



APPLICATION FOR EMPLOYMENT

HUMBOLDT TRANSIT AUTHORITY
133 V STREET, EUREKA, CA 95501
(707) 443-0826

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE TYPE OR PRINT IN DARK INK. USE ADDITIONAL PAGES IF NECESSARY

1. Title of Position Applied For:

Bus Driver Mechanic Other

2. Last Name First Middle

3. Address City State Zip Code

4. Home Phone Work/Message Phone Social Security Number

CHECK "YES" OR "NO" TO EACH QUESTION BELOW: EXPLAIN "YES" ANSWERS

5. Are you now or have you ever been an employee of the Humboldt Transit Authority?

Yes No If yes, state position and dates of employment.

6. Are you related to anyone now employed by the Humboldt Transit Authority?

Yes No If yes, state name and relationship.

7. Do you have any physical, mental or medical condition which may impair your ability to perform the job for which you are applying, or that would endanger your own or other's health and safety if you held that job? Yes No If yes, describe the condition and explain.

8. Have you ever been discharged or forced to resign from employment?

Yes No If yes, state employer, position held, dates of employment

and reason for discharge.

9. Have you ever tested positive, or refused to test, on any pre-employment drug Or alcohol test administered by an employer to which you applied, but did not obtain the position in the past two years?

Yes No If yes, state employer name and address.

10. Have you ever been convicted of any crime in any civil or military court?
 Yes No If yes, state offense, date of conviction and penalty except for any conviction for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; or for any misdemeanor conviction for which probation has been successfully completed or otherwise discharged, and the case has been judicially dismissed as pursuant to Penal Code Section 1203.4. Note: Conviction is not necessarily a bar to employment except in cases where it may be related to the position for which you are applying.

11. Are there any hours/days you cannot work, or is there any reason you cannot accept part-time employment? Yes No

12. When will you be available for employment? _____

13. List the name, address, and telephone number of three persons living in the United States who are not related to you and who have definite knowledge of your qualifications for the position you are applying for:

1. _____

2. _____

3. _____

14. Are you a high school graduate or do you possess a GED?

15. Colleges attended, if any. List name, location, dates, major, units, degrees.

1. _____

2. _____

3. _____

16. If the job you are applying for requires specific skills, describe your proficiency in those skills:

17. State any licenses or certificates you hold which may help to qualify you for the position you are applying for. This includes driver licenses, professional registrations, certificates, etc.

18. Describe any training you have had which may help to qualify you for the position you are applying for. This includes training in trade, vocational, and business schools and manpower training programs. State type of training, where received, dates and whether successfully completed.

19. May Humboldt Transit Authority contact your current employer if you are considered for a job offer? Yes No If no, explain why.

20. List your work experience, beginning with your current or most recent employer, in reverse order. Show promotions as separate jobs. Include appropriate military experience. **IMPORTANT:** Check box* if this job gave you experience applicable to the position you are now applying for.

Employer	*	Dates Employed		Worked Performed
		From	To	
Address				

Telephone Number(s)		Hourly Rate/Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				
Employer	*	Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				
Employer	*	Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				
Employer	*	Dates Employed		Worked Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Ending	
Job Title	Supervisor			
Reason for Leaving				

NOTICE: You may be required to submit proof that you meet legal age, licensing and right to work requirements before appointment to any position. If you are selected for employment you will be medically examined at the expense of Humboldt Transit Authority. If you disagree with the results of that examination, you may at your own expense submit independent medical opinions for consideration before any final determination on disqualification is made.

I understand that my employment to Humboldt Transit Authority is contingent on passing a drug test.

READ CAREFULLY BEFORE SIGNING: I certify that all statements made in this Application are true to the best of my knowledge. I understand that false statements or omissions of material fact shall be sufficient for dismissal or disqualification from employment.

Signature

Date

OFFICE USE:

Received Date/Time
of Application: _____

By: _____