



Amador Transit

11400 American Legion Drive, Jackson, CA 95642
Phone: 209-267-9395 – Fax: 209-267-1462
Website: www.AmadorTransit.com

Application for Employment

Amador Transit is an Equal Opportunity Employer

Instructions and Information:

Please read the following instructions BEFORE completing this application for employment.

- Review the minimum qualifications and the application instructions to ensure you submit all required documents with your application.
- If a supplemental application is required, all questions must be answered in order to be considered.
- Resumes will not substitute for a completed application form.
- Print in ink or type your responses in spaces provided on the application form. An application is required for each position you are applying for.
- Application and supporting materials may not be returned. Incomplete applications will not be considered.
- Applications are accepted only for positions that are currently advertised. Applications may be submitted in person or via mail to:

Amador Transit

11400 American Legion Drive
Jackson, CA 95642
Phone: 209-267-9395

Application packets must be received by 4:30 p.m. on the final filing date listed on the job announcement.

Late applications will not be accepted regardless of postmarks. Amador Transit is not liable for materials lost or delayed in the U.S. Mail.



Empty box for office use only

Application for Employment

(Please Print in Ink or Type)

Date Application Received

PERSONAL INFORMATION

Title of Position Applied For:			Today's Date:	
Name:	Last	First	Middle	
Address:	Number & Street	City	State & Zip	
Mail Address:				
Phone Number:	Alternate Phone Number(s):		E-Mail Address:	
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EMPLOYMENT INFORMATION

Have you ever been employed or are you currently employed by AT?..... Yes No

If yes, list employment dates (Month/Year) and job title: _____

Have you ever been employed with AT or applied for AT under another name? Yes No

If yes, please list other name(s): _____

Have you ever applied for this SAME position in the past? Yes No

If yes, list the date(s) (Month/Year): _____

Do you have any relatives employed by AT?..... Yes No

If yes, Name: _____ Relationship: _____

Have you ever been discharged, terminated or asked to resign in the past? Yes No

If yes, please explain:

Conviction Information: A conviction does not necessarily disqualify an applicant from employment. Each case is considered individually and in relation to the position for which you have applied.

Since the age of 18, have you been convicted of a felony or misdemeanor? Yes No

(Do not include convictions where the criminal record has been expunged or sealed; misdemeanor convictions for which probation was successfully completed and the case was judicially dismissed, or misdemeanor marijuana-related convictions that occurred over two years ago.)

Do you possess a valid Driver's License?... Yes No

License #: _____ State: _____ Class: _____ Expiration Date: _____ Endorsements: _____

If offered employment, are you able to provide verification of your legal right to work in the U.S.? Yes No

If you need reasonable accommodation, during any stage of the application process (i.e., written exam or oral interview), please contact the General Manager to discuss your request.

Applicant's Name: (Last, First and Middle Initial)	Position Applied For:
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FROM (Mo/Yr):	TO (Mo/Yr):	Job Title (Include Classification or Level, if applicable):	Supervisor's Name & Title:
Hours Per Week:	Total Time Worked: (Yrs/Mos)	Company Name:	
Ending Wage/Salary Earned: \$ per	Address:		

Duties Performed:

Reason For Leaving:

FROM (Mo/Yr):	TO (Mo/Yr):	Job Title (Include Classification or Level, if applicable):	Supervisor's Name & Title:
Hours Per Week:	Total Time Worked: (Yrs/Mos)	Company Name:	
Ending Wage/Salary Earned: \$ per	Address:		

Duties Performed:

Reason For Leaving:

FROM (Mo/Yr):	TO (Mo/Yr):	Job Title (Include Classification or Level, if applicable):	Supervisor's Name & Title:
Hours Per Week:	Total Time Worked: (Yrs/Mos)	Company Name:	
Ending Wage/Salary Earned: \$ per	Address:		

Duties Performed:

Reason For Leaving:

Applicant's Name: (Last, First and Middle Initial)

Position Applied For:

Amador Transit

Certification

I hereby certify that the statements made by me on this application, attachments and supplemental materials are true, complete and correct. I understand that any misrepresentations or material omission of fact, whether intentional or unintentional, on this application, attachments, supplemental materials or during the course of interviews will result in disqualification of my application or, if I am employed, may constitute grounds for disciplinary action, up to and including dismissal.

I understand that, as part of the selection process, my employer and former employers may be contacted to verify the information provided by me on the application materials or during the course of interviews. Therefore, I hereby authorize any person, firm or organization listed here on to provide Amador Transit with employment-related information and hereby release any person, firm or organization from any and all liability resulting from the use or disclosure of this information.

I further understand that an offer of employment may be subject to successful completion of a job-related pre-employment physical examination. Fingerprinting for a criminal background check conducted by the Department of Justice may also be required for certain positions identified by the District. Furthermore, I understand and agree that any offer of employment for a position designated as "safety sensitive" by the Department of Transportation, Federal Transit Administration Regulations (49 CFR Parts 40 and 665), is contingent upon successful completion of a pre-employment drug screening.

I understand that all offers of employment are contingent upon my furnishing documentation evidencing employment authorization in accordance with the Immigration Reform and Control Act of 1986 (IRCA).

Signature

Date

Applicant's Name: (Last, First and Middle Initial)

Position Applied For:

Equal Employment Opportunity Questionnaire

Amador Transit is an Equal Opportunity Employer

It is the policy of Amador Transit to take all personnel actions on the basis of merit and other job-related factors, without regard to race, color, religion, gender, national origin, ancestry, age, physical or mental disability, marital status, sexual orientation, veteran status, genetic characteristics, political affiliation or any other non-related job criteria.

To assist us with complying with equal opportunity record keeping and reporting requirements, all applicants are asked to voluntarily complete this questionnaire. This information will be treated confidentially and will be used for statistical reporting purposes only. This information will not have any effect on your application.

Gender: Male Female Age: Under 40 years 40 years or over

Ethnic Origin: (Please Check One)

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian:** 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, Indonesia, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Singapore, Thailand, and Vietnam.
- Black or African-American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to Black or African-American."
- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Multiple Race:** (Two or more races.)

Disabled Status: The California Fair Employment and Housing Act states that an individual has a "disability" if that individual

- 1) has a physical or mental impairment which limits one or more of that person's major life activities,
- 2) has a record of such an impairment, or
- 3) is regarded as having such an impairment.

Are you disabled per the definition above? Yes No

Disabled Veteran Status: (Please check any of the following that apply to you)

- Disabled Veteran:** Any person entitled to disability compensation under laws administered by the Veterans Administration, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of military duty.
- Other Covered Veteran:** Recently separated veterans (any veteran currently within three-years of discharge or release from active duty); Veterans who received an "Armed Forces Medal"; or other protected veterans 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 then Department of Defense.

Recruitment Source: Please check the box of one source which indicates how you first learned about this position.

- Newspaper or Trade Publication**
(Name) _____
- Job Fair** (event name/location/date) _____ **Walk-In** **TV**
- Internet** (website name) _____ **Job Announcement** (AT office location) _____
- Community Organization** (Name) _____ **Current AT Employee**
- Other** (please specify) _____