Job Application Form



Date of Application	Position	E	mployment T	ype desire	ed
			Full-Time	Part-	Time
Personal Information	1				
Full Name					
Address				'	
Phone		Email			
Driving License No Yes		Commercial? No Yes DL#			
Applied before ?	Yes	No			
Skills/Training/certif	icates				
Endorsements Deg		Special ling	Previous driving positions?		Other
Employment History					
Company		Position		Year	Reason for Leaving
				C	
Have you applied for this position before:		No	No Y		When
Do you have any friends or relatives employed by AT		S No	No Yes		

Please Attach your resume or anything you think would be beneficial

Attachments: Comments or continuation from application question:						
References/ Previous Employers						
Name: Phone:	Company: Email:					
Name: Phone:	Company: Email:					
Name: Phone:	Company: Email:					
References/Personal						
100000000000000000000000000000000000000						
Name: Phone:	Relationship: Email:					
Name: Phone:	Relationship: Email:					
Name: Phone:	Relationship: Email:					

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:	
Recruitment Source: Plea position.	ase check the box of one so	ource which indicates how yo	ou first learned about this
0 Newspaper Publication	(Name)		
0 Job Fair (event name/lo	ocation/date)		
0 Walk-In (spoke with) 0 I	nternet (website name)		

EQUAL EMPLOYMENT OPPORTUNITY SUPPLEMENTAL QUESTIONAIRE

It is the policy of Amador Transit to take all personnel actions on the basis of merit and other jobrelated 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: 0 Male 0 Female

Age: 0 Under 40 years 0 40 years or over

Ethnic Origin: (Please Check One)

<u>0 American Indian or Alaska Native</u>: 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.

<u>0 Asian:</u> 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.

<u>0 Black or African American</u>: 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."

<u>0 Hispanic or Latino</u>: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

<u>0 Native Hawaiian or Other Pacific Islander</u>: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

<u>0 White:</u> A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

<u>0 Multiple Race</u>: (Two or more races.)

<u>Disabled Status</u>: 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? 0 Yes 0 No

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

<u>0 Disabled Veteran</u>: 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.

<u>0 Other Covered Veteran</u>: 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.

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.