

## APPLICATION FOR EMPLOYMENT

## HUMBOLDT TRANSIT AUTHORITY 133 V STREET EUREKA, CA 95501

(707) 443-0826

## AN EQUAL OPPORTUNITY EMPLOYER

\*\*\* Use the TAB key to navigate through this FORM.

Download the job application and then Email to <a href="mailto:brenda@hta.org">brenda@hta.org</a>

Title of Position Applied For:						
	Other					
Middle						
	State	Zip Code				
e						
Are you now or have you ever been an employee of the Humboldt Transit Authority?						
es of em	ployment.					
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7.	Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied, but did not obtain the position in the past two years?  ☐ Yes ☐ No If yes, state employer name and address.					
8.	Are there any hours/days you cannot work, or is there any reason you cannot accept part-time employment?   Yes  No If no, explain					
9.	When will you be available for employment?					
10.	List the name, address, and telephone number of three persons living in the United States who are not related to you and who have definite knowledge of your qualifications for the position you are applying for:					
11.	Are you a high school graduate or do you possess a GED? □Yes □ No					
12.	Colleges attended, if any. List name, location, dates, major, units, and degrees.					
- -						
13.	If the job you are applying for requires specific skills, describe your proficiency in those skills:					

the position you a vocational, and b	ning you have had which may hare applying for. This includes usiness schools and manpower ning, where received, dates and	training in trade, training programs.	
you are considere	Humboldt Transit Authority contact your current employer if are considered for a job offer?  es  No If no, explain why:		
		current or most recent employer, jobs. Include appropriate militar	
er	Dates Employed	Worked Performed	
	Dates Employed From To	Worked Performed	
er		Worked Performed	
one Number(s)		Worked Performed	

State any licenses or certificates you hold which may help to qualify you

14.

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	From	То	- Worked Performed
Telephone Number(s)			
Address		1	
Job Title	Supervisor		
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Reason for Leaving			
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Job Title	Supervisor		
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Supervisor

Job Title

Reason for Leaving

<u>NOTICE:</u> You may be required to submit proof that you meet legal age, licensing and right to work requirements before appointment to any position. If you are selected for employment you will be medically examined at the expense of Humboldt Transit Authority.

If you disagree with the results of that examination, you may, <u>at your own expense</u>, submit independent medical opinions for consideration before any final determination on disqualification is made.

<u>I understand that my employment to Humboldt Transit Authority is contingent on passing a drug test.</u>

READ CAREFULLY BEFORE SIGNING: I certify that Application are true to the best of my knowledge. omissions of material fact shall be sufficient for diemployment.	I understand that false statements or
Signature	Date
OFFICE USE ONLY:	
Application Received on:	
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