



SANTA CRUZ METROPOLITAN TRANSIT DISTRICT

Human Resources Department
 370 Encinal Street, #100
 Santa Cruz, California 95060
 (831) 423-5583
 TDD (831) 426-1027

EMPLOYMENT APPLICATION

**ANSWER ALL QUESTIONS. USE INK OR TYPEWRITER
 A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH POSITION APPLIED FOR**

TITLE OF POSITION _____

NAME _____ DATE _____
 (LAST) (FIRST) (MIDDLE)

ADDRESS _____
 (STREET AND NUMBER) (CITY) (STATE) (ZIP)

MAILING ADDRESS IF DIFFERENT THAN ABOVE _____

TELEPHONE () BUSINESS OR MESSAGE TELEPHONE ()

SOC.SEC.NO. / / DRIVER'S LICENSE NO. CLASS STATE

Do you have immediate family members employed by the District? YES NO Name _____

Who should be notified in case of emergency? Name _____ Phone _____

Other names employed under if different than above _____ Dates _____

Have you ever been **convicted** by any court of an offense? YES NO If yes, list all convictions on a separate sheet of paper. Conviction is **not** necessarily disqualifying. You may omit: a) traffic violations for which the fine imposed was \$50 or less; b) any offense committed prior to your 18th birthday which was finally adjudicated in juvenile court or under a youth offender law; c) any incident that has been sealed.

Have you ever been employed by the District? YES NO Title _____ From _____ To _____

Languages other than English in which you are proficient: Reading _____ Writing _____ Speaking _____

EDUCATION AND TRAINING

Check appropriate box if you possess one of the following: High School Diploma G.E.D. Certificate

Name and Location of Colleges/Universities Attended	From: Mo./Yr.	To: Mo./Yr.	Course of Study/Major	Units Completed		Type Degree	Yr. Degree Completed
				Semester	Quarter		
A)							
B)							
C)							
D)							
Other Schools/Training Completed			Course Studies	Hours Completed		Certificate Awarded	
E)							
F)							

Description Number By Whom Issued Expiration Date

Professional License or Certificate or Other
 Credential, If Required for This Position

EMPLOYMENT HISTORY: Name _____ Social Security No. _____ / _____ / _____

Resumes will not be accepted in place of a completed application.

Additional sheets should be attached to this application when necessary to fully describe related experience, training and education. You should respond completely to this section and list **all employment** that relates to the position. **LIST YOUR MOST RECENT EMPLOYMENT FIRST.** Describe the different positions held with the same employer in different blocks, showing dates, etc. List all experience, paid and voluntary, related to the position for which you are applying.

BUSINESS OR AGENCY NAME AND ADDRESS _____ _____ _____ PHONE: _____ SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____	DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: _____ <small>YRS/MO</small> HOURS: _____ <small>PER WEEK</small> FINAL SALARY: \$ _____ HOURLY MONTHLY	JOB TITLE: _____ <small>NUMBER OF PERSONS SUPERVISED</small> DUTIES: _____ _____ _____ _____ _____ _____
REASON FOR LEAVING: _____		
BUSINESS OR AGENCY NAME AND ADDRESS _____ _____ _____ PHONE: _____ SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____	DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: _____ <small>YRS/MO</small> HOURS: _____ <small>PER WEEK</small> FINAL SALARY: \$ _____ HOURLY MONTHLY	JOB TITLE: _____ <small>NUMBER OF PERSONS SUPERVISED</small> DUTIES: _____ _____ _____ _____ _____ _____
REASON FOR LEAVING: _____		
BUSINESS OR AGENCY NAME AND ADDRESS _____ _____ _____ PHONE: _____ SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____	DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: _____ <small>YRS/MO</small> HOURS: _____ <small>PER WEEK</small> FINAL SALARY: \$ _____ HOURLY MONTHLY	JOB TITLE: _____ <small>NUMBER OF PERSONS SUPERVISED</small> DUTIES: _____ _____ _____ _____ _____ _____
REASON FOR LEAVING: _____		
BUSINESS OR AGENCY NAME AND ADDRESS _____ _____ _____ PHONE: _____ SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____	DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: _____ <small>YRS/MO</small> HOURS: _____ <small>PER WEEK</small> FINAL SALARY: \$ _____ HOURLY MONTHLY	JOB TITLE: _____ <small>NUMBER OF PERSONS SUPERVISED</small> DUTIES: _____ _____ _____ _____ _____ _____
REASON FOR LEAVING: _____		

Would you like us to notify you prior to contacting your present employer? Yes No

COMMENTS: Add any comment that may show further qualifications for this position.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand and agree misstatements/omissions of material fact will cause forfeiture of my rights to employment.

THANK YOU → _____
SIGNATURE OF APPLICANT DATE

AFFIRMATIVE ACTION QUESTIONNAIRE

The Santa Cruz Metropolitan Transit District (District) is an equal opportunity/affirmative action employer. Qualified applicants are considered for employment without regard to race, color, ancestry, national origin, religious creed, sex, sexual orientation, age, marital status, medical condition or disability.

To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information to the federal government. To aid the District in its commitment to equal employment opportunity, applicants are asked to voluntarily provide the following information. This form will be separated from your application prior to administration of the examination and will be kept confidential.

Your Name: _____ Sex: Male _____ Female _____

Position Applying For: _____

Today's Date: _____ Your Birth Date: _____ Social Security Number: _____

How did you learn of the job opportunity for which you are applying?

Recruitment flyer on a District bulletin board (location)

Recruitment flyer on a non-District bulletin board (location)

Telephone inquiry

Newspaper (name) _____

District employee

Community service agency (name) _____

District interest card

Friend or relative

School (name and office) _____

State employment office

Metro On-Line

Other (please specify) _____

Ethnic Origin: (If you are of mixed racial/ethnic background, choose the category with which you most closely identify yourself):

_____ **White** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_____ **Black** (not of Hispanic origin): All person having origins in any of the Black racial groups of Africa.

_____ **Hispanic**: All persons of Mexican , Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **Asian or Pacific Islander**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian

Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, the Philippine Islands, Korea, and Samoa.

_____ **American Indian or Alaskan Native**: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

Please indicate if the following definition applies to you:

_____ Disabled individual: A person who (1) has a physical or mental impairment which substantially limits one or more of such person's life activities, (2) has record of such impairment, or (3) is regarded as having such an impairment.

What is the nature of the disability: ___ Visual ___ Physical . Hearing ___ Speech ___ Developmental

Other (please explain): _____

Do you require special testing arrangements because of a physical impairment? Yes No If yes, call (408) 423-5583.