

APPLICATION FOR EMPLOYMENT

HUMBOLDT TRANSIT AUTHORITY 133 V STREET EUREKA, CA 95501

(707) 443-0826

AN EQUAL OPPORTUNITY EMPLOYER

1.	Title of Position Applied For: (Please select the position that you are applying for by checking the appropriate by					
	Bus Driver		Mechanic		Other	
2.	Last Name		First	Middl	e	
3.	Address		City		State	Zip Code
4.	Home Phone		Work/Message	e Phone		
5.	Are you now or had Authority?	-	ever been an emp s, state position a			ansit
6.	Are you related to		now employed b s, state name and			uthority?

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.					
Are there any hours/days you cannot work, or is there any reason you cannot accept part-time employment?					
When will you be available for employment?					
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:					
Are you a high school graduate or do you possess a GED? □Yes □ No					
Colleges attended, if any. List name, location, dates, major, units, and degrees.					
If the job you are applying for requires specific skills, describe your proficiency in those skills:					

		es, etc.				
the position y vocational, an	Describe any training you have had which may help to qualify you for the position you are applying for. This includes training in trade, vocational, and business schools and manpower training programs. State type of training, where received, dates and whether successfully completed.					
May Humboldt Transit Authority contact your current employer if you are considered for a job offer? ☐ Yes ☐ No If no, explain why:						
			urrent or most recent employer, os. Include appropriate military			
pyer	Dates Emp	loyed	Worked Performed			
phone Number(s)	From	То	Worked Ferformed			
ess						
litle	Supervisor					
			<u> </u>			

Employer	Dates Em		Worked Performed	
	From	То	- Worked Performed	
Telephone Number(s)				
Address	·	•		
Job Title	Supervisor			
Reason for Leaving				
Employer	Dates Em		Worked Performed	
	From	То	worked reflormed	
Telephone Number(s)				
Address				
Job Title	Supervisor			
Reason for Leaving				
Employer	Dates Em	ployed	W 1 15 4	
. ,	From	То	Worked Performed	
Telephone Number(s)				
Address				
Job Title	Supervisor			
Reason for Leaving	·			
Employer Dates Employed				
F - 7 -	From	To	Worked Performed	
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</u> contingent <u>on passing a drug test.</u>

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