



CORPUS CHRISTI REGIONAL TRANSPORTATION AUTHORITY

Application Instructions and Information Sheet

Thank you for applying with the Regional Transportation Authority. Your interest in employment with the Regional Transportation Authority is greatly appreciated. We want this to be a positive experience for you. Please take a few moments to review the instructions prior to completing your application.

1. Print legibly or typewrite. This application is part of the examination process.
2. Follow the instructions on the application for employment. Complete an application **ONLY** if you are applying for a specific job vacancy. You must complete a separate application for each position.
3. Make sure the proper job title appears on each application. We only accept applications for posted position vacancies. Proof of highest level of education must be attached.
4. Your application must be complete when submitted. Make sure the application is signed and dated in **ink** before it is turned in.
5. Your application should clearly describe how you meet the minimum requirements (education, experience, knowledge, skills and abilities) for the job. You may attach a separate sheet(s) to specifically explain how you meet each of the requirements listed on the job posting.

Incomplete applications will not be considered. Resumes will NOT be accepted with your completed application. Resumes will be accepted only during the interview process, for whatever additional information it contains, but not in place of a completed application. It is the applicant's responsibility to insure that the application is received within the posting period. Late applications will be rejected.

If assistance is required, either in filling out the application forms or special accommodations please contact the RTA Human Resources Analyst in the Human Resources Department. The RTA will provide accommodations for person with disabilities in accordance with the Americans with Disabilities Act.

For information regarding job vacancies you may contact the Texas Workforce Commission or visit our website on the Internet at www.cccta.org If you live in the Corpus Christi Area, you may also visit our Administration and Operations Offices located at 5658 Bear Lane.

What happens to your application after you leave it with us?

Your application will be forwarded to the Human Resources Department after the job closes. The application will be screened for minimum qualifications related to the job vacancy notice. If you meet these qualifications, your application will be forwarded to the Department that advertised the position. If you are selected for a personal interview, the hiring supervisor for the job opening will contact you. Only applicants who are interviewed will be notified of the final selection process via written communication.

Applicants who are offered employment with the RTA will be required to pass a drug and alcohol test, an employment physical, and agree to abide by RTA's Policies, as a condition of employment.

**THANK YOU FOR CONSIDERING EMPLOYMENT WITH
THE REGIONAL TRANSPORTATION AUTHORITY**



**CORPUS CHRISTI REGIONAL
 TRANSPORTATION AUTHORITY**

5658 Bear Lane
Corpus Christi, TX 78405
Tel No: (361) 289-2712
Fax: (361) 289-2765
www.ccrta.org
An Equal Opportunity Employer

Position Applying For: _____
Referral Source: _____

Today's Date _____

PLEASE PRINT OR TYPE

Social Security Number _____

Last Name _____ **First Name** _____ **Middle Initial** _____

Address _____ **Apt. No.** _____ **City** _____

Telephone: _____ **Alternate Telephone** _____ **State** _____ **Zip Code** _____

EMPLOYMENT HISTORY:

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications.

1. INCLUDE **ALL** EMPLOYMENT FOR THE PAST 10 YEARS BEGINNING WITH YOUR CURRENT OR LAST POSITION AND WORK BACK TO YOUR FIRST.
2. Employment history should include **each position** held, even those with the same employer
3. EMPLOYERS' MAILING ADDRESSES MUST BE COMPLETE.

If you need additional space to adequately describe your employment history, you may use this employment history sheet or attach a typed employment history providing the same information in the same format as this application form.

Failure to complete information may result in disqualification.

Position Title:				Immediate Supervisor Name:		Full-Time <input type="checkbox"/>	
Employer:				Title:		Part-Time <input type="checkbox"/>	
Mailing Address:						Summer <input type="checkbox"/>	
City & State/ZIP:						Temp/Project <input type="checkbox"/>	
Employer's Telephone No. ()						If supervisory, number of employees you supervised:	
From		To		Technical <input type="checkbox"/>			
Mo	Yr	Mo	Yr	Non-Managerial <input type="checkbox"/>			
				Supervisory/Managerial <input type="checkbox"/>			
Summary of Experience							
Specific reason for leaving:							

Name: _____											
Last			First			Middle			Social Security No.		
Position Title:					Immediate Supervisor Name:			Full-Time		<input type="checkbox"/>	
Employer:					Title:			Part-Time		<input type="checkbox"/>	
Mailing Address:								Summer		<input type="checkbox"/>	
City & State/ZIP:								Temp/Project		<input type="checkbox"/>	
Employer's Telephone No. ()								Technical Non-Managerial Supervisory/Managerial		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
From		To		Current/ Final Salary							
Mo.	Yr.	Mo.	Yr.	\$							
Summary of Experience:											
Specific reason for leaving:											
Position Title:					Immediate Supervisor Name:			Full-Time		<input type="checkbox"/>	
Employer:					Title:			Part-Time		<input type="checkbox"/>	
Mailing Address:								Summer		<input type="checkbox"/>	
City & State/ZIP:								Temp/Project		<input type="checkbox"/>	
Employer's Telephone No. ()								Technical Non-Managerial Supervisory/Managerial		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
From		To		Current/ Final Salary							
Mo.	Yr.	Mo.	Yr.	\$							
Summary of Experience:											
Specific reason for leaving:											
Position Title:					Immediate Supervisor Name:			Full-Time		<input type="checkbox"/>	
Employer:					Title:			Part-Time		<input type="checkbox"/>	
Mailing Address:								Summer		<input type="checkbox"/>	
City & State/ZIP:								Temp/Project		<input type="checkbox"/>	
Employer's Telephone No. ()								Technical Non-Managerial Supervisory/Managerial		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
From		To		Current/ Final Salary							
Mo.	Yr.	Mo.	Yr.	\$							
Summary of Experience:											
Specific reason for leaving:											

Name: _____											
Last			First			Middle			Social Security No.		
Position Title:					Immediate Supervisor Name:					Full-Time <input type="checkbox"/>	
Employer:					Title:					Part-Time <input type="checkbox"/>	
Mailing Address:										Summer <input type="checkbox"/>	
City & State/ZIP:										Temp/Project <input type="checkbox"/>	
Employer's Telephone No. ()										If supervisory, number of employees you supervised:	
From		To		Current/ Final Salary	Technical Non-Managerial Supervisory/Managerial			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mo.	Yr.	Mo.	Yr.								\$
Summary of Experience:											
Specific reason for leaving:											
Position Title:					Immediate Supervisor Name:					Full-Time <input type="checkbox"/>	
Employer:					Title:					Part-Time <input type="checkbox"/>	
Mailing Address:										Summer <input type="checkbox"/>	
City & State/ZIP:										Temp/Project <input type="checkbox"/>	
Employer's Telephone No. ()										If supervisory, number of employees you supervised:	
From		To		Current/ Final Salary	Technical Non-Managerial Supervisory/Managerial			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mo.	Yr.	Mo.	Yr.								\$
Summary of Experience:											
Specific reason for leaving:											
Position Title:					Immediate Supervisor Name:					Full-Time <input type="checkbox"/>	
Employer:					Title:					Part-Time <input type="checkbox"/>	
Mailing Address:										Summer <input type="checkbox"/>	
City & State/ZIP:										Temp/Project <input type="checkbox"/>	
Employer's Telephone No. ()										If supervisory, number of employees you supervised:	
From		To		Current/ Final Salary	Technical Non-Managerial Supervisory/Managerial			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mo.	Yr.	Mo.	Yr.								\$
Summary of Experience:											

EDUCATIONAL HISTORY: Copies of transcripts and or certificates may be required.

Less than High School	High School Graduate	G.E.D.
Last grade completed _____	School Name/City _____	Test Center/City _____
School Name/City _____	_____	_____

ADDITIONAL ACADEMIC/VOCATIONAL/BUSINESS EDUCATION (List only those relevant to position)

Name of School & City	Areas of Study	Semester Hours	Degree Received

CURRENT LICENSES/CERTIFICATES/REGISTRATIONS, INCLUDING DRIVER'S LICENSE:

LICENSE TYPE	LICENSE NUMBER	ISSUING AGENCY OR STATE	EXPIRATION DATE

Please Answer **YES** or **NO**; explain any YES answers below.

1. Have you previously worked for any department of the Regional Transportation Authority? Yes No

Dates employed: _____ If yes, reason for leaving _____

2. Have you any relatives now working for the Regional Transportation Authority? Yes No

If yes, name(s) _____ Relationship(s) _____

3. Have you been: (Check for each)

Fired: Yes No , **Asked to resign:** Yes No , or **Laid Off:** Yes No from any job?

Use this space to provide additional information for any **YES** answers above.

4. Conviction Record: **Have you ever been CONVICTED of an offense in an adult court?** Please list ALL convictions including dispositions, fines, probations, etc... Check **ONE:** Yes No
 If **YES**, please request Application Supplement No. 2 and complete in detail. A conviction will not automatically exclude you from employment consideration. You may omit minor traffic violations for which you paid a fine of \$100 or less.

OPTIONAL: You may provide additional verifiable information on your training and/or experience, which may be helpful in assessing your application.

**THE REGIONAL TRANSPORTATION AUTHORITY
SUBSTANCE ABUSE SCREENING VERIFICATION**

APPLICANTS NAME: _____ **SSN:** _____ I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section 1 –B*, to the employer listed in *Section 1-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 test 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.

Signature: _____ Date: _____

I-A

New Employer Name: Regional Transportation Authority

Address: 5658 Bear Lane, Corpus Christi Texas 78405

Phone #: (361) 289-2712 Fax #: (361) 289-2765

Designated Employer Representative: Rosa Villarreal

I-B

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative (if known): _____

**** APPLICANT PLEASE COMPLETE THIS SECTION ONLY! ****

Section II: To be completed by the previous employer and returned by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee’s signature (above), for DOT-regulated testing~

- | | | |
|--|------------------------------|-----------------------------|
| 1. Did the employee have alcohol test with a result of 0.04 or higher? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Did the employee have verified positive drug tests? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Did the employee refuse to be tested? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Did the previous employer report a drug and alcohol rule violation to you? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6. If you answered “yes” to any of the above items, did he employee complete the return-to-duty process? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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 Completing information in *Section II-A*: _____

Title: _____

Phone #: _____ Date: _____

NOTE: Failure to furnish information required by 49 CFR Part 40, Section 40.25 within 14 days will result in the applicant being removed from any safety sensitive position. The applicant will be notified.

**Please mail the requested information to: Corpus Christi Regional Transportation Authority
Attn: Human Resources Department
5658 Bear Lane
Corpus Christi, TX 78405**

RELEASE AND AUTHORIZATION-READ CAREFULLY BEFORE SIGNING

I certify that I have made no false statement in this application nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated. I authorize the RTA to obtain from educational institutions and from my former employers, all data needed to support this application. I further understand that falsification or omission of information is grounds for rejection of this application and should I be employed, may be grounds for dismissal. I further understand that this application becomes the property of the RTA and will not be returned. I further understand that any job offer, subsequent employment, and continued employment may be contingent upon my physical/mental ability to perform the job. I understand the Authority will make effort when deemed appropriate to make accommodations. I understand that tests to determine the use/presence of alcohol or other chemical substances may be required. I understand that this application does not represent an employment contract. I understand that should I become employed I will be an At Will employee.

Signature: _____

**RESIDENCY AGREEMENT-READ IF YOU ARE NOT NOW
A RESIDENT OF RTA SERVICE AREA**

I understand that my employment by the Regional Transportation Authority is contingent upon agreeing to reside within geographic limits established by the Authority, within 90 days from the date of employment and that failure to do so may be grounds for termination.

Signature: _____

PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGMENT

I hereby acknowledge and understand that as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended. I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that any offer of employment is contingent on the passing of the aforementioned drug test and I will not be assigned to perform a safety sensitive function unless my urine and drug test has a verified negative result having no evidence of prohibited drug use.

Applicant's signature: _____

Date: _____

Applicant's name: _____

NOTE: Your application will not be considered for employment of a covered safety- sensitive position unless this acknowledgment is completed and signed.

STATEMENT OF EEO POLICY

It is the policy of the Corpus Christi Regional Transportation Authority to comply with all federal, state, and local laws regarding Equal Employment Opportunity of all applicants, including Title VII of the Civil Rights Act, the Age Discrimination in Employment Act, and the Americans with Disabilities Act. The Corpus Christi Regional Transportation Authority will consider all applicants equally and without regard to race, color, national origin, sex, age, religion, or disability, but will consider all applicants without regard to any protected class.

In compliance with the Americans with Disabilities Act, the Regional Transportation Authority will reasonably accommodate otherwise qualified individuals with a disability unless such accommodation would pose an undue hardship, would result in a fundamental alteration in the nature of the service or activity or in undue financial or administrative burden.

**CONFIDENTIAL AND OPTIONAL
TO BE COMPLETED BY APPLICANT**

INSTRUCTIONS: Please complete this form by filling out all information. The statistical information will be handled separately from your application.

SSN: _____ CHECK ONE: Male Female Date of Birth: Mo. ____ Day ____ Year
PLEASE READ THE DEFINITIONS BELOW. THEN CHECK ONLY ONE OF THE FOLLOWING:

White Hispanic Black American Indian Asian American Others

Are you a U.S. citizen? _____ In what country were you born? _____ Alien Reg. No.

Are you a veteran of U.S. Armed Forces? _____ (Veteran is defined as someone who has served 180 consecutive days of active duty)

Are you disabled? _____ (See definition below) If yes, please explain: _____

Language other than English that you speak fluently: _____

DEFINITIONS: For purposes of statistical tabulation, the following categories are used.

White (not of Hispanic origin) - A person with origins in any of the original peoples of Europe, North Africa, or the middle East who is not of Hispanic origin.

Black (not of Hispanic origin) - A person with origins in any of the black racial groups of Africa who is also not of Hispanic origin.

Hispanic - A person of Mexican, Puerto Rican, Cuban, South American or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native - A person with origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander - A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Republic, and Samoa.

Other - Include those not mentioned above.

Disabled - A person who has a physical or mental impairment which substantially limits one (or more) major life activities, or who has a record or history of such impairment, or who is regarded as having impairment.

**AUTHORIZATION FOR RELEASE OF
CRIMINAL HISTORY RECORD INFORMATION**

I understand that, in connection with my application for employment with the Corpus Christi Regional Transportation Authority, a background check will be made which will include a check into criminal records maintained by law enforcement agencies. I authorize the Corpus Christi Regional Transportation Authority to obtain this information, and to use it in considering me as an applicant for employment, and I request that any local, state, or federal law enforcement agency with any criminal history record information to disclose that information to the Corpus Christi Regional Transportation Authority. I hereby release the Corpus Christi Regional Transportation Authority from any and all liability for obtaining or using such information.

Applicant

Social Security #

Printed Name



CORPUS CHRISTI REGIONAL
TRANSPORTATION AUTHORITY

(361) 289-2712
5658 BEAR LANE
CORPUS CHRISTI, TX 78405
Fax: (361) 289-2765
<http://www.ccrta.org/>
An Equal Opportunity Employer

CONFIDENTIAL
Application Supplement No.1

Name: _____									
Last			First		Middle			Social Security No.	
Position Title:					Immediate Supervisor Name:			Full-Time <input type="checkbox"/>	
Employer:					Title:			Part-Time <input type="checkbox"/>	
Mailing Address:								Summer <input type="checkbox"/>	
City & State/ZIP:								Temp/Project <input type="checkbox"/>	
								If supervisory, number of employees you supervised:	
From		To		Current/ Final Salary	Technical Non-Managerial	Supervisory/Managerial	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Mo.	Yr.	Mo.	Yr.						
Summary of Experience:									
Specific reason for leaving:									
Position Title:					Immediate Supervisor Name:			Full-Time <input type="checkbox"/>	
Employer:					Title:			Part-Time <input type="checkbox"/>	
Mailing Address:								Summer <input type="checkbox"/>	
City & State/ZIP:								Temp/Project <input type="checkbox"/>	
Employer's Telephone No. ()								If supervisory, number of employees you supervised:	
From		To		Current/ Final Salary	Technical Non-Managerial	Supervisory/Managerial	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Mo.	Yr.	Mo.	Yr.						
Summary of Experience:									
Specific reason for leaving:									
Position Title:					Immediate Supervisor Name:			Full-Time <input type="checkbox"/>	
Employer:					Title:			Part-Time <input type="checkbox"/>	
Mailing Address:								Summer <input type="checkbox"/>	
City & State/ZIP:								Temp/Project <input type="checkbox"/>	
								If supervisory, number of employees you supervised:	
From		To		Current/ Final Salary	Technical Non-Managerial	Supervisory/Managerial	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Mo.	Yr.	Mo.	Yr.						
Summary of Experience:									
Specific reason for leaving:									

Name: _____											
Last			First			Middle			Social Security No.		
Position Title:					Immediate Supervisor Name:			Full-Time		<input type="checkbox"/>	
Employer:					Title:			Part-Time		<input type="checkbox"/>	
Mailing Address:								Summer		<input type="checkbox"/>	
City & State/ZIP:								Temp/Project		<input type="checkbox"/>	
Employer's Telephone No. ()								Technical Non-Managerial Supervisory/Managerial			
From		To		Current/ Final Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mo.	Yr.	Mo.	Yr.	\$							
Summary of Experience:											
Specific reason for leaving:											
Position Title:					Immediate Supervisor Name:			Full-Time		<input type="checkbox"/>	
Employer:					Title:			Part-Time		<input type="checkbox"/>	
Mailing Address:								Summer		<input type="checkbox"/>	
City & State/ZIP:								Temp/Project		<input type="checkbox"/>	
Employer's Telephone No. ()								Technical Non-Managerial Supervisory/Managerial			
From		To		Current/ Final Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mo.	Yr.	Mo.	Yr.	\$							
Summary of Experience:											
Specific reason for leaving:											
Position Title:					Immediate Supervisor Name:			Full-Time		<input type="checkbox"/>	
Employer:					Title:			Part-Time		<input type="checkbox"/>	
Mailing Address:								Summer		<input type="checkbox"/>	
City & State/ZIP:								Temp/Project		<input type="checkbox"/>	
Employer's Telephone No. ()								Technical Non-Managerial Supervisory/Managerial			
From		To		Current/ Final Salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mo.	Yr.	Mo.	Yr.	\$							
Summary of Experience:											
Specific reason for leaving:											



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TRANSPORTATION AUTHORITY

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5658 BEAR LANE
CORPUS CHRISTI, TX 78405
Fax: (361) 289-2765
<http://www.ccrta.org/>
An Equal Opportunity Employer

CONFIDENTIAL
Application Supplement No. 2

Position Applying For: _____
(Separate application must be filled out for each position of interest)

Today's Date: _____

PLEASE PRINT OR TYPE

Name: _____ SSN: _____
(Last, First and Middle Initial)

Address: _____ Apt. No. _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Alternate Telephone: _____

To the Applicant: A conviction record will not necessarily be a bar to employment and factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.

What were you charged with? _____

Where were you arrested? _____ When? _____
(City / State) (Month/Year)

What was the sentence? Probation: Jail: Fine: Other: (Explain): _____

When was sentence served? From: _____ To: _____ Where? _____
(Name of Location)

Parole/Probation Officer: _____
(Name) (Phone) (Ending Date of Probation)

Reference Information: _____

DO NOT WRITE HUMAN RESOURCES USE ONLY. Reviewed By: _____ Date: _____
Approved for Referral to: _____

What were you charged with? _____

Where were you arrested? _____ When? _____
(City / State) (Month/Year)

What was the sentence? Probation: Jail: Fine: Other: (Explain): _____

When was sentence served? From: _____ To: _____ Where? _____
(Name of Location)

Parole/Probation Officer: _____
(Name) (Phone) (Ending Date of Probation)

Reference Information: _____

DO NOT WRITE HUMAN RESOURCES USE ONLY. Reviewed By: _____ Date: _____
Approved for Referral to: _____