



SANTA CRUZ METROPOLITAN TRANSIT DISTRICT

Human Resources Department
 370 Encinal Street, Suite 100
 Santa Cruz, California 95060
 (831) 423-5583, Ext. 143
 TDD 711

24-HR JOBLINE (831) 426-6022

EMPLOYMENT APPLICATION

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

TITLE OF POSITION _____ DATE _____

NAME _____ SOC. SEC. NO. _____
 (LAST) (FIRST) (MIDDLE)

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

MAILING ADDRESS IF DIFFERENT THAN ABOVE _____

TELEPHONE () _____ BUSINESS OR MESSAGE TELEPHONE () _____

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)							

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

Description	Number	By Whom Issued	Expiration Date

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.

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: \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	JOB TITLE: _____ NUMBER OF PERSONS SUPERVISED _____ 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: \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	JOB TITLE: _____ NUMBER OF PERSONS SUPERVISED _____ 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: \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	JOB TITLE: _____ NUMBER OF PERSONS SUPERVISED _____ 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: \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	JOB TITLE: _____ NUMBER OF PERSONS SUPERVISED _____ 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



EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

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

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?

- | | |
|---|---|
| <input type="checkbox"/> Recruitment flyer on a District bulletin board (location) _____
<input type="checkbox"/> Telephone inquiry
<input type="checkbox"/> District employee
<input type="checkbox"/> School (name and office) _____
<input type="checkbox"/> Web Advertisement _____
<input type="checkbox"/> Metro Website | <input type="checkbox"/> Recruitment flyer on a non-District bulletin board (location) _____
<input type="checkbox"/> Newspaper (name) _____
<input type="checkbox"/> Community service agency (name) _____
<input type="checkbox"/> Friend or relative
<input type="checkbox"/> State employment office
<input type="checkbox"/> Other (please specify) _____ |
|---|---|

- Race and Ethnic Identification: (If you are of mixed racial/ethnic background, choose the category with which you most closely identify yourself)
- ___ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
 - ___ **White** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
 - ___ **Black or African American** (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
 - ___ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
 - ___ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam.
 - ___ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
 - ___ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

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 (831) 423-5583, x.143