



EL DORADO COUNTY TRANSIT AUTHORITY
HUMAN RESOURCES DEPARTMENT
APPLICATION FOR EMPLOYMENT

6565 COMMERCE WAY, DIAMOND SPRINGS, CA 95619
TELEPHONE: 530.642-5383 FAX: 530.622-2877
www.eldoradotransit.com

FOR PERSONNEL USE ONLY:

Date:

Please TYPE or PRINT in dark ink. An application completed with insufficient detail, in pencil, or without signature will constitute failure of the initial step of the examination process and the application will be rejected.

IMPORTANT: YOU WILL BE NOTIFIED BY MAIL OF YOUR STATUS. EL DORADO COUNTY TRANSIT AUTHORITY (EDCTA) IS AN EQUAL OPPORTUNITY EMPLOYER. WOMEN, MINORITIES, AND THE DISABLED ARE ENCOURAGED TO APPLY. IF YOU NEED ACCOMMODATION IN THE EXAMINATION/INTERVIEW PROCESS, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT A LEAST FIVE (5) WORKING DAYS BEFORE A SCHEDULED EXAMINATION/INTERVIEW.

1. EXACT TITLE OF POSITION FOR WHICH YOU ARE APPLYING:

2. NAME (FIRST): MIDDLE: LAST:

3. MAILING ADDRESS: CITY: ST.: ZIP:

4. HOME PHONE: () CELL PHONE: () EMAIL:

Answer by checking appropriate box

Table with 3 columns: Question, YES, NO. Contains items 5 through 13 regarding employment eligibility, objections, and language skills.

14. SPACE IS PROVIDED FOR AN EXPLANATION, IF NECESSARY, FOR ITEMS 7, 8, 10, OR TO LIST ANY SPECIAL SKILLS.

INSUFFICIENTLY COMPLETED APPLICATIONS WILL BE REJECTED
TURN APPLICATION OVER AND FILL OUT BEFORE SIGNING BELOW

15. CERTIFICATE OF APPLICATION: Recheck the Application to be sure it is complete and read the following carefully before signing. Applicant must sign personally. "I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material facts herein may cause forfeiture on my part of any employment or payment as an employee in the service of EDCTA. I further agree to be fingerprinted, to submit to a complete medical examination, submit a current DMV official K-4 report, and, upon employment, to furnish such proof of age as may be required. I hereby authorize representatives of EDCTA to contact (except as noted in #6) organizations, employers, schools and individuals listed for the purpose of establishing or verifying my qualifications, work history and work habits in connection with this application for EDCTA employment. I understand and acknowledge that such information will be used confidentially and for the purpose of employment decisions only. I authorize the individuals or organizations contacted to release the above information to the El Dorado County Transit Authority."

Signature: Date:

INCOMPLETE APPLICATIONS WILL BE REJECTED

(i.e., "See attached resume" is unacceptable)

PLEASE READ THE MINIMUM QUALIFICATIONS SECTION OF APPLICATION BEFORE FILLING OUT THIS SIDE.

16.

EDUCATION AND EXPERIENCE

A. Do you possess a High School Diploma or G.E.D.? Yes No

B. NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	SEMESTER UNITS	QUARTER UNITS	DEGREE	DATE COMPLETED

C. BUSINESS, CORRESPONDENCE, TRADE, OR SERVICE SCHOOLS: _____ COURSE OF STUDY: _____

17. CERTIFICATES, LICENSES, OR PROFESSIONAL REGISTRATION WHICH APPLY TO THIS POSITION:

DATE ISSUED: _____ TYPE OF LICENSE & REGISTRATION NO.: _____

DATE ISSUED: _____ TYPE OF LICENSE & REGISTRATION NO.: _____

18.. IF THIS POSITION REQUIRES COMPUTER, TYPING, AND/OR SHORTHAND SKILLS, PLEASE INDICATE: YES NO WPM
 Computer: _____
 Typing: _____
 Steno: _____

19. EXPERIENCE: Begin with your most recent experience. List ALL experience in the last ten years, including U.S. Military Service. Give details of the experience which you believe helps you meet the requirements of the position for which you are applying. Show actual time (number of hours/days, number of hours/weeks) spent in such experience. If "volunteer," state in the space following salary. Resumes are encouraged, BUT WILL NOT BE ACCEPTED IN LIEU OF ANY PORTION OF THE STANDARD EDCTA APPLICATION. All materials submitted become the property of EDCTA. You may attach additional sheets if necessary.

Period of Employment: From: _____ To: _____ Total: _____ Years _____ Months Full Time: _____ Part Time: _____ If part time, give exact or average hours per week.	Job title & most relevant duties performed: Title: _____ No. Supervised: _____ Duties: _____	Names &Addresses of Employer(s): Employer: _____ Address: _____ _____ Immediate Supervisor: _____ Phone No.: _____ Reason for leaving: _____ _____
Period of Employment: From: _____ To: _____ Total: _____ Years _____ Months Full Time: _____ Part Time: _____ If part time, give exact or average hours per week.	Job title & most relevant duties performed: Title: _____ No. Supervised: _____ Duties: _____	Names &Addresses of Employer(s): Employer: _____ Address: _____ _____ Immediate Supervisor: _____ Phone No.: _____ Reason for leaving: _____ _____
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PLEASE COMPLETE BOTH SIDES OF THIS FORM AND BE SURE YOUR APPLICATION IS SIGNED IN ITEM 15



Pre-Employment Drug Testing Acknowledgement

I hereby 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 (DOT), 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 test results.

If hired, I further understand that I will be part of El Dorado County Transit Authority’s ongoing drug/alcohol misuse testing program which includes random, reasonable suspicion, post-accident and return to duty testing.

If I either refuse to cooperate with the mandatory DOT Anti-Drug/Alcohol Misuse testing program as implemented by El Dorado County Transit Authority, or if I have a verified positive drug test reported to El Dorado County Transit Authority after the careful review of the Medical Review Officer, I understand that I will not be considered for employment.

(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgement is completed and signed)

Background Check Disclaimer

All applicants determined to meet the minimum job and employment qualifications will be required to undergo a fingerprint screening in which any past criminal convictions will be reviewed.

I hereby certify that my answers are true and complete to the best of my knowledge. I acknowledge that I have read the job description for the recruitment and understand that my application form must demonstrate that I meet the minimum qualifications for the job I am applying for; and, if the announcement requires any attachments or additional information, it is my responsibility to provide them by the deadline.

If my contact information changes after I submit my application, it is my responsibility to notify the El Dorado County Transit Authority office.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature of Applicant

Date

Print Name

Date

Applicant EEO-1 Data Sheet

Please complete this New Hire EEO-1 Data Sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. This information will not be used as the basis for any adverse employment decision.

Name _____ Date: _____
Last First Middle

Position Applied For: _____

Referral Source: Internal (Current Employee) eldoradotransit.com Friend
 Relative Employment Agency Craigslist
 Other (please specify): _____

EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and separate from personnel files. It may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Gender: Male Female

Please check the EEO Identification Group that **best** applies to you:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- OR -
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** A person 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 (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.
- I do not wish to Self-Identify**

Protected Veteran Self-Identification Form

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

(1) "*disabled veteran*" is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

(2) "*recently separated veteran*" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

(3) An "*active duty wartime or campaign badge veteran*" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

(4) An "*Armed forces service medal veteran*" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN
- I CHOOSE NOT TO SELF-IDENTIFY

Signature

Date

If you should have any questions regarding this form, please contact Human Resources.

For Human Resources Use Only:

Requisition #: _____

Job Group: _____