



ARK-TEX URBAN TRANSIT, INC. (ATUT)
APPLICATION FOR EMPLOYMENT
T-LINE DRIVER

Mailing/FAX Address:	Locations:	
Ark-Tex Urban Transit, Inc. (ATUT)	ATCOG Building	T-Line Building
c/o Ark-Tex Council of Governments	4808 Elizabeth Street	1402 Texas Blvd.
PO Box 530	Texarkana, TX 75503	Texarkana, TX 75501
Texarkana, Texas 75505-5307	(903) 832-8636	(903) 794-8883
ATTN: Human Resources Office		
FAX: (903) 832-3441		

Please read the following instructions before completing this application:

- (1) Your application will be processed by the Ark-Tex Council of Governments (ATCOG) Human Resources Office for all ATUT positions.
- (2) Your entire application must be completed. **Incomplete applications cannot be considered; i.e., "see resume" will not be accepted. A resume in lieu of an application form does not constitute application for employment.**
- (3) **IDENTIFY SPECIFIC JOB RELATED EXPERIENCE, KNOWLEDGE, SKILLS, AND/OR ABILITIES THAT YOU FEEL MAY QUALIFY YOU FOR THE POSITION ADVERTISED. Due to ever-changing governmental regulations, only experience during the past 10 years will be considered.**
- (4) Clearly type or print in ink.
- (5) Sign all areas requesting your signature. Unsigned applications will not be considered.
- (6) Mail, fax, or bring your application to either location identified above. Applications for employment can only be received in the above locations.
- (7) All job applications will be kept on file for one year. After one year the applications will be destroyed unless the Human Resources Office is contacted to keep the application on file.
- (8) If you feel you have not been treated fairly or in a courteous manner, you should report the incident involved to the ATCOG Human Resources Office as soon as possible (preferably in writing).
- (9) Comments or complaints about the ATUT employment procedure will be answered promptly in writing. Comments or complaints will not affect this or future employment with ATUT.

You may retain this page for your records.

Due to ever-changing computer software and governmental regulations, only experience during the past 10 years will be considered.

ARK-TEX URBAN TRANSIT, INC. (ATUT)
APPLICATION FOR EMPLOYMENT
T-LINE DRIVER

Date of Application _____

Name _____
Last First Middle

Name Changes _____

Address _____
Number Street City State Zip Code

Telephone (Day) () _____ Telephone (Evening) () _____

Are you legally able to work in the United States? Yes No

Have you ever been employed by ATUT or Ark-Tex Council of Governments? Yes No
If yes, where? _____ When? _____

Do you have any relatives working for ATUT or Ark-Tex Council of Governments? Yes No
If so, whom? _____

Are you employed now? Yes No May we contact your present employer? Yes No

Are you on a lay-off and subject to recall? Yes No

Are you available to work? Full-time Part-time Temporary

On what date would you be available for work? _____

Can you travel if a job requires it? Yes No

Do you have a valid Texas/Arkansas Driver's License? Yes No Other

Driver's License No: _____ State _____

Is this a Commercial License? Yes No

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
If yes, please explain: _____

Has a license, permit or privilege to operate a motor vehicle ever been suspended or revoked? Yes No
If yes, please explain: _____

Have you been convicted of a felony within the last seven years? Yes No
(Conviction will not necessarily disqualify applicant from employment)
If yes, please explain: _____

EQUAL OPPORTUNITY EMPLOYER/PROGRAM.

Auxiliary aids and services are available upon request to individuals with disabilities.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin. Identify specific dates (month/year) of employment. **SPECIFIC QUALIFYING JOB EXPERIENCE, KNOWLEDGE, SKILLS, AND/OR ABILITIES (as advertised) MUST BE IDENTIFIED.**

Employer		Telephone ()		Work Performed	
Address					
Job Title					
Supervisor					
Reason for Leaving					
Dates Employed		Salary			
From	To	Starting	Final		
____/____	____/____				
Employer		Telephone ()			
Address					
Job Title					
Supervisor					
Reason for Leaving					
Dates Employed		Salary			
From	To	Starting	Final		
____/____	____/____				
Employer		Telephone ()		Work Performed	
Address					
Job Title					
Supervisor					
Reason for Leaving					
Dates Employed		Salary			
From	To	Starting	Final		
____/____	____/____				
Employer		Telephone ()			Work Performed
Address					
Job Title					
Supervisor					
Reason for Leaving					
Dates Employed		Salary			
From	To	Starting	Final		
____/____	____/____				

Employer		Telephone ()		Work Performed			
Address							
Job Title							
Supervisor							
Reason for Leaving							
Dates Employed		Salary					
From	To	Starting	Final				
____/____	____/____						
Employer		Telephone ()				Work Performed	
Address							
Job Title							
Supervisor							
Reason for Leaving							
Dates Employed		Salary					
From	To	Starting	Final				
____/____	____/____						

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Please list any special skills that you possess (Mechanical, Clerical, Customer Service or Working with Persons with Disabilities)

EDUCATION AND TRAINING

Do you have a High School Diploma or High School Equivalency?						High School Equivalency Test: Date Passed ____/____/____ State Awarded ____			
TYPE OF SCHOOL	School Name	City and State	Major Field of Study	Type of Degree	Degree Date	Dates Attended			
						From		To	
						Mo	Yr	Mo	Yr
LAST HIGH SCHOOL									
COLLEGES ATTENDED									
OTHER									

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not a contract of employment.

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 Ark-Tex Urban Transit, INC.

Signature of Applicant

Date

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability.

As a governmental contractor/employer, ATUT complies with governmental regulations and affirmative action responsibilities.

Solely to help ATUT comply with governmental record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

Date____/____/____

Position Applied for _____

Referral Source: Advertisement Friend Relative Employment Agency

Walk-in Other _____

Name _____			Phone _____		
_____	_____	_____	_____	_____	_____
Last	First	Middle			
Address _____					
_____	_____	_____	_____	_____	_____
Number	Street	City	State	Zip Code	

AFFIRMATIVE ACTION SURVEY

The following data will be utilized for periodic governmental reporting and will be retained in a confidential file separate from this Application for Employment.

Check one: Sex: Male Female

Race/Ethnic Group: White Black Hispanic American Indian/Alaskan Native

Asian/Pacific Islander Other _____

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Disabled Individual