

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:			Phone Nu	mber:		
(Street)	(City)	(State/Z				
Address for the past five	e years:					
Address:				How Long?		
Address:				How Long?		
Address:			How Long?			
Are you 18 years old or o						
Can you, after employme	nt, submit verification	of your legal right to	work in the United	States? Yes \square No \square		
Are you able to perform t reasonable accommodation		•	plying, either with	or without		
If no, describe the function	ons that cannot be perfo	rmed:				
	ole applicants/employees			le accommodation measures tha be subject to passing a medica		
In case of emergency, we	should contact: N	lame:				
	F	Phone:				
Address:		(Area Code)				
(Number)	(Street)		(City)	(State)		

Work Experience (most recent experience first)

CURRENT EMPLOYER AND SUPERVISOR	RESPONSIBILITIES AND DUTIES	DATE OF EMPLOYMENT
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 EMPLOYMENT
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 EMPLOYMENT
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 EMPLOYMENT
COMPANY NAME		STARTING
ADDRESS		
CITY, STATE, ZIP		ENDING
	4	
NAME OF SUPERVISOR		
NAME OF SUPERVISOR TITLE OF SUPERVISOR	-	REASON FOR LEAVING

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			
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 \Box No \Box 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 provide me with any entitlement to employment-related 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 knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for the rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

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