



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 ( \_\_\_\_\_ ) \_\_\_\_\_ Other ( \_\_\_\_\_ ) \_\_\_\_\_

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____





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



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



## 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.



## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 04/30/2026

Name:  
Employee ID:

Date:

(if applicable)

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

### Please check one of the boxes below:

- ☐ Yes, I have a disability, or have had one in the past
- ☐ No, I do not have a disability and have not had one in the past
- ☐ I do not want to answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title:

Date of Hire:



## 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>).