



Thank you for your interest in joining the RTD team. Please fill out the enclosed application, One of our Human Resources team members will review the information provided and will call you for an interview if you meet the job qualifications.

Bus and Light Rail Operator Applicants: Please include an original copy of your motor vehicle record with your application. Motor Vehicle Records can be obtained at your local Department of Motor Vehicle. Your Motor Vehicle Record must be submitted with your application to be considered for the position.

**Return your application:**

By mail or in person at:

RTD Administrative Offices: 1600 Blake Street Denver, CO 80202  
RTD Downtown Boulder Station: 1400 Walnut Street, Boulder, CO 80302

By email at:

[apply@rtd-denver.com](mailto:apply@rtd-denver.com)

Thank you for your interest in RTD.



# Regional Transportation District Employment Application

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.)  
 Print all other names and social security numbers which you have used.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Position (If applying for more than one position, a separate application must be completed for each position)

Are you **currently**: Employed by the RTD?  No  Yes  
 If yes, Employee # \_\_\_\_\_

Under contract with the RTD?  No  Yes

If yes, Explain : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Job Number \_\_\_\_\_  
 Date of Application \_\_\_\_\_

Have you **ever** been: Employed by the RTD?  No  Yes  
 Position : \_\_\_\_\_  
 Date : \_\_\_\_\_

Under contract with the RTD?  No  Yes

If yes, Explain : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applications are accepted for current position openings and are retained only for the period of the open recruitment.**

Employee Relations Division, 1600 Blake Street  
 Denver, Colorado 80202-1399

# ATTENTION ALL APPLICANTS!

THE SECTIONS LISTED BELOW **MUST BE COMPLETED** BEFORE  
RETURNING THIS EMPLOYMENT APPLICATION.

**SECTION I    General Information**

**SECTION II    Personal Information**

**SECTION III    Military Experience** (If applicable)

**SECTION IV    Driving History Supplement**  
**(TO BE COMPLETED BY APPLICANTS FOR DRIVER/MAINTENANCE POSITIONS ONLY)**

**SECTION V:1 & V:2 Education, Skills and Training**

**SECTION VI:1 Work History (General)**

**SECTION VI:2 Work History (Specific)**

**SECTION VII    Authorization & Certification**

**SECTION VIII    Applicant Referral Survey**

**SECTION IX    Request for Veteran's Preference Points** (If applicable)

**SECTION X    Equal Opportunity Survey**



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## Introduction

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The RTD is an at will employer; this means that employment can be terminated at any time for any reason or for no reason.

The RTD is an equal opportunity/affirmative action employer and does not discriminate on the basis of race, color, national origin, age, sex, religion, disability or veteran status. It is our intention that all applicants be given equal opportunity and that selection decisions be based on job-related factors.

It is the policy of the RTD to accept and consider applications only for positions which are vacant. Employees of the the RTD are given first consideration in filling vacant positions.

The RTD is committed to having a drug and alcohol free work environment. Applicants who are offered a position will be required to test negative for drugs prior to employment. If you have applied for positions before and tested positive for drugs or alcohol, it is your responsibility to let the recruiter know what actions you have taken to become drug and alcohol free.

Please provide all of the information that is requested in this application. Answer each question fully and accurately. The omission of information may delay the processing of your application or disqualify you from further consideration. Write "N/A" (Not Applicable) beside those items that do not apply to you. Thank you.

**PLEASE PRINT LEGIBLY**

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## Section I - General Information (use name that appears on social security card only)

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Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you able to work any shift?  Yes  No

If no, please explain: \_\_\_\_\_

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## Section II - Personal Information

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Are you 18 years of age or over?  Yes  No

Will you be able to perform the job and duties for which you are applying?  Yes  No

If you checked no, please explain: \_\_\_\_\_

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test for any safety-sensitive transportation work covered by a DOT agency during the past two years?  Yes  No

Do you have the legal right to live and work in the United States?  Yes  No

Will you now or in the future require sponsorship for employment? (E.G., H-1B Visa status)  Yes  No

List any relatives of yours, by blood or marriage, who are employed by the RTD. Indicate each person's relationship to you and position he/she holds at the RTD.

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## Section III - Military Experience

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Indicate any experience, education or special skills that you gained from serving in the Armed Forces of the United States.

In which branch of the Armed Forces did you gain this experience, education or skills? \_\_\_\_\_

Date of entry into military service: \_\_\_\_\_ Date of separation from military service: \_\_\_\_\_

Do you belong to the Reserves or National Guard?  Yes  No

**Section IV - Driving History**

**Employment Application Driving Supplement**



Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Answer each question fully and accurately. Write **NONE** if there are no facts to list.  
If more space is required, please use the reverse side.

**Other** addresses/residences during the past three years.

Address \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

**List** below all unexpired **and** expired motor vehicle operator's licenses or permits.

| Issuing State | Number | Exp. Date |
|---------------|--------|-----------|
| _____         | _____  | _____     |
| _____         | _____  | _____     |
| _____         | _____  | _____     |
| _____         | _____  | _____     |

**List** in detail the facts and circumstances of any denial, revocation or suspension of any license, permit or privilege to operate a motor vehicle that you have received. If no such denial, revocation or suspension has occurred, please so state below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List** the nature and extent of all experience in the operation of motor vehicles, including the type of equipment (such as automobiles, buses, trucks, truck tractors, semitrailers, full trailers and pole trailers).

\_\_\_\_\_  
\_\_\_\_\_

**List** all motor vehicle accidents in which you were involved during the past 10 years, specifying the date and nature of each accident and any fatalities or personal injuries that resulted.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List** all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted or forfeited bond or collateral during the past five years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify and my signature certifies that this application and Driver Supplement were completed by me and the answers and statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation, omission or falsification of information may bar me from any further consideration for employment, or if I have been employed, cause my immediate termination from the Regional Transportation District. I further understand that successful completion of a physical examination may be a condition of employment.

I authorize you, at the time of my application for employment or during the course of my employment, to obtain information from companies, schools, persons or any source, to obtain any information regarding my work character, records, qualifications, education, experience, financial or credit record, and hereby release said companies, school, persons and other sources from any liability for any damage whatsoever for issuing this information. For positions requiring police checks, I hereby authorize any municipal, state or federal law enforcement agency to release records concerning my background.

I understand that, if I am employed, I will be required to abide by all rules, regulations and policies of the Regional Transportation District, including the RTD Employee Code of Ethics, and further understand that I may be required to complete an RTD financial disclosure statement.

I have read and understand this application for employment including Section VI – Authorization & Certification. I further understand that if I am a finalist, I will consent to an alcohol and drug screen urine test. In order to be considered for employment with the RTD, all results of such tests must be negative.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Section V:1 – Education, Skills and Training**

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Select the highest level of education you have fully completed:

Less than 12 years    High school graduate    Some college    Associates / Technical degree    College graduate    Post graduate degree

Provide details on your education and training below.

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High School \_\_\_\_\_ Credit/Semester hours earned \_\_\_\_\_

Address \_\_\_\_\_ Diploma or GED earned \_\_\_\_\_

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College or University \_\_\_\_\_ Credit/Semester hours earned \_\_\_\_\_

Address \_\_\_\_\_ Degree or Certificate earned \_\_\_\_\_

Course of Study \_\_\_\_\_

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University Graduate study \_\_\_\_\_ Credit/Semester hours earned \_\_\_\_\_

Address \_\_\_\_\_ Degree or Certificate earned \_\_\_\_\_

Course of Study \_\_\_\_\_

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Business, Correspondence,  
Trade or Technical school \_\_\_\_\_ Credit/Semester hours earned \_\_\_\_\_

Address \_\_\_\_\_ Degree or Certificate earned \_\_\_\_\_

Course of Study \_\_\_\_\_

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List any professional licenses or vocational certifications you hold. List also clubs, organizations, societies or professional groups that would be of relevance or have a direct bearing upon your qualifications for the job or for the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_

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**Section V:2 – Education, Skills and Training relevant to position for which you are applying**

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Please indicate your experience or proficiency

Typing rate: \_\_\_\_\_ words / minute    Please indicate proficiency: Beginner, Intermediate or Advanced: \_\_\_\_\_

\_\_\_\_\_ MS Word    \_\_\_\_\_ MS Excel    \_\_\_\_\_ MS Access    \_\_\_\_\_ MS PowerPoint

\_\_\_\_\_ PBX operation

\_\_\_\_\_ Other: \_\_\_\_\_    \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_    \_\_\_\_\_ Other: \_\_\_\_\_

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**Section VI:1 – Work History General**

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Have you filed an application with RTD before?     Yes     No

If yes, give date(s) \_\_\_\_\_ For what position did you last file an application? \_\_\_\_\_

Have you ever been discharged, dismissed or requested to resign from any job?     Yes     No

If yes, please explain the circumstances: \_\_\_\_\_

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

Are you presently employed?     Yes     No

\*May we contact your present employer(s) for reference information?     Yes     No

If not, please explain why: \_\_\_\_\_

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**\*See authorization and certification above the signature line.**

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**Section VI:2 – Work History      Specific (last ten years of employment)**

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You **MUST** identify at least the last **Ten Years** of employment. Provide a thorough description of your experience and employment history. Use separate blocks if your duties and responsibilities changed significantly while you were working for the same employer. Treat each such change as a separate position. Begin with your current or most recent job and work back. Account for periods of unemployment and military service.

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Employer Name (Current or most recent) \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Title of Your Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Salary-Start \_\_\_\_\_ Salary-End \_\_\_\_\_  
Describe Work Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Employer Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Title of Your Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Salary-Start \_\_\_\_\_ Salary-End \_\_\_\_\_  
Describe Work Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Employer Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Title of Your Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Salary-Start \_\_\_\_\_ Salary-End \_\_\_\_\_  
Describe Work Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Employer Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Title of Your Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Salary-Start \_\_\_\_\_ Salary-End \_\_\_\_\_  
Describe Work Performed \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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**Section VI:2 - Work History - CONTINUED. DO NOT DUPLICATE INFORMATION.**

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Employer Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Title of Your Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Salary-Start \_\_\_\_\_ Salary-End \_\_\_\_\_  
Describe Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Employer Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Title of Your Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Salary-Start \_\_\_\_\_ Salary-End \_\_\_\_\_  
Describe Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Employer Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Title of Your Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Salary-Start \_\_\_\_\_ Salary-End \_\_\_\_\_  
Describe Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Employer Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Title of Your Position \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Date Started \_\_\_\_\_ Date Ended \_\_\_\_\_ Salary-Start \_\_\_\_\_ Salary-End \_\_\_\_\_  
Describe Work Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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**Section VII - Authorization & Certification: Please carefully read this application/certification section before signing your name.**

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I certify that the answers and statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation, omission or falsification of information may bar me from any further consideration for employment, or if I have been employed, cause my immediate termination from the Regional Transportation District. I further understand that successful completion of a physical examination may be a condition of employment.

I authorize you, at the time of my application for employment or during the course of my employment, to obtain information from the companies, schools, persons or any source named in this application, to obtain any information regarding my work character, records, qualifications, education, experience, medical history, financial or credit record, and hereby release said companies, schools, persons and other sources from any liability for any damage whatsoever for issuing this information. For positions requiring police checks, I hereby authorize any municipal, state or federal law enforcement agency to release records concerning my background.

I understand that, if I am employed, I will be required to abide by all rules, regulations and policies of the Regional Transportation District, including the RTD Employee Code of Ethics, and further understand that I may be required to complete an RTD financial disclosure statement. **I have read and understand this application for employment including Section VII — Authorization & Certification. I further understand that if I am a finalist, I will consent to an alcohol and drug screen urine test. In order to be considered for employment with the RTD, all results of such tests must be negative.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



# APPLICANT REFERRAL SURVEY

Name: \_\_\_\_\_

Position applied for: \_\_\_\_\_

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please help us by indicating how you learned of the position for which you are applying.**

**Select only one source please.**

- RTD Employee (\*)
- Friend or relative – Non-RTD employee
- Community Service Organization (\*)
- Newspaper (\*)
- Phone inquiry
- Customer Care Center
- Walk-in
- Radio (\*)
- Television (\*)
- RTD Website
- Other Website (\*)
- Ad on or inside bus
- Mailing
- Text Message
- PA announcement
- Facility banner
- Station display screen
- Job Fair (\*)
- Internal job posting
- Trade Journal (\*)
- Email
- Facebook/Twitter
- Text message
- Billboard ad
- Other

If you selected a source with an asterisk (\*), please list the name.

\_\_\_\_\_

# **REQUEST FOR VETERAN'S PREFERENCE POINTS**

## VETERAN'S PREFERENCE POINTS POLICY STATEMENT

The Regional Transportation District's Veteran's Preference Point Policy will apply to all non-promotional recruitments within the District. Veteran's preference points are added to final passing scores on non-promotional examinations only for eligible Veterans and non-remarried spouses of qualified Veterans. Qualifying Veterans without disabilities and non-remarried spouses of such Veterans will be awarded five points to final passing scores. Qualifying disabled Veterans will be awarded ten points to final passing scores. Applicants claiming Veteran's preference must attach a copy of a DD214 and other supporting documents which verify the right to claim points

NAME: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

### **RTD RECRUITER'S USE ONLY**

Recruitment Type: Internal \_\_\_\_\_ Simultaneous \_\_\_\_\_  
(Veteran's preference points do not apply to approved simultaneous recruitments)

Honorable Discharge: \_\_\_\_\_

Qualifiers:

1. Served in any branch of the armed forces of the United States during any period or any declared war or any undeclared war or other armed hostilities against an armed foreign enemy, or
2. Served on active duty in any such branch in any campaign or expedition for which a campaign badge is authorized.

Veteran's Preference Points Approved: \_\_\_\_\_ Recruiter: \_\_\_\_\_

NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **EQUAL OPPORTUNITY SURVEY**

Dear Applicant:

The Regional Transportation District is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, national origin, ethnicity, sex, age, disability or veteran status.

Please answer the questions on this survey. Federal law requires that employers keep records of the race, sex and age of applicants and employees to facilitate the enforcement of equal employment opportunity laws. In addition, survey results assist RTD in our ongoing efforts to promote a diverse workforce.

Your survey response will be forwarded immediately to RTD's Equal Opportunity Administrative Officer. It will not be used in your employment application process. Participation is voluntary, and refusal to provide a response will not subject you to adverse treatment. Your response will be kept in a confidential file separate from your employment application and all other employment records. Thank you for your cooperation.

Your name: \_\_\_\_\_

Title of position for which you are applying: \_\_\_\_\_

IRC# \_\_\_\_\_ Date of Application: \_\_\_\_\_

Please place a check mark in front of the description that best describes your sex and ethnic background (numbers in parentheses are for record keeping purposes). Please refer to the definitions set forth below:

- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| _____ White Male (10)             | _____ White Female (16)             |
| _____ Black Male (11)             | _____ Black Female (17)             |
| _____ Hispanic Male (12)          | _____ Hispanic Female (18)          |
| _____ Asian Male (13)             | _____ Asian Female (19)             |
| _____ American Indian Male (14)   | _____ American Indian Female (20)   |
| _____ Native Hawaiian Male (15)   | _____ Native Hawaiian Female (21)   |
| _____ Two or More Races Male (22) | _____ Two or More Races Female (23) |

**White:** All persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American:** All persons having origins in any of the black racial groups of Africa.

**Hispanic or Latino:** All persons of Cuban, Mexican, Puerto Rican, South or Central America or other Spanish culture or origin regardless of race.

**Asian:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native:** All persons having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Native Hawaiian or Other Pacific Islander:** All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Two or More Races:** All persons who identify with more than one of the above races.