



2828 Easy Street, Suite 1, Placerville, CA 95667
530.642.5260

FOR PERSONNEL USE ONLY:	
Date/Time Received:	_____
Accepted	_____
Rejected	_____
Experience	_____
Education	_____
Other	_____

Employment Application

Please TYPE or PRINT in dark ink. An application completed with insufficient detail, in pencil, or without a signature will constitute failure of the initial step of the examination process, and the application will be rejected. This application must be completed. "See resume" in any space may be cause for rejection. A resume may be attached for additional details.

POSITION YOU ARE APPLYING FOR:

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary		

EDUCATION			
College/ University		Address	
Number of years or units completed:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other Education		Address	
Number of years or units completed:	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other certificates, licenses, or Professional Registration which apply to this position:			

CURRENT OR PREVIOUS EMPLOYMENT: Begin with your most recent experience. List all experience in the last ten years including US military service. You may attach additional sheets if necessary.

Name of Employer	Phone
Address	Supervisor
Job Title	From To
Responsibilities	
Reason for Leaving	
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of Employer	Phone
Address	Supervisor
Job Title	From To
Responsibilities	
Reason for Leaving	
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of Employer	Phone
Address	Supervisor
Job Title	From To
Responsibilities	
Reason for Leaving	
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name of Employer	Phone
Address	Supervisor
Job Title	From To
Responsibilities	
Reason for Leaving	
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

DISCLAIMER, RELEASE, AND CERTIFICATION OF APPLICATION

I hereby authorize representatives of EDCTC to thoroughly investigate all information provided in this application and to contact organizations, employers, schools, and individuals listed (except as noted on Page 2) 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 EI Dorado County Transportation Commission. I hereby release EDCTC, my former employers, and all other persons and entities from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or release of information.

I certify that my answers are true and complete to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or 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. Should a search of public records be conducted by EDCTC personnel, I acknowledge that I am entitled to copies of any such records obtained by EDCTC whether or not I am hired.

Signature

Date

IMPORTANT: The EI Dorado County Transportation Commission (EDCTC) is an equal opportunity employer. Applicants are protected from employment discrimination based on race, color, national origin, sex, religion, age (40 or older), or disability. In addition, EDCTC complies with the Americans with Disabilities Act and considers reasonable accommodation measures that may be necessary for eligible applicants to perform essential job functions. If you need accommodation in the examination/interview process, please contact the Administrative Analyst at 530.642.5260 at least five (5) working days before a scheduled examination/interview.