



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 brennda@hta.org

1. Title of Position Applied For:

- checkbox Bus Driver checkbox Mechanic checkbox Other

2. Last Name First Middle

3. Address City State Zip Code

4. Home Phone Work/Message Phone

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

- checkbox Yes checkbox No If yes, state position and dates of employment.

6. Are you related to anyone now employed by the Humboldt Transit Authority?

- checkbox Yes checkbox No If yes, state name and relationship.

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

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:

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.

15. 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.

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

Yes No If no, explain why:

17. List your work experience, beginning with your current or most recent employer, in reverse order. Show promotions as separate jobs. Include appropriate military experience.

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

Employer	Dates Employed		Worked Performed
	From	To	
Telephone Number(s)			
Address			
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Job Title	Supervisor		
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NOTICE: 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, at your own expense, submit independent medical opinions for consideration before any final determination on disqualification is made.

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

READ CAREFULLY BEFORE SIGNING: 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: _____