

Employment Application

Western Contra Costa Transit Authority - 601 Walter Ave. - Pinole, CA 94564

P. (510)724-3331 F. (510)724-5551 E. info@westcat.org W. www.westcat.org

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related mental or physical disability, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name	
Social Security #			
Address	Number	Street	City State Zip
Mailing Address (if different)			
Telephone Number(s)	Day	Evening	Messages
Email Address			

For Insurance purposes, are you at least 21 years of age or older? Yes No

Have you ever filed an application with us before? Yes No
If yes, give date _____

Have you ever been employed with us before? Yes No
If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

Have you ever been bonded in prior employment? _____. If Yes, list name(s) of employer(s): _____

Have you ever been convicted of a crime (excluding misdemeanors and traffic offenses)? _____. If Yes, list convictions: _____

- WE ARE AN EQUAL OPPORTUNITY EMPLOYER -

Education

School Name, and Location	High School				Undergraduate College/University*				Graduate/ Professional*			
	9	10	11	12	1	2	3	4	1	2	3	4
Describe Course of Study												
Describe any specialized training, apprenticeship, skills and extra curricular activities												
Describe any honors you have received												
State any additional information you feel may be helpful to us in considering your application												

*Education beyond the requirements on the job description or not related to the job for which you are applying need not be listed.

Indicate any languages, other than English, that you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or physical disability or other protected status:

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities which relate to the job for which you are applying. You may exclude organizations which indicate race, color, religion, gender, national origin, mental or physical disability or other protected status.

1.

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

2.

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

3.

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

Military Service

Branch of Service	Rank & Duties	From	To	Date of Discharge

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

References

Give name, address and telephone number of three business references who are not related to you.

	Name	Address	Telephone Number
1.			
2.			
3.			

Do you have the physical and mental ability to perform the tasks on the **attached** job description, with or without accommodation?

Yes No

(If accommodation is necessary, please describe below)

Applicant's Statement

- I certify that answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- I understand that if offered employment, I will be required to submit proof of my identity and legal right to work in the United States on my first day of employment. I also understand the failure to provide such proof at the time required may legally force my termination.
- This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.
- I understand and hereby acknowledge that any employment relationship with the WCCTA is of an **“at will”** nature, which means that the employee may resign at any time and the WCCTA may discharge the employee at any time with or without cause. I also understand that this **“at will”** employment relationship may not be changed by any written document or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of the WCCTA.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the WCCTA.
- Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the WCCTA, I am entitled to copies of any such records obtained, unless I mark the checked box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

- I understand that nothing contained in this employment application or granting of an interview is intended to create a contract between me and the WCCTA for either employment or the provision of any benefits.
- In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the WCCTA unless made in writing and signed by me and an authorized representative of the WCCTA.

Signature of Applicant: _____

Date: _____

WESTERN CONTRA COSTA TRANSIT AUTHORITY APPLICATION

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

CONFIDENTIAL

Please complete this survey and submit it with your application for employment. Federal and State agencies require that we collect the data which is requested below for statistical reporting purposes in connection with our affirmative action efforts. Your completed survey form will be detached from your application for employment and kept separate and confidential in the General Manager's office. The information requested here will not be used in any discriminatory manner. You are not required to complete this form to be considered for employment. However, the information you provide will be most helpful and appreciated.

Position: _____

Name: _____

Date of Birth: _____ Male: _____ Female: _____

DISABILITY and MILITARY SERVICE (Please complete if applicable)

Are you disabled? Yes _____ No _____ (A person with a disability is defined as an Individual who (1) has a physical or mental impairment that substantially limits one or more of his/her major life activities; (2) has a record of such an impairment; or (3) is regarded as having an impairment.)

Are you a Veteran? Yes _____ No _____ If yes, indicate dates of service: From _____ to _____

ETHNIC BACKGROUND (Please check only one)

____ HISPANIC or LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

____ WHITE (Non-Hispanic or Latino): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

____ BLACK or AFRICAN AMERICAN (Non-Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.

____ ASIAN (Non-Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

____ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Non-Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

____ AMERICAN INDIAN OR ALASKA NATIVE (Non-Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain cultural identification through tribal affiliation or community attachment.

____ TWO OR MORE RACES (Non-Hispanic or Latino): All persons who identify with two or more racial categories named above.

____ DECLINE TO STATE

Signature: _____ Date: _____

August 15, 2018