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FOR PERSONNEL USE ONLY:

Accepted: _____
 Rejected: _____
 Experience: _____
 Education: _____
 Other: _____

Date: _____

APPLICATION FOR EMPLOYMENT

Please TYPE or PRINT in dark ink. An application completed with insufficient detail, in pencil, or without signature will constitute failure of the initial step of the examination process and the application will be rejected.

IMPORTANT: EL DORADO COUNTY TRANSPORTATION COMMISSION (EDCTC) IS AN EQUAL OPPORTUNITY EMPLOYER. WOMEN, MINORITIES, AND THE DISABLED ARE ENCOURAGED TO APPLY. IF YOU NEED ACCOMMODATION IN THE EXAMINATION/INTERVIEW PROCESS, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT AT LEAST FIVE (5) WORKING DAYS BEFORE A SCHEDULED EXAMINATION/INTERVIEW.

EXACT TITLE OF POSITION FOR WHICH YOU ARE APPLYING:

NAME: FIRST: _____ MIDDLE: _____ LAST: _____

MAILING ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

HOME PHONE: (____) _____ BUSINESS PHONE: (____) _____ SS#: _____

E-MAIL ADDRESS: _____

Answer by checking the appropriate box	Yes	No
1. Can you, after an offer of employment, submit verification of the legal right to work in the U.S.? (U.S. regulations require all employees hired after 11/06/86 to provide proof of legal status to be employed in the U.S.)		
2. Do you object to EDCTC making inquiry of your present employer?		
3. 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? If yes, give name and address of employer, date of discharge or resignation, and the reason in Item No. 10.		
4. Have you ever been employed by EDCTC? If yes, give details in Item No. 10.		
5. Do you have a valid driver's license to operate a motor vehicle? If YES, complete the following: State: _____ Type of License: _____ License No. _____ Expiration Date: _____		
6. Do you have any relations by blood or marriage employed by EDCTC? (EDCTC policy prohibits nepotism). If YES, give name(s) and relationship in Item No. 10.		
7. Have you ever been convicted of a criminal offense (felony or a misdemeanor)? Convictions for marijuana-related offenses that are more than two years old need not be listed. If YES, please explain in Item No. 10.		
8. 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 in Item No. 10. (Note: EDCTC complies with the ADA and considers 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 skill and agility tests.)		

9. Please check the type of employment you are willing to accept: Full-Time: _____ Part-Time: _____ Temporary: _____

10. Space is provided below for your e-mail address; for an explanation, if necessary, for items 3, 4, 6, 7, and 8; or to list any special skills:

11. 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 EDCTC, I am entitled to copies of any such public records obtained by EDCTC 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. Please initial _____ OR check box: I waive receipt of a copy of any public record described in the paragraph above.

EDUCATION AND EXPERIENCE

12. A. Do you possess a High School Diploma or GED? YES NO

B. Name and location of college or university	Course of study	Semester Units	Quarter Units	Degree	Date Completed

C. Business, Correspondence, Trade, or Service Schools:	Course of Study:
Certificates, Licenses, or Professional Registration which apply to this position: Date Issued: Type of License and Registration No. _____ Date Issued: Type of License and Registration No. _____	13. If this position requires computer, typing, and/or shorthand skills, please indicate: <div style="text-align: right; margin-right: 20px;"> Yes No WPM </div> Computer: _____ _____ _____ Typing: _____ _____ _____ Steno: _____ _____ _____

14. **EXPERIENCE:** Begin with your most recent experience. List ALL experience in the last ten years, including U.S. Military Service. Give details of the experience which you believe helps you meet the requirements of the position for which you are applying. Show actual time (number of hours/days, number of hours/weeks) spent in such experience. If "volunteer," state in the space following salary. Resumes are encouraged, BUT WILL NOT BE ACCEPTED IN LIEU OF ANY PORTION OF THE STANDARD EDCTC APPLICATION. All materials submitted become the property of EDCTC. You may attach additional sheets if necessary.

Period of Employment From: To: Total: Years Months Full Time: Part Time: Immediate Supervisor: If part time, give exact or average hours per week:	Job title and most relevant duties performed: Title: No. Supervised: Salary: Duties:	Employer: Address Phone No. Reason for Leaving:
Period of Employment From: To: Total: Years Months Full Time: Part Time: Immediate Supervisor: If part time, give exact or average hours per week:	Job title and most relevant duties performed: Title: No. Supervised: Salary: Duties:	Employer: Address Phone No. Reason for Leaving:
Period of Employment From: To: Total: Years Months Full Time: Part Time: Immediate Supervisor: If part time, give exact or average hours per week:	Job title and most relevant duties performed: Title: No. Supervised: Salary: Duties:	Employer: Address Phone No. Reason for Leaving:

INSUFFICIENTLY COMPLETED APPLICATIONS WILL BE REJECTED

15. **CERTIFICATE OF APPLICATION:** Recheck the Application to be sure it is complete and read the following carefully before signing. Applicant must sign personally. "I hereby certify that all statements made in this application are true and I agree and understand that any misstatement or omission of material facts herein may cause forfeiture on my part of any employment or payment as an employee in the service of EDCTC. I hereby authorize representatives of EDCTC to contact (except as noted in Item No. #2) organizations, employers, schools, and individuals listed for the purpose of establishing or verifying my qualifications, work history and work habits in connection with this application for EDCTC employment. I understand and acknowledge that such information will be used confidentially and for the purpose of employment decisions only. I authorize the individuals or organizations contacted to release the above information to the El Dorado County Transportation Commission."

Signature: _____ Date: _____