

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:					
	Bus Driver		Mechanic	ĺ		Other
2.	Last Name		First		Middl	le
3.	Address		City	State		Zip Code
4.	Home Phone		Work/Mess	age Phone	e	
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 Yes No		now employe s, state name a			oldt Transit Authority?

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.
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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.		
May Humboldt Transit Authority contact your current employer if you are considered for a job offer? ☐ Yes ☐ 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.

Employer	Dates En	пріоуеа	Worked Performed	
	From To		worked Performed	
Telephone Number(s)				
Address		1		
Job Title	Supervisor			
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Reason for Leaving				
3				
Employer	Dates En	nployed	Worked Performed	
	From	То	Worked Cromined	
Telephone Number(s)				
Address				
Job Title	Supervisor			
332 1143				
Reason for Leaving				
Reason for Leaving				
Employer	Dates En		Worked Performed	
	From	То	Worked Ferformed	
Telephone Number(s)				
Address		1		
Job Title	Supervisor			
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Reason for Leaving				
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Employer	Dates En		Worked Performed	
	From	То	worked reflorified	
Telephone Number(s)				
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Address	L	1		
-			II	

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. I omissions of material fact shall be sufficient for disremployment.	understand that false statements or
Signature	Date
OFFICE USE ONLY:	
Application Received on:	
D.,,	