

WEST TEXAS OPPORTUNITIES, Inc.

603 North 4th Street – P.O. Box 1308

Lamesa, Texas 79331

Phone: 806-872-8354

Application for Employment Instructions

Thank you for your interest in employment with West Texas Opportunities, Inc. Please fill in all the blanks on the application even if you attach a resume.

Generally, WTO,I will receive a large number of applications for advertised positions. Each one will be carefully screened to determine if the applicant meets the job requirements and has the skills that are needed to fill the position.

Those applicants who are most qualified will be called for interviews. If you are not given an interview, it simply means that there were applicants who had more experience or whose skills more closely met the requirements of the job. You should give this process at least two to three weeks, because we often interview over a period of five to ten days, depending on the interview results, schedules, etc.

If you are called for an interview, you will receive a letter or phone call within two weeks after the interview, informing you of the interview results. If you are not interviewed, you will not receive further notification.

A timely return of the completed application is important. You may return it by mail or personally. Interviews may be held prior to the closing date for receipt of applications; however, a hiring decision will **not** be made until all applications are screened.

All employment applications are kept in our active file for **30 days** or until the position has been filled or the vacancy announcement cancelled. Applications are kept in the inactive file for a period of **one year**. If you are interested in being considered for another position with WTO,I, you should 1) ask that your application be activated if you have completed one within a year or 2) complete a new application if it has been over a year since you applied for a position with WTO,I. It is often to your benefit to complete a new Application if you have gained experience that has enhanced your job skills even if you have an application on file during the previous year.

Again, thank you for considering WTO,I.

West Texas Opportunities, Inc.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

Mailing Address

City State ZIP Code

Phone: _____ Email _____

Social Security Number: _____

Date Available to Begin work: _____

Position Applying for: _____

What Foreign Languages do you _____
Speak Read Write

Tasks

Are you able to perform the tasks required
(with or without accommodations) for the
position for which you are applying? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you related to anyone who is presently
an employee? YES NO If yes, who? _____

Are you related to anyone who is presently
serving on the WTO Board or Head Start
Policy Council? YES NO If yes, who? _____

Are you a parent/guardian of a child
currently enrolled in the Head Start
program? YES NO

Are you 18 years of age or older? YES NO

Are you 25 years of age or older? (for
insurance purposes) YES NO

Do you have a valid Driver's License? YES NO

Previous Employment

Start with current or most recent employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

References

Please list the names of two persons not related to you, whom you have known for at least one year.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Notice to Prospective Employees

PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH, THEN SIGN BELOW.

By my signature and initials placed below, I certify 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 my 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.

_____ INITIALS

If the company makes a conditional job offer, I give permission for a pre-employment drug & alcohol test. I understand that if my drug & alcohol test turns out positive for a prohibited substance, or if I refuse to take the drug & alcohol test, I will not be eligible for hire, or if I am hired pending the outcome of such a test, I will be subject to immediate termination. If I am employed by WTO, I understand and give my permission for any company required drug and alcohol testing throughout my employment with WTO, I and am fully aware that a positive result of any prohibited substance or refusal to take a drug & alcohol test will result in immediate termination.

_____ INITIALS

I authorize investigation of all statements contained herein and the references listed above (as well as other sources at management's discretion, including those related to character and credit records) to give you and any and all information concerning my previous employment and any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

_____ INITIALS

I understand that if offered employment, depending upon the position, I may be required as a condition of

employment to undergo a physical examination for the purpose of determining whether I am able to perform the essential functions of the job for which I am applying. I understand that refusing to submit to the physical examination will result in my not being considered for employment.

_____INITIALS

I understand if employment is offered, West Texas Opportunities, Inc. will utilize an outside firm or firms to assist in checking information to investigate my background.

_____INITIALS

I understand that any job offer may be conditional upon information obtained after the offer is made. I understand that employment with this company is AT WILL. I understand this term, and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without any prior notice, and with or without explanation. Wages will cease immediately upon termination of employment. I will not rely on any oral or written statements to the contrary unless IN WRITING, and signed by an authorized official of West Texas Opportunities, Inc. I also understand and agree that if I am hired I am required to read and abide by all rules and regulations under West Texas Opportunities, Inc., policies and procedures.

_____INITIALS

I CERTIFY THAT I HAVE READ AND AGREE TO ALL OF THE ABOVE STATEMENTS.

Signature: _____

Date: _____

Printed Name: _____

IT IS THE POLICY OF WEST TEXAS OPPORTUNITIES, INC. THAT NO PERSON OR GROUP OF PERSONS SHALL BE DISCRIMINATED AGAINST IN EMPLOYMENT ON THE BASIS OF RACE, COLOR, RELIGION, SEX, AGE, GENETICS, NATIONAL ORIGIN, HANDICAP, POLITICAL AFFILIATION OR BELIEF, OR IN ANY MANNER EXCLUDED FROM PARTICIPATION IN OR BE DENIED THE BENEFITS OF ANY PROGRAMS OR ACTIVITY SPONSORED BY THE AGENCY.

Submit signed application to:

**West Texas Opportunities, Inc.
PO Box 1308
603 North 4th Street
Lamesa, Texas 79331**

PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT

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 my 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 drug test has a verified negative result.

Signature of Applicant

Date

Print Name

Date

APPLICANT EEO DATA FORM

The information requested is optional and is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application

Last Name		First Name			Middle Name			
Address		City		State	Zip	Phone		
Gender	Birthdate	W - White	American Indian/Alaska Native	B - Black	Hispanic/Latino	Asian America	Native Hawaiian/Pacific Islander	Multiracial
<input type="checkbox"/> M-Male <input type="checkbox"/> F-Female			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How did you first find out about this job?								
<input type="checkbox"/>	Other Employee							
<input type="checkbox"/>	Newspaper							
<input type="checkbox"/>	Internet (WTO Website)							
<input type="checkbox"/>	Social Media							
I would like to voluntarily report that I am:								
<input type="checkbox"/>	Disabled							
<input type="checkbox"/>	Veteran							

Signature - Applicant

White (Not of Hispanic Origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

Black (Not of Hispanic Origin) - All persons having origins in any of the Black racial groups of Africa

Hispanic - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race

Asian or Pacific Islander - All persons having 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, India, Japan, Korea, the Philippine Islands, and Samoa

American Indian or Alaskan Native - All persons having origins in any of the original peoples of North

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SAFETY-SENSITIVE EMPLOYEE APPLICATION SUPPLEMENT

Previous US Department of Transportation Drug and Alcohol Testing

Applicant First Name, Middle Initial, Last Name

Social Security Number

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?
Yes _____ (if yes, complete #1 and #2) No _____ (if no, skip to #2)

1. In the last two years, have you ever:

a) Tested positive (0.04 or greater) for alcohol?

Yes _____ No _____

b) Had a verified positive drug test result?

Yes _____ No _____

c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?

Yes _____ No _____

d) Violated any other DOT drug or alcohol testing regulation within the last two years?

Yes _____ No _____

2. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?

Yes _____ No _____

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: _____

(Use additional pages as necessary)

"I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal."

Signed

Date

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AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER ON US DOT DRUG AND ALCOHOL TESTING

(A separate form must be filled out for each US DOT-regulated employer who employed the applicant during the two-year period preceding the date of the employee's application or transfer)

I, _____, authorize that:
Print First Name, Middle Initial, Last Name Last 4 digits of Social Security Number

Contact Person: _____

Previous Employer: _____

Street Address or P.O. Box: _____ Telephone: _____

City, State, Zip _____ Fax: _____

may release the information requested below concerning my US DOT drug and alcohol testing records to:

Contact Person: _____

Prospective Employer: _____

Street Address or P.O. Box: _____ Telephone: _____

City, State, Zip _____ Fax: _____

Applicant's Signature

Date

This information will be used solely for the purpose of ascertaining whether I am eligible to perform safety-sensitive functions for the _____. This authorization for release of information is valid for one year from the date of signature.

COMPLETED BY PREVIOUS EMPLOYER

Check here [] if this employee did not participate in US DOT-regulated drug and alcohol testing while under your employment. Then sign below and return this form; OR, respond to the following questions regarding this employee's US DOT-regulated drug and alcohol testing history while employed with your agency/firm.

- 1. Has this employee tested positive (0.04 or greater) for alcohol in the last two years?
2. Has this employee had a verified positive drug test result in the last two years?
3. Has this employee refused a required drug or alcohol test in the last two years?
4. Has this employee violated any other US DOT drug or alcohol testing regulation within the last two years?
5. Has a previous employer reported a drug and alcohol rule violation to you?
6. If you answered yes to any of the above items, did the employee complete the return to duty process?

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).

Previous Employer's Signature

Date

Please return this form to the prospective employer at the address listed above.