

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: <u>consuelo@hta.org</u>

1.	Title of Position Applied For: (Please select the position that you are applying for by checking the appropriate box					ox)	
	Bus Driver		Mechanic		Other		
2.	Last Name		First	Midd	le		
3.	Address		City		State	Zip Code	
4.	Home Phone		Work/Message Ph	one			

5. Are you now or have you ever been an employee of the Humboldt Transit Authority?

🗆 Yes 🗖 No	If yes, state position and dates	of employment.

6. Are you related to anyone now employed by the Humboldt Transit Authority?□ Yes □ No If yes, state name and relationship.

7.	<ul> <li>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?</li> <li>□ Yes □ No If yes, state employer name and address.</li> </ul>					
8.	Are there any hours/days you cannot work, or is there any reason you cannot accept part-time employment?  Yes No					
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.					
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13.	If the job you are applying for requires specific skills, describe your proficiency in those skills:					

14. State any licenses or certificates you hold which may help to qualify you for the position you are applying for. This includes driver licenses, professional registrations, certificates, etc.

	Describe any training you the position you are apply vocational, and business State type of training, wh completed.	lying for. Th schools and	nis includes tr I manpower t	aining in trade, raining programs.	
	May Humboldt Transit Authority contact your current employer if you are considered for a job offer?				
	🖵 Yes 🗖 No If no, expla	ain why:			
				rrent or most recent employer, bs. Include appropriate militar	
er		Dates Em		Worked Performed	
rer		Dates Em From	ployed To	Worked Performed	

Address
Job Title
Supervisor
Reason for Leaving

Employer	Dates Employed		Worked Performed
	From To		
Telephone Number(s)			
Address			
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed		Worked Performed
	From	То	worked Performed
Telephone Number(s)			
Address			
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed		Worked Performed
	From	То	worked Performed
Telephone Number(s)			
Address			
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed		Worked Performed
	From To		
Telephone Number(s)			
Address			
Job Title	Supervisor		
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>

<u>READ CAREFULLY BEFORE SIGNING:</u> I certify that all statements made in this Application are true to the best of my knowledge. I understand that false statements or omissions of material fact shall be sufficient for dismissal or disqualification from employment.

Signature

Date

**OFFICE USE ONLY:** 

Application Received on: \_\_\_\_\_

By: \_\_\_\_\_