

SANTA BARBARA METROPOLITAN TRANSIT DISTRICT

EMPLOYMENT APPLICATION FOR HUMAN RESOURCES AND RISK MANAGER

=====

Please review the job description for the position that you are applying for. Qualified applicants are considered for all positions without regard to race, sex, creed, color, religion, national origin, ancestry, age (over 40), marital status, pregnancy, medical condition (cancer only) medications (as defined in Sec. 12926 (f), Federal Code 12990) or physical handicap.

=====

APPLICANTS, PLEASE RETURN COMPLETED FORM TO roppenheim@rgs.ca.gov

Date of Application

Social Security No:

Name:

First Name

Middle Name

Last Name

Address:

Number and Street

City

State & Zip Code

Have you ever had another legal name (an example is a maiden name)

Yes

No

If Yes, please provide other legal name used:

Your telephone number

Message Telephone

By whom were you referred for this position?

Name/Agency

Have you filed an application here before?

Yes

No

If Yes, give approximate date:

Have you been employed here before?

Yes

No

If Yes, give approximate date:

Can you submit verification of your legal right to work in the U.S.?

Yes

No

Do you have a valid driver's license?

Yes

No

If yes, please provide:

Driver's License Number:

State of Issue

Date of Expiration:

Which of the following are you available to work?

Full Time

Part Time

Temporary

Are you on lay-off and subject to recall at another job?

Yes

No

Have you been convicted of a felony? Yes No
 If yes, provide an explanation below (conviction does not necessarily disqualify applicant from employment)

Please indicate on the chart below any times you are not available

Day	Time not Available	Comments
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Can you perform the essential job duties listed in the job/position applied for without limitation? Yes No

If you cannot perform any of the duties, please explain below

Please list any languages other than English that you speak (and your approximate level of skill)

Fluent	Good	Fair
Fluent	Good	Fair

Give the name, occupation, and day-time telephone number of three references not related to you:

- | | | | | |
|-----|------|------------|----------------------|------------------|
| (1) | Name | Occupation | Length of Time Known | Telephone Number |
| (2) | Name | Occupation | Length of Time Known | Telephone Number |
| (3) | Name | Occupation | Length of Time Known | Telephone Number |

EDUCATION

Please submit a resume with this application.

OTHER EXPERIENCE

Below, please provide the following: specialized training, apprenticeship, extra-curricular activities, or any special skills you have learned from employment or other experience. You may include any job-related organizations, clubs, professional societies, or other associations to which you belong. You may omit (at your own option) any which indicate your race, sex, creed, color, religion, national origin, ancestry, age (over 40), marital status, pregnancy, medical condition (cancer only) medications (as defined in Sec. 12926 (f), Federal Code 12990) or physical handicap. Finally, give reasons why you are applying to this position.

EMPLOYMENT EXPERIENCE

List each job held during the period of last ten years. Start with your present or last job, and include military service assignments. If you are providing a resume, you do not need to duplicate information. However, please be sure you give all information that is requested below.

Employer

Address

Number and Street

City

State & Zip Code

Employer Telephone and other contact info

Job Title

Description of work, duties

Begin Employment Date (MM/YY)

End Date (MM/YY)

Supervisor Name

Pay:

Explain your Reason for Leaving

May we contact this employer? Yes No

Employer

Address

Number and Street

City

State & Zip Code

Employer Telephone and other contact info

Job Title

Description of work, duties

Begin Employment Date (MM/YY)

End Date (MM/YY)

Supervisor Name

Pay:

Explain your Reason for Leaving

May we contact this employer? Yes No

Employer

Address

Number and Street

City

State & Zip Code

Employer Telephone and other contact info

Job Title

Description of work, duties

Begin Employment Date (MM/YY)

End Date (MM/YY)

Supervisor Name

Pay:

Explain your Reason for Leaving

May we contact this employer? Yes No

Employer

Address

Number and Street

City

State & Zip Code

Employer Telephone and/or email

Job Title

Description of work, duties

Begin Employment Date (MM/YY)

End Date (MM/YY)

Supervisor Name

Pay:

Explain your Reason for Leaving

May we contact this employer? Yes No

APPLICANT AGREEMENT

I certify that all answers given on my application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment or any attached documents, as may be necessary in arriving at an employment decision. I understand that false or misleading information given in my application, at interview, at the time of my post-offer pre-placement physical exam, or any time during my employment at MTD may result in immediate discharge. If hired at MTD, I agree to abide by all rules, procedures and policies of SBMTD.

APPLICANT DIGITAL SIGNATURE

DATE

APPLICANT AUTHORIZATION

As an applicant for a position with the SBMTD, I am required to furnish information for use in determining my personal background and work history. I authorize you to seek verification of the information that I have provided in this application by contacting any and all persons, references, companies, and agencies that I have listed in the application. In this connection, I hereby authorize the release and full disclosure of any or all information that you may have concerning me, including information of a confidential or privileged nature, to any duly authorized agent of the Santa Barbara Metropolitan Transit District.

I hereby release you, your organization or others from liability or damage which may result from furnishing the information requested. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. This release will expire five years after the date signed.

APPLICANT DIGITAL SIGNATURE

DATE

APPLICANT PRINTED NAME

APPLICANT SIGNATURE (you will be required to sign this at the time of first interview)

DATE