

DATES OF EMPLOYMENT (MONTH, YEAR) FROM: TO:		EXACT TITLE OF YOUR POSITION		REASON FOR LEAVING
NAME OF EMPLOYER		TELEPHONE NUMBER OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR	DESCRIPTION OF YOUR WORK
ADDRESS OF EMPLOYER				
STREET		CITY	STATE	ZIP

DATES OF EMPLOYMENT (MONTH, YEAR) FROM: TO:		EXACT TITLE OF YOUR POSITION		REASON FOR LEAVING
NAME OF EMPLOYER		TELEPHONE NUMBER OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR	DESCRIPTION OF YOUR WORK
ADDRESS OF EMPLOYER				
STREET		CITY	STATE	ZIP

DATES OF EMPLOYMENT (MONTH, YEAR) FROM: TO:		EXACT TITLE OF YOUR POSITION		REASON FOR LEAVING
NAME OF EMPLOYER		TELEPHONE NUMBER OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR	DESCRIPTION OF YOUR WORK
ADDRESS OF EMPLOYER				
STREET		CITY	STATE	ZIP

MISCELLANEOUS INFORMATION				
IF A NECESSARY DUTY OF A POSITION: ARE YOU WILLING TO WORK ROTATING SHIFTS? <input type="checkbox"/> YES <input type="checkbox"/> NO OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO				
SATURDAYS, SUNDAYS, OR HOLIDAYS? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU KNOW OF ANY REASON WHY YOU MIGHT NOT BE ABLE TO BE PROMPT AND REGULAR IN ATTENDANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF "YES", PLEASE EXPLAIN:				
DO YOU HAVE RELIABLE TRANSPORTATION TO GET TO AND FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO				
HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF "YES", PLEASE EXPLAIN:				
NAME ANY FRIENDS EMPLOYED HERE:				
NAME ANY RELATIVES EMPLOYED HERE:				
HAVE YOU EVER BEEN EMPLOYED UNDER A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", LIST NAME: (REQUIRED ONLY FOR PRE-EMPLOYMENT REFERENCE CHECK)				
PLEASE LIST JOB-RELATED ORGANIZATIONS, CLUBS, PROFESSIONAL SOCIETIES, OR OTHER ASSOCIATIONS TO WHICH YOU BELONG. YOU MAY OMIT THOSE WHICH INDICATE YOUR RACE, COLOR, RELIGION, ANCESTRY, PREGNANCY, SEX, GENDER, NATIONAL ORIGIN, AGE, MILITARY OR VETERAN STATUS, SEXUAL ORIENTATION, MARITAL STATUS, GENDER IDENTITY, GENETIC INFORMATION, OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR DISABILITY.				

EMERGENCY CONTACT INFORMATION		PLEASE IDENTIFY THE INDIVIDUAL THAT SHOULD BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY:	
NAME		TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP

JOB RESPONSIBILITIES

STATE POSITION APPLIED FOR OR TYPE OF WORK DESIRED:

WHAT MONTHLY EARNINGS DO YOU EXPECT? \$ _____ WHEN COULD YOU START?

IF EMPLOYED, YOU WOULD BE EXPECTED TO ASSUME CERTAIN KINDS OF RESPONSIBILITIES AS LISTED BELOW: (PLEASE MAKE YOUR ANSWERS SPECIFIC TO THE POSITION YOU ARE APPLYING FOR OR THE TYPE OF WORK YOU DESIRE. IF YOU CANNOT ANSWER SOME OF THE QUESTIONS, SKIP THEM. THE INTERVIEWER WILL HELP YOU COMPLETE THEM LATER.)

1. **JOB KNOWLEDGE:** IF EMPLOYED, YOU WOULD BE RESPONSIBLE FOR HAVING THE KNOWLEDGE REQUIRED FOR YOUR POSITION. WHAT SPECIFIC SKILLS OR KNOWLEDGE DO YOU HAVE THAT RELATE TO THE POSITION FOR WHICH YOU ARE APPLYING?

2. DO YOU TYPE? (ANSWER ONLY IF TYPING IS A REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.) YES NO (SPEED _____ W.P.M.)

WHAT OFFICE MACHINES OR EQUIPMENT CAN YOU OPERATE? (ANSWER ONLY IF OFFICE EQUIPMENT OPERATION IS A REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING.)

3. **LICENSES AND PROFESSIONAL CERTIFICATES:** WHAT OTHER KINDS OF SKILLS, LICENSES, OR PROFESSIONAL CERTIFICATES DO YOU HAVE?

4. **EQUIPMENT, MATERIALS, AND/OR RECORDS:** IF EMPLOYED, YOU MAY BE RESPONSIBLE FOR THE EQUIPMENT, MATERIALS, AND/OR RECORDS WHICH WOULD BE ENTRUSTED TO YOUR CARE. WHAT SPECIFIC EQUIPMENT, MATERIALS, AND/OR RECORDS, ETC., HAVE YOU BEEN RESPONSIBLE FOR IN THE PAST?

5. **PERFORMANCE OF OTHERS:** IF EMPLOYED, YOU MAY BE ASSIGNED TO A POSITION IN WHICH YOU WOULD BE RESPONSIBLE FOR THE WORK PERFORMANCE OF OTHER EMPLOYEES. WHAT SUPERVISORY AND/OR LEADERSHIP EXPERIENCE HAVE YOU HAD? (INDICATE THE TYPE OF WORK AND THE NUMBER OF PERSONS YOU SUPERVISED.)

6. **JOB CONDITIONS:** IF EMPLOYED, YOU MAY BE EXPOSED TO VARIOUS ENVIRONMENTAL DEMANDS, SUCH AS DUST, HEAT, COLD WEATHER, ETC. ARE THERE ENVIRONMENTAL DEMANDS THAT ARE DIFFICULT FOR YOU TO TOLERATE?

7. **PHYSICAL APTITUDE:** ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION?

OTHER COMMENTS (OPTIONAL)

OCCASIONALLY AN APPLICATION FORM MAKES IT DIFFICULT FOR A PERSON TO ADEQUATELY SUMMARIZE HIS OR HER COMPLETE BACKGROUND. TO ASSIST US IN FINDING THE PROPER POSITION FOR YOU, USE THE SPACE BELOW TO PROVIDE ANY ADDITIONAL INFORMATION NECESSARY TO DESCRIBE YOUR FULL QUALIFICATIONS:

ACKNOWLEDGEMENT

1. I authorize all corporations, companies, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Kroll Background Screening, and release all parties involved from any liability and responsibility for doing so. I also authorize the procurement of an investigative consumer report and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. Further information may be available upon written request within a reasonable period of time. I further understand that Golden Empire Transit District will furnish copies of any and all investigative reports that are obtained through the investigative process.

Check this box if you choose to waive your right to receive a copy of any public record obtained pursuant to California Civil Code section 1786.53. "Public records" means records documenting an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment.

2. I understand that if I am being considered for employment by this company, my references will be checked.

3. Any acceptance of employment will be predicated in part upon the truthfulness of the written and verbal statements contained within this Application and pre-employment process. I understand that should my employer find that any statement I have made is not truthful or that I have misrepresented or omitted information, any job extended to me may be withdrawn and, if employed, I may be subject to termination.

4. I authorize the National Personnel Records Center, St. Louis, Missouri, or other custodian of my military records to release to Kroll Background Screening information or photocopies of my military personnel and related medical records, or only the following information/records. _____
Service # _____

Branch of service _____ from _____ to _____

The background investigations may be conducted by P-A-S Associates/P-A-S Investigations, located at 1401 19th Street, Suite 235, Bakersfield, CA 93301.

5. I understand that in the event I am employed with GET, the company does not guarantee employment for a specific time. I further understand that my employment with GET does not constitute any form of contract, implied or expressed, and such employment will be terminable at-will either by myself or my employer upon notice of one party to the other. My continued employment is dependent upon satisfactory performance and the continued need for my services as determined by GET.

6. If I am offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the U.S.

7. If I am offered employment, I will, as a condition of employment, furnish proof that I am over 18 years of age.

8. I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work.

9. I understand and agree that, if I am offered a position, it may be a conditional offer based on my successful passing of both a drug and alcohol screen and a post-offer medical examination. I agree that failure to pass the test/examination, refusal to cooperate with the administration of the test/examination, or any attempt to improperly affect the results of the test/examination will result in the withdrawal of any offer or termination of employment if already employed.

10. I understand and agree that, if I am offered employment, I will be required to conform to the rules and regulations of the Company and sign an Employee Handbook acknowledgment form and other documents signed by new employees which may include a background investigation authorization, a drug testing authorization, a mandatory arbitration agreement and a confidentiality agreement.

11. I grant GET approval, after my termination of employment to release information which it may deem appropriate regarding my employment with or termination from the organization, to anyone who has a reasonable basis for making such inquiry. So long as the information disclosed is not known by this organization to be inaccurate, this organization shall not incur legal liability of any nature in connection with the furnishing of such information.

12. I understand that my Application for Employment will be placed in an active status for a period of six months during which time it will be reviewed as job openings occur in my area(s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the six month period, I must reapply by (a) submitting a new Application for Employment or by (b) submitting a letter requesting renewal of my Application and including an update of my qualifications (recent work history, educational achievements, etc.).

13. I acknowledge that I have read all of the above statements and that I understand them.

Applicant Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE

