

Amador County Transportation Commission

Application for Employment

117 Valley View Way, Sutter Creek, CA 95685 ♦ Telephone: (209) 267-2282

Title of Position for Which You Are Applying _____

Name _____

Mailing Address _____

Phone _____

Email _____

READ FULLY AND RESPOND TO THE FOLLOWING QUESTIONS.	YES	NO
1. Do you have a valid driver's license to operate a motor vehicle in California? State: _____ Type of Lic: _____ Lic. No: _____ Lic. Exp. Date: _____		
2. Have you ever been employed by the County of Amador or any of its cities? If YES, give details.		
3. Do you object to the Transportation Commission making inquiry of your present employer?		
4. Have you ever been discharged from a position, or terminated during a probationary period for unsatisfactory service, or have you ever resigned upon request to avoid discharge? Give name and address of employer, date of discharge or forced resignation, and the reason.		
5. If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?		
6. Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? If no, describe the functions that cannot be performed. _____ _____ (Note, We comply with the ADA 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.)		
7. Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Misdemeanor convictions for marijuana-related offenses that are more than two years old need not be listed.) If yes, state nature of the crime(s), when and where convicted, and disposition of the case. _____ _____ (Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)		

EDUCATION		
	YES	NO
Do you possess a High School Diploma or G.E.D?		
Name & Location of College, University, or Trade School	Major Area of Study	
	Degree Received	
List college studies, internships and other educational experiences that are most applicable to the job being applied for.		
1.	2.	
3.	4.	

CERTIFICATES OF TRAINING, LICENSES OR PROFESSIONAL REGISTRATION		
Description	Date Issued	Registration No.

EXPERIENCE					
Begin with your most recent experience. List all experience in the last ten years, including U.S. Military Service. Give details which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. If more space is needed, you may attach additional sheets but they must contain answers to questions contained in this form.					
<small>Period of Employment</small>					
From:	To:	Total Yrs.	Total Mos.	Full-Time:	Part-Time:
Job Title:			Salary:	No. Supervised:	
Most Important Duties:					
<small>Employer Contact Information</small>					
Employer:					
Address:					
Immediate Supervisors:				Phone No:	
Reason for Leaving:					

From:	To:	Total Yrs.	Total Mos.	Full-Time:	Part-Time:
Job Title:			Salary:	No. Supervised:	
Most Important Duties:					
<small>Employer Contact Information</small>					
Employer:					
Address:					
Immediate Supervisors:				Phone No:	
Reason for Leaving:					

From:	To:	Total Yrs.	Total Mos.	Full-Time:	Part-Time:
Job Title:			Salary:	No. Supervised:	
Most Important Duties:					
<small>Employer Contact Information</small>					
Employer:					
Address:					
Immediate Supervisors:				Phone No:	
Reason for Leaving:					

From:	To:	Total Yrs.	Total Mos.	Full-Time:	Part-Time:
Job Title:			Salary:	No. Supervised:	
Most Important Duties:					
Employer Contact Information					
Employer:					
Address:					
Immediate Supervisors:				Phone No:	
Reason for Leaving:					

From:	To:	Total Yrs.	Total Mos.	Full-Time:	Part-Time:
Job Title:			Salary:	No. Supervised:	
Most Important Duties:					
Employer Contact Information					
Employer:					
Address:					
Immediate Supervisors:				Phone No:	
Reason for Leaving:					

REFERENCES					
Reference No. 1 (name):					
Address (mailing):					
Phone/Email:					
Reference No. 2 (name):					
Address (mailing):					
Phone/Email:					
Reference No. 3 (name):					
Address (mailing):					
Phone/Email:					

EMERGENCY CONTACT					
Name:					
Phone/Email:					

WAIVER AND RELEASE

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ 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 on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
_____ Initials	I hereby authorize Amador County Transportation Commission ("ACTC") to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company 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 ACTC, 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.
_____ Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and ACTC. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or ACTC, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and ACTC's designated representative.
_____ Initials	Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by ACTC, I am entitled to copies of any such public records obtained by ACTC unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. <input type="checkbox"/> I waive receipt of a copy of any public record described in the paragraph above.
_____ Initials	If offered a position, I agree that one or more background investigative reports for employment-related purposes may be performed.

Signature: _____ Date: _____