

# EMPLOYMENT APPLICATION

Position Applying For: \_\_\_\_\_

Date: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

**Please read carefully. Type or print clearly in ink. Answer all questions.**

Eastern Sierra Transit Authority (ESTA) is an equal opportunity employer. All qualified persons are welcome to submit applications for employment. Every applicant must fully complete this application for employment.

**Name** \_\_\_\_\_  
Last First Middle

**Mailing Address** \_\_\_\_\_  
Number & Street City, State, Zip

**Physical Address** \_\_\_\_\_  
Number & Street City, State, Zip

**Phone** \_\_\_\_\_  
Home Phone Cell Phone

**E-mail** \_\_\_\_\_

Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable a check on the information you are providing on this application?  YES  NO

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have a driver's license now?  YES  NO

List all drivers' licenses you have had or obtained in the last three years:

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If you were in the U.S. Armed Forces, please indicate: Branch \_\_\_\_\_ Years of Service: \_\_\_\_\_

Do you need reasonable accommodation to take an interview or written test?  YES  NO

Were you ever discharged, released during probation or for unfavorable circumstances from any employment?

YES  NO If yes, please explain: \_\_\_\_\_

**EDUCATION:** Circle the highest grade of school completed: 8 9 10 11 12 13 14 15 16

Provide the information listed below about any college or university you have attended and/or any business, trade, service, or correspondence school:

Name of Institution Address Course of Study Duration

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List any degrees, awards, certifications, special training you have had:

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List computer programs, systems in which you are proficient:

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If you speak any languages other than English, please list:

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Starting with your most recent employment, provide a complete record of all employment during the past 10 years. Explain any gaps in employment. A resume may be attached but cannot be used as a substitute for the following (if necessary, use separate paper to list additional positions):

Dates of Employment From: _____ Month/Year To: _____ Month/Year	Job Title & Duties: _____ _____ _____ _____	Employer/Address/Phone: _____ _____ _____ _____
Reason for leaving: _____ _____		
Dates of Employment From: _____ Month/Year To: _____ Month/Year	Job Title & Duties: _____ _____ _____ _____	Employer/Address/Phone: _____ _____ _____ _____
Reason for leaving: _____ _____		
Dates of Employment From: _____ Month/Year To: _____ Month/Year	Job Title & Duties: _____ _____ _____ _____	Employer/Address/Phone: _____ _____ _____ _____
Reason for leaving: _____ _____		

I agree and understand that any misrepresentation of information or omissions of facts I have provided in this application for employment are grounds for immediate discharge.

I agree and understand that representatives of ESTA may investigate my background to ascertain and obtain any and all information of concern to my record, whether same is of record or not, including without limitation matters of public record. "Public records" are defined as "records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment". I understand and agree that I have a right to receive a copy of public record information directly obtained by ESTA. I understand and agree that I will not receive a copy of such public record information if I check the box below waiving my right to such information. I release ESTA, its employees and all persons from any liability for furnishing such information.

I waive my right to a copy of public record information obtained by ESTA      YES      NO

I agree and understand that this Application for Employment in no way obligates ESTA to employ me.

Offers of employment for Vehicle Operators or any Safety Sensitive positions are conditional and contingent on the successful completion of a pre-employment drug test and a post job offer physical, and in certain instances a fingerprint clearance and background investigation.

I, hereby agree and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test as required by the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that my employment is contingent on the passing of the aforementioned drug test, and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

I certify that this application for Employment was completed by me, and that all entries on it and information in it and any attachments signed by me are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

EQUAL OPPORTUNITY-AFFIRMATIVE ACTION EMPLOYER- Please help us comply with the State & Federal law by completing this section. While you are not required to complete this section, you should know that if you leave it blank we have the right to enter data for this purpose based upon our visual assessment. To demonstrate that we meet the equal employment opportunity requirements, periodically we must report statistical information about applicants & employees to the State & Federal Governments. This information will be kept confidential & will not be used in any unlawful way to make any employment decision. ESTA is an Affirmative Action Employer.

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Title of Position Applied For \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

White       Black       Hispanic       Asian       Filipino       American Indian



ESTA operates nearly every day of the year. Our service day begins as early as 6:00am and ends at 2:00am for specific routes. Your work assignments may be adjusted based upon the needs of the Agency. Please indicate which days you are available to work. Mark all that apply:

Sun	Mon	Tues	Wed	Thu	Fri	Sat
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate how many hours you would like to work each week:

Less than 20       At Least 20       At Least 32

Are you willing and able to work regularly six days a week? \_\_\_\_\_

Are you willing and able to work overtime with little notice? \_\_\_\_\_

What is the earliest time you are willing and able to work? \_\_\_\_\_

What is the latest time you are willing and able to work? \_\_\_\_\_