



# Amador Transit

11400 American Legion Drive, Jackson, CA 95642

Phone: 209-267-9395 – Fax: 209-267-1462

Website: [www.AmadorTransit.com](http://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 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

Date Application Received

# Application for Employment

(Please Print in Ink or Type)

## PERSONAL INFORMATION

Title of Position Applied For:	Today's Date:
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Name:	Last	First	Middle
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Address:	Number & Street	City	State & Zip
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Mail Address:

Phone Number:	Alternate Phone Number(s):	E-Mail Address:
( )	( )	

## 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: \_\_\_\_\_

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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**EDUCATION**

Do you possess a High School Diploma or GED Certificate?.....  Yes  No

Name and Location of College, University or Vocational School	Major or Course of Study	Units Completed (Indicate Semester or Quarter)	Graduate? Y or N	Type of Degree

**LICENSES AND CERTIFICATES**

Other licenses and/or certificates you hold that are related to your qualifications for this position:

Certificate or License	Issuing State	Registration Number	Expiration Date

**EMPLOYMENT HISTORY**

Beginning with your most recent job, list your employment history for at least the past 10 years, including any military service. If you have held more than one position with an employer, list each position separately. Use additional sheets if necessary, using this same format. Resumes will not substitute for a completed application form. You will be evaluated based on the information provided. Incomplete applications cannot be considered. May we contact your current employer?  Yes  No

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:	Company Phone Number: (     )	

Duties Performed:

Reason For Leaving:

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 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 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

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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) \_\_\_\_\_