



Transit Management of Beaumont Applicant Pre-Collection Notice

This Notice applies to all individuals applying to work for Transit Management of Beaumont.

Effective: October 1, 2020

We collect certain personal information (PI) from you in connection with your application for employment with Transit Management of Beaumont including the categories of PI listed below, for our purposes:

TYPE OF PERSONAL INFORMATION	WHAT IT MAY BE USED FOR
Personal contact details such as name, title, address, telephone numbers and email address	To contact you in connection with your application
Government identification numbers (e.g. social security, driver's license, passport)	To verify your eligibility for employment and/or the job you are applying for, and to comply with our legal obligations
Education, training and driving experience / records	To ensure you have the correct qualifications and skills for the job you are applying for, and to comply with our legal obligations
Professional membership records	To ensure you have the relevant memberships required or desirable in order to perform your role
References, assessment records, resumes, cover letters and work history	To validate your qualifications and evidence your suitability for the job you are applying for

Please note that, in the event of a dispute between Transit Management of Beaumont and you, any of the information set out above may be used to establish and defend a legal claim.

For additional details, or if you have questions, please contact [Transit Management of Beaumont GM](#).



Application for Employment

Safety Sensitive Positions*

Note to Applicant: Please advise us in advance if you require an accommodation to complete this application.

Transit Management of Beaumont is an Equal Employment Opportunity employer. Transit Management of Beaumont does not discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

It is essential that all information requested, including educational background, work, and residential history, be complete and accurate.

Instructions: Please type or print in black or blue ink. Answer all questions, checking all boxes that apply. Answer "none" on questions that do not apply. Additional forms are available for each section if needed.

GENERAL INFORMATION					
Last Name	First	Middle	Date of Application:		
Present Address: Street	City	County	State	Zip	From (mo/ yr)
Date of Birth: required by FMCSR Part 391.21 (b) (2) / /		Email address:		If hired, can you present evidence of your legal right to work in the US? Yes No	
Social Security #: required by FMCSR Part 391.21(b) (2) -- --		Telephone Number and Area Code: Primary () Secondary ()			
List any other names that you have used in the past 7 years					
Name Used	City	County	State	From / To	
List all addresses for the past 7 years					
Street	City	County	State	From (mo/yr)	To (mo/yr)

Have you ever been fired or asked to resign by an employer? (Circle one) Yes No	If yes, explain:
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What position are you applying for?	Salary expectations:
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How were you referred to our company?	Banner Flyer Print Ad On-line Ad Radio/TV Ad State Employment Agency Job Fair
	Employee referral: _____ Other: _____

Have you ever worked for Transit Management of Beaumont?	Where?	When?
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Have you ever applied to Transit Management of Beaumont?	Where?	When?
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If hired, what date are you available to start work?	Are you applying for: Full-time Part-time	Are you able to work: Days Evenings Weekends	Previous Military Service: Yes No
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EDUCATIONAL BACKGROUND				
Name and city/state of school or college	Circle highest grade completed	Did you graduate?	What was your degree and major?	
High School and/or G.E.D.	9 10 11 12	Yes No		
College	1 2 3 4	Yes No	Degree _____ Major _____	
Trade, Business, Correspondence or Graduate School	Degree / Certificate earned:	Yes No	Degree _____ Major _____	
List any other training or educational programs of note:				

*Dispatchers, Drivers/ Operators, Maintenance/ Technicians, Location Management/ Supervisors and Utility Personnel



EMPLOYMENT HISTORY

If you are applying for a non-management position within Transit Management of Beaumont, you must provide employment records for the last three (3) years. If you are applying for a management role you must provide employment records for the last five (5) years. **If applicable, you must enter any Commercial Driving jobs you have had in the last ten (10) years.** Record your current status (Employed/Previously employed, Unemployed, School, Military) and go back in chronological order from today's date. Any gaps in employment greater than 30 days must be explained. You do not need to be currently employed to be eligible for hire.

*Massachusetts applicants may include any verified work performed on a volunteer basis. They need not include organizational names that would indicate possible membership in a protected class.

Employer name:		Dates employed (mo/yr):		
		From: /	To: /	
Employer address:		Employer phone #:	Supervisor's name & title:	
Position(s) held:	Briefly explain your job duties & responsibilities including supervisory experience:			
May we contact this employer?		Reason for leaving:		
Yes No				
Was this position covered under the Department of Transportation's regulations (DOT)?			Yes	No
Employer name:		Dates employed (mo/yr):		
		From: /	To: /	
Employer address:		Employer phone #:	Supervisor's name & title:	
Position(s) held:	Briefly explain your job duties & responsibilities including supervisory experience:			
May we contact this employer?		Reason for leaving:		
Yes No				
Was this position covered under the Department of Transportation's regulations (DOT)?			Yes	No
Employer name:		Dates employed (mo/yr):		
		From: /	To: /	
Employer address:		Employer phone #:	Supervisor's name & title:	
Position(s) held:	Briefly explain your job duties & responsibilities including supervisory experience:			
May we contact this employer?		Reason for leaving:		
Yes No				
Was this position covered under the Department of Transportation's regulations (DOT)?			Yes	No
IDENTIFY AND EXPLAIN ANY EMPLOYMENT GAPS, OR PERIODS OF UNEMPLOYMENT OF 30 DAYS OR LONGER THAT HAVE OCCURRED IN THE PAST 3 YEARS. IF YOU ARE APPLYING FOR A MANAGEMENT POSITION YOU MUST IDENTIFY AND EXPLAIN ANY EMPLOYMENT GAPS, OR PERIODS OF UNEMPLOYMENT OF 30 DAYS OR LONGER THAT HAVE OCCURRED IN THE PAST 5 YEARS (Information is used for confirming work history. You need not be currently employed at the time of application to be eligible for hire).				
Dates:		Reason:		
From:	To:			



LICENSE INFORMATION				
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?		Yes	No	
B. Has any license, permit or privilege ever been suspended or revoked?		Yes	No	
C. Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulation?		Yes	No	
D. Have you in the past three (3) years failed or refused a DOT-mandated drug/alcohol test(s)?		Yes	No	
If "YES" to any of the above, explain:				
How many years of driving experience do you have?		Less than 3 years <input type="checkbox"/>	3 years or more <input type="checkbox"/>	
State	License #	Type	Expiration date	
Have you been licensed in another state in the last 3 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
State	License #	Type	Expiration date	
DRIVING EXPERIENCE				
	Class of equipment	Dates		Approximate total number of miles
		From	To	
Straight Truck				
Auto or Van				
Bus				
Other				
List all states where you have held a CDL in the last five years:				
List special driving courses or training you have received:				
Have you had experience supervising children or vulnerable adults? Explain:				
Have you ever driven a bus? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, for what company or school district?	Dates:		

I have had no accidents, driving convictions/ citations or pending moving violations in the past 3 years. _____ (initial)

ACCIDENT REVIEW FOR PAST 3 YEARS - <i>IF NONE, PLEASE NOTE N/A OR NONE</i>				
	Date	Nature of accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries (other than yourself)
Last collision				
Next previous				
Next previous				

TRAFFIC CITATIONS / CONVICTIONS & FORFEITURES DURING THE PAST 3 YEARS (other than parking violations) - <i>IF NONE, PLEASE NOTE N/A OR NONE</i>			
Location	Date	Charge	Penalty

IMPAIRED DRIVING CONVICTIONS—DRIVING UNDER THE INFLUENCE (DUI) / DRIVING WHILE INTOXICATED (DWI)			
Location	Date	Charge	Penalty

TECHNICIAN / MECHANIC APPLICANTS ONLY			
Type of experience	Length of experience	Type of experience	Length of experience
Engine tune-up; Diesel		Air Brakes / Steering	
Engine tune-up; Gas		Brakes / Steering	
Electrical Systems		Lubrication	
Clutch & Transmission-Truck		Tire repair	
Inspection License Class		Do you own your own shop tools?	Yes <input type="checkbox"/> No <input type="checkbox"/>
List current ASE's:			
Describe your diagnostic experience:			
List any other skills which are relevant for the position you seek:			



APPLICANT'S STATEMENT AND RELEASE

I certify that all statements made on this Application for Employment and in any subsequently executed questionnaire or employment documents are true and correct. I understand that any material falsifications or omissions made on this application, or on any pre-employment document, may result in termination of my candidacy or any subsequent employment. **If an employee relationship is established, I understand that such employment is terminable at will at any time, for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for any specific duration. In addition, I understand that no one is authorized to make oral exceptions to this policy and written exceptions are permitted only when they are signed by Transit Management of Beaumont (the Company) or his or her designee.** I authorize the Company and its representatives to conduct background evaluations and obtain information including, but not limited to, criminal history checks from federal, state or local authorities, the Department of Transportation (DOT) and/or the Federal Transportation Administration (FTA).

I hereby expressly authorize such inquiries and fully release and discharge the Company and consumer reporting agency, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to a consumer reporting agency from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

The Company will consider for employment qualified applicants with criminal history in a manner consistent with San Francisco Police Code Art. 49, §§ 4901-4920.

***Note to Maryland Applicants:** Initial: _____
I understand that under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment or continued employment, that any individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

***Note to Massachusetts' Applicants:** Initial: _____ I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

*Note, under section 391.23 (j)(1) (i, ii, iii) of the FMCSR, drivers are entitled to:
(i) The right to review information provided by previous employers;
(ii) The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
(iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

I acknowledge that any offer of employment is conditioned upon my taking an employment substance abuse test(s) and the Company's receipt of satisfactory results of such a test(s) and receipt of satisfactory background checks and, if necessary to determine ability to perform essential duties of the position offered, the satisfactory results of physical examination.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Name:		Date:	
Applicant Signature:			

Note: This Application for Employment will be considered active for 90 calendar days.

INTERNAL USE ONLY			
(Print) Name of General Manager	Title:	Your location #:	Date:
Signature of General Manager:			

APPLICANT DISPOSITION:	
Applicant withdrew from process	Failed Post Offer Requirements
Falsification of Application	Application reviewed—not selected
Cannot work required hours	Conditional offer made
interviewed—not selected	



**Transit Management of Beaumont
550 Milam St. Beaumont, TX 77701
(409) 835-7895**

Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing

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

Employee Name: _____ Employee SS/ID Number: _____

I hereby authorize the release of information from my Department of Transportation (DOT) 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.

Employee Signature: _____ **Date:** _____

I-A:

New Employer Name: _____

Designated Employer Representative: _____

Address: _____

Phone #: _____ Fax #: _____

I-B:

Previous Employer Name: _____

Designated Employer Representative (if known): _____

Address: _____

Phone #: _____ Fax #: _____

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 ___ |

II-B.

Person providing information in *Section II-A*:

Name: _____ Title: _____

Phone #: _____ Date: _____

PLEASE RETURN TO FAX (409) 832-3609 OR Email to Christine.Stanley@beaumonttransit.com.

