



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

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

List computer programs, systems in which you are proficient:

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

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

CONFIDENTIAL
SAFETY-SENSITIVE EMPLOYEE APPLICATION
SUPPLEMENT

Previous US Department of Transportation Drug and Alcohol Testing

_____, Applicant First Name,
_____, Applicant Middle Initial, Last Name
_____, Social Security Number

Have you ever participated in USDOT-regulated drug and alcohol testing with previous employers?
Yes _____ (if yes, complete #1 and #2) No _____ (if no, skip to #2)

1. In the last two years, have you ever:

a) Tested positive (0.04 or greater) for alcohol?
 Yes _____ No _____

b) Had a verified positive drug test result?
 Yes _____ No _____

c) Refused a required drug or alcohol test (or had a verified adulterated or substituted drug test result)?
 Yes _____ No _____

d) Violated any other DOT drug or alcohol testing regulation within the last two years?
 Yes _____ No _____

2. Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules in the last two years?
 Yes _____ No _____

If you responded "YES" to any of the above questions, please provide documentation or your successful completion of DOT return-to-duty requirements. If you do not have this information, please explain why: _____

(Use additional pages as necessary)

" I certify that the facts contained in this form are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this form shall be grounds for dismissal.

Signed

Date

