

EASTERN CONTRA COSTA TRANSIT AUTHORITY 801 Wilbur Avenue Antioch, CA 94509 925-754-6622 925-757-2530 Fax

EMPLOYMENT APPLICATION

As an EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER, Eastern Contra Costa Transit Authority (ECCTA) does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex, disability, veteran status, genetic condition, or any other basis prohibited by applicable law. To effectively compete for employment, all applicants must be qualified and capable of performing the essential functions of the position with or without reasonable accommodation.

				Date:_			
Name: _			Social Security:				
	(Last)	(First)	(Middle)	-			
Address:	<u> </u>			Phone Nun	nber:		
	(Street)	(City)	(State/Z				
Address	for the past five	years:					
Address:	<u>:</u>				How Long?		
Address:	:				How Long?		
Address:	:				How Long?		
Are you	18 years old or old	der? Yes □ No □					
Can you,	, after employmen	t, submit verification of	of your legal right to v	work in the United	States? Yes No		
Are you able to perform the functions of the job for which you are applying, either with or without reasonable accommodation? Yes \square No \square							
If no, describe the functions that cannot be performed:							
(Note: ECCTA complies with all applicable laws regarding disabilities and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests).							
In case of	of emergency, we s	should contact: N	Vame:				
		P	Phone:		_		
Address:	,		(Area Code)				
Hudioss.	(Number)	(Street)		(City)	(State)		

Work Experience (most recent experience first)

1	CURRENT EMPLOYER AND SUPERVISOR	RESPONSIBILITIES AND DUTIES	DATE OF EMPLOYMENT
1	COMPANY NAME		STARTING
	ADDRESS		
	CITY, STATE, ZIP		ENDING
	NAME OF SUPERVISOR		
	TITLE OF SUPERVISOR		REASON FOR LEAVING
	PHONE NUMBER:		
_	CURRENT EMPLOYER AND SUPERVISOR	RESPONSIBILITIES AND DUTIES	DATE OF
2	COMPANY NAME		EMPLOYMENT STARTING
	ADDRESS		
	CITY, STATE, ZIP		ENDING
	NAME OF SUPERVISOR		
	TITLE OF SUPERVISOR		REASON FOR LEAVING
	PHONE NUMBER:		
_	CURRENT EMPLOYER AND SUPERVISOR	RESPONSIBILITIES AND DUTIES	DATE OF EMPLOYMENT
3	COMPANY NAME		STARTING
	ADDRESS		
	CITY, STATE, ZIP		ENDING
	NAME OF SUPERVISOR		
	TITLE OF SUPERVISOR		REASON FOR LEAVING
	PHONE NUMBER:		
4	CURRENT EMPLOYER AND SUPERVISOR	RESPONSIBILITIES AND DUTIES	DATE OF EMPLOYMENT
4	COMPANY NAME		STARTING
	ADDRESS		
	CITY, STATE, ZIP		ENDING
	NAME OF SUPERVISOR		
	TITLE OF SUPERVISOR		REASON FOR LEAVING
	PHONE NUMBER:		

May we contact the employers listed above? Yes No
If no, indicate by numbers which one(s) you do not wish us to contact: _

COLLEGE/UNIVERSITY RECORD OF EDUCATION

	NUMBER OF YEARS ATTENDED	GRADUATED YES NO	TYPE OF DEGREE				
High School		120 110					
College / University							
Other Schools							
Have you ever belonged to a club, organization, society, or professional group which has a direct bearing on your qualification for the job which you are seeking? If so, please explain:							
MILITARY SERVICE RECORD Have you ever been a member of the armed forces of the United States? Yes \(\text{No} \) If yes, did you develop any special skills or abilities which directly relate to the job for which you are applying? If so, please explain							
Initials I understand that nothing in this application or any interview that may be conducted is intended to create an employment							
contract between ECCTA and me, nor does it pro-	rovide me with any entitlemen	nt to employment-relat	ed benefits from ECCTA.				
Initials I agree to undergo a physical examination if required, and fully understand that employment is contingent upon meeting ECCTA's physical requirements.							
Initials I hereby certify that I have not and that the answers given by me are true and copersonally completed this application. I understused to secure employment shall be grounds for time elapsed before discovery.	orrect to the best of my know and that any omission or mis	ledge. I further certify statement of material f	act on this application or any document				
Initials I hereby authorize ECCTA to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment. I further authorize the prior employers listed here to disclose to ECCTA any and all letters, reports, and other information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release ECCTA, my former employers and all other persons, corporations, partnerships and associates from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.							
Signature of Applicant			Date				