while my job application is pending or during my employment, if hired. In consideration of my employment or If I become employed, I agree to comply with the rules, regulations and policies and procedures of Citibus.

**AGREEMENT FOR AT-WILL EMPLOYMENT**

I understand and agree that nothing contained in this application, or conveyed during my interview which may be granted, or during my employment, if hired, is intended to create an employment contract between Citibus and me. In addition, I understand and agree that if Citibus 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 Citibus or me. I understand and agree that no promises or representation contrary to the foregoing are binding on Citibus unless made in writing and signed by and authorized officer of Citibus and me. 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 Citibus and me regarding the term of my employment and replaces any other oral or written agreement or understanding.

**I certify that I have read and understood all the above and the information provided by me on this application is true and accurate.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## BACKGROUND AUTHORIZATION

### NOTICE TO JOB APPLICANTS

Citibus has the right to verify certain information contained in your application for employment. The information requested below is necessary to complete this task. This information is **NOT** a part of the application for employment and will be used for the sole purpose of verification of information, and or statements made by you. **Please complete all information requested.**

### BACKGROUND SCREENING AUTHORIZATION

I am aware that criminal, consumer and motor vehicle reports may be obtained by Citibus for pre-employment screening and to evaluate ongoing job performance or insurability. The reports may be procured by Citibus or Citibus' insurance company representative(s), and may include personal information obtained regarding my criminal history, my driving record, an assessment of my insurability for the insurance program, or other consumer reports.

I understand that *any* offer of employment and continued employment will be conditional upon the satisfactory results of any pre-employment background screening including reference checking, criminal background report, a motor vehicle record, a credit report, any pre/post-employment drug and/or alcohol testing, and/or any post-offer medical screening process.

Applicant's Legal Name (Please print):

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

By signing below, I hereby provide my authorization for Citibus or Citibus' insurance company representatives to procure all necessary information and reports from time to time. A photographic or faxed copy of this authorization shall be as valid as the original.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# DRUG TEST ACKNOWLEDGEMENT

## APPLICANT ACKNOWLEDGEMENT OF DRUG TEST REQUIREMENT

I understand that any job offer made is contingent upon successful completion of a USDOT/FTA drug test as required by 49 CFR Part 40 & 655. I understand that receipt by Citibus of a negative test result is required prior to employment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## RELEASE OF INFORMATION

49 CFR PART 40 DRUG & ALCOHOL TESTING

### 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 SSN 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. Employer Name: \_\_\_\_\_ Citibus

Address: \_\_\_\_\_ P.O. Box 2000, Lubbock, Texas 79457

Phone #: \_\_\_\_\_ (806) 775-3437 Fax #: \_\_\_\_\_ (806) 775-2955

Designated Employer Representative: \_\_\_\_\_ Dale Moore – HR Assistant

I-B. Previous Employer Name: \_\_\_\_\_

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

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

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

Title: \_\_\_\_\_

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

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



## VOLUNTARY SURVEY

### PRE-OFFER VOLUNTARY SELF-IDENTIFICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Position Applied for: \_\_\_\_\_

Gender: ☐ Male ☐ Female

**Race/Ethnicity:**

- |   |   |
|---|---|
| <input type="checkbox"/> Hispanic or Latino   | <input type="checkbox"/> White (Not Hispanic or Latino)             |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander (Not Hispanic or Latino) | <input type="checkbox"/> Asian (Not Hispanic or Latino)             |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino)           | <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) |
| <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)    |   |

**Veteran Status:**

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as Amended by the Jobs for Veterans Act of 2002, 38 U.S.C 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - a veteran of the U.S military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA- the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for absence due to service. For more information, call the U.S Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- ☐ I identify as one or more of the classifications of protected veteran listed above
- ☐ I am not a protected Veteran

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in



## VOLUNTARY SURVEY

the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

This employer provides equal employment opportunities to all employees and applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or other legally protected status.



## FAIR CREDIT REPORTING ACT DISCLOSURE

### FAIR CREDIT REPORTING ACT DISCLOSURE – PLEASE KEEP FOR YOUR RECORDS

The applicant for employment acknowledges that Citibus may now, or at any time while employed, verify information within the application, resume or contract for employment.

Please be advised that we may also obtain an *investigative consumer report* including information as to your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and mode of living for the purpose of serving as a factor in establishing your eligibility for employment. This information may be obtained by contacting your present and previous employers or references supplied by you. In the event that information from the report is utilized in whole or in part in making an *adverse decision*, before making the adverse decision, we will provide to you a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.* Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

Additional information concerning the Fair Credit Reporting Act, 15 U.S.C. § 1681 *et seq.*, is available at the Federal Trade Commission's web site (<http://www.ftc.gov>).