

An Equal Opportunity Employer
GOLDEN EMPIRE TRANSIT DISTRICT (GET)
APPLICATION FOR EMPLOYMENT

Position Applied For _____

PLEASE NOTE THAT RESUMÉS WILL NOT BE ACCEPTED IN LIEU OF AN APPLICATION
(Please fill out in your own handwriting)

We appreciate your interest in Golden Empire Transit District and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will help us potentially place you in a position that meets your objectives and those of the organization. Qualified applicants are considered for all positions without regard to race, color, religion, ancestry, pregnancy, sex, national origin, age, marital or veteran status, sexual orientation, gender identity, or the presence of a non-job related medical condition or disability.

PERSONAL INFORMATION		SOCIAL SECURITY NUMBER	APPLICATION DATE
LAST NAME	FIRST NAME	MIDDLE INITIAL	TELEPHONE NUMBER
PRESENT ADDRESS	CITY	STATE	ZIP
REFERRED BY			
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY GOLDEN EMPIRE TRANSIT DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE GIVE DATES: FROM ____/____/____ TO ____/____/____			
ARE YOU LESS THAN 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		ARE YOU A CITIZEN OF THE UNITED STATES OR DO YOU HAVE THE RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE	DRIVING RECORD <input type="checkbox"/> GOOD <input type="checkbox"/> EXCELLENT <input type="checkbox"/> FAIR

RECORD OF EDUCATION		PLEASE INDICATE ANY LANGUAGES, OTHER THAN ENGLISH THAT YOU SPEAK _____ READ _____ WRITE _____			
SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	MAJOR	UNITS COMPLETED AND GRADE AVERAGE	GRADUATED YES/NO	DEGREES AND/OR DIPLOMAS
HIGH SCHOOL					
JR. COLLEGE					
COLLEGE/UNIVERSITY					
TECHNICAL/TRADE					
OTHER					
ARE YOU PRESENTLY TAKING ANY EDUCATIONAL COURSE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", WHAT AND WHERE:					

RECORD OF MILITARY SERVICE		HAVE YOU EVER SERVED IN THE U.S. ARMED SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PLEASE COMPLETE THE FOLLOWING:		
BRANCH	FROM	TO	RESERVE STATUS	
HIGHEST GRADE, RATING OR RANK ATTAINED		DRAFT CLASSIFICATION		
WHAT WERE YOUR DUTIES? (LIST SKILLS OR SPECIAL TRAINING)				

RECORD OF EMPLOYMENT		GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE FOR THE PREVIOUS TEN YEARS, LISTING MOST RECENT EMPLOYMENT FIRST, INCLUDE EMPLOYED/SELF-EMPLOYED/NON-EMPLOYED PERIODS AND PART-TIME OR SUMMER WORK	
MAY WE CONTACT YOUR PRESENT EMPLOYER ABOUT YOUR QUALIFICATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			

DATES OF EMPLOYMENT (MONTH, YEAR) FROM: TO:		EXACT TITLE OF YOUR POSITION	LAST SALARY	REASON FOR LEAVING
NAME OF EMPLOYER		TELEPHONE NUMBER OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR	DESCRIPTION OF YOUR WORK
ADDRESS OF EMPLOYER				
STREET		CITY	STATE	ZIP

EMERGENCY CONTACT INFORMATION		PLEASE IDENTIFY THE INDIVIDUAL THAT SHOULD BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:	
NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP
			RELATIONSHIP

JOB RESPONSIBILITIES

STATE POSITION APPLIED FOR OR TYPE OF WORK DESIRED:

WHAT MONTHLY EARNINGS DO YOU EXPECT? \$ _____ WHEN COULD YOU START?

IF EMPLOYED, YOU WOULD BE EXPECTED TO ASSUME CERTAIN KINDS OF RESPONSIBILITIES AS LISTED BELOW: (PLEASE MAKE YOUR ANSWERS SPECIFIC TO THE POSITION YOU ARE APPLYING FOR OR THE TYPE OF WORK YOU DESIRE. IF YOU CANNOT ANSWER SOME OF THE QUESTIONS, SKIP THEM. THE INTERVIEWER WILL HELP YOU COMPLETE THEM LATER.)

- JOB KNOWLEDGE:** IF EMPLOYED, YOU WOULD BE RESPONSIBLE FOR HAVING THE KNOWLEDGE REQUIRED FOR YOUR POSITION. WHAT SPECIFIC SKILLS OR KNOWLEDGE DO YOU HAVE THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING?

- DO YOU TYPE?** (ANSWER ONLY IF TYPING IS A REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.) YES NO (SPEED _____ W.P.M.)
 WHAT OFFICE MACHINES OR EQUIPMENT CAN YOU OPERATE? (ANSWER ONLY IF OFFICE EQUIPMENT OPERATION IS A REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.)

- LICENSES AND PROFESSIONAL CERTIFICATES:** WHAT OTHER KINDS OF SKILLS, LICENSES, OR PROFESSIONAL CERTIFICATES DO YOU HAVE?

- EQUIPMENT, MATERIALS, AND/OR RECORDS:** IF EMPLOYED, YOU MAY BE RESPONSIBLE FOR THE EQUIPMENT, MATERIALS, AND/OR RECORDS WHICH WOULD BE ENTRUSTED TO YOUR CARE. WHAT SPECIFIC EQUIPMENT, MATERIALS, AND/OR RECORDS, ETC., HAVE YOU BEEN RESPONSIBLE FOR IN THE PAST?

- PERFORMANCE OF OTHERS:** IF EMPLOYED, YOU MAY BE ASSIGNED TO A POSITION IN WHICH YOU WOULD BE RESPONSIBLE FOR THE WORK PERFORMANCE OF OTHER EMPLOYEES. WHAT SUPERVISORY AND/OR LEADERSHIP EXPERIENCE HAVE YOU HAD? (INDICATE THE TYPE OF WORK AND THE NUMBER OF PERSONS YOU SUPERVISED.)

- JOB CONDITIONS:** IF EMPLOYED, YOU MAY BE EXPOSED TO VARIOUS ENVIRONMENTAL DEMANDS, SUCH AS DUST, HEAT, COLD WEATHER, ETC. ARE THERE ENVIRONMENTAL DEMANDS THAT ARE DIFFICULT FOR YOU TO TOLERATE?

- PHYSICAL APTITUDE:** ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION?

OTHER COMMENTS (OPTIONAL)

OCCASIONALLY AN APPLICATION FORM MAKES IT DIFFICULT FOR A PERSON TO ADEQUATELY SUMMARIZE HIS OR HER COMPLETE BACKGROUND. TO ASSIST US IN FINDING THE PROPER POSITION FOR YOU, USE THE SPACE BELOW TO PROVIDE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS:

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ACKNOWLEDGEMENT

1. I authorize all corporations, companies, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Trak-1Technology, and release all parties involved from any liability and responsibility for doing so. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable period of time. I further understand that Golden Empire Transit District will furnish copies of any and all investigative reports that are obtained through the investigative process.
 2. I understand that if I am being considered for employment by this company, my references will be checked, I will be required to submit to a post-offer physical and drug/alcohol testing (all of which will be paid for by GET) and to authorize the release of the physical examination and test results to GET. Applicants whose test results are positive (prohibited substances present) will not be eligible for further employment consideration.
 3. Any acceptance of employment will be predicated upon the truthfulness of the written and verbal statements contained within this Application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful, any job extended to me may be withdrawn and, if employed, I may be subject to termination.
 4. I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records to release to Trak-1 Technology information or photocopies of my military personnel and related medical records, or only the following information/records. _____
Service # _____
Branch of service _____ from _____ to _____
- The background investigations will be conducted by P-A-S Associates, located at 1401 19th Street, Suite 420, Bakersfield, CA 93301.
5. I understand this Application for Employment is not to be confused as a guarantee of employment for a specific time. I further understand that my employment with GET does not constitute any form of contract, implied or expressed, and such employment will be terminable at-will either by myself or my employer upon notice of one party to the other. My continued employment is dependent upon satisfactory performance and the continued need for my services as determined by GET.
 6. I grant GET approval, after my termination of employment to release information which it may deem appropriate regarding my employment with or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.
 7. I understand that my Application for Employment will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six month period, I must reapply by (a) submitting a new Application for Employment or by (b) submitting a letter requesting renewal of my Application and including an update of my qualifications (recent work history, educational achievements, etc.).
 8. I acknowledge that I have read all of the above statements and that I understand them.

Applicant Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

