

## JOB APPLICATION

### **Santa Cruz County Regional Transportation Commission (SCCRTC)** ***An Equal Opportunity Employer***

Please return this application completed, signed, and dated to:  
1101 Pacific Avenue, Suite 250, Santa Cruz, CA 95060

|  |                   |                   |
|--|-------------------|-------------------|
| 1. Position(s) Applied for:  |                   |                   |
| 2. Last Name:  | First:            | Middle Initial:   |
| 3. Mailing Address:  |                   |                   |
| 4. Daytime Telephone:  | Home Telephone:   | Alternate Number: |
| 5. E-Mail Address:   | 6. Date of Birth: |                   |
| 7. How did you learn about this job (specify):   |                   |                   |
| 8. Are you able to produce documents that verify your right to work in the U.S.?<br>Yes                  No  |                   |                   |
| 9. Are you currently an SCCRTC Employee?<br>Yes                  No  |                   |                   |
| 10. Have you ever been employed by SCCRTC?<br>Yes                  No<br>if yes, indicate<br>Dates: _____<br>Position: _____<br>Former Names at time of employment if (if different from today):   |                   |                   |
| 11. Do you have any relatives employed by SCCRTC?    Yes                  No<br><br>(There may be limitations on the employment of Father, Mother, Brother, Sister, Wife, Domestic Partner, Husband, and Child. Each case is considered separately for potential conflict of interest.)<br><br>Name: _____ Relationship: _____ |                   |                   |
| 12. What type of work will you accept? (Check all that apply)  |                   |                   |

|  |           |           |         |
|--|-----------|-----------|---------|
| Type of Hire:                                  | Permanent | Temporary |         |
| Hours Worked:                                  | Full Time | Part Time | On-Call |
| 13. How soon are you available for employment? |           |           |         |

**14. Second Language Skills.** If you have no second language, skip this question. Please indicate your level of skill in the following languages by placing the appropriate letter code in the box corresponding to the language. Choose only one code per language:

Letter Codes: 1 = I can carry on a conversation and can read/write.  
 2 = I can carry on a conversation freely but cannot read/write.  
 3 = I can understand but cannot carry on a conversation.

Enter appropriate code below:

Spanish                      Tagalog                      Vietnamese  
 Ilocano                      Korean                      Other (Specify)

**16. Education and Training Summary.** Provide information for education as it relates to the position for which you are applying.

| Colleges, Vocational, or Technical Schools and location | Major Subject | GPA | Type Degree/Certificate | Year Attained |
|---|---------------|-----|-------------------------|---------------|
|   |               |     |                         |               |
|   |               |     |                         |               |
|   |               |     |                         |               |
|   |               |     |                         |               |

Licenses and Certificates (State, Professional, Nursing, Trade, etc. which are required for this position.

Description: \_\_\_\_\_ Issued By: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Begin with your present or most recent job. List all jobs separately including on-the-job training, volunteer work, and military experience. Please be sure to describe completely in the section below the duties you performed which demonstrate knowledge and skills necessary to perform the duties of the position

for which you are applying. You may use additional sheets to complete your work history. A resume may be attached but is not a substitute for the application or for completing this section. THIS SECTION MUST BE COMPLETED. If a response to a supplemental questionnaire is required, it must accompany this application. Incomplete applications may be returned.

|                     |                         |           |
|---------------------|-------------------------|-----------|
| Start Date:         | End Date:               | Employer: |
| Employer Address:   |                         |           |
| Monthly Salary:     | Hours Per Week:         |           |
| Job Title:          | Supervisor's Name:      |           |
| Supervisor's Title: | Supervisor's Telephone: |           |
| Job Duties:         |                         |           |
| Reason For Leaving: |                         |           |

|                     |                         |           |
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| Start Date:         | End Date:               | Employer: |
| Employer Address:   |                         |           |
| Monthly Salary:     | Hours Per Week:         |           |
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| Supervisor's Title: | Supervisor's Telephone: |           |
| Job Duties:         |                         |           |
| Reason For Leaving: |                         |           |

|                     |                         |           |
|---------------------|-------------------------|-----------|
| Start Date:         | End Date:               | Employer: |
| Employer Address:   |                         |           |
| Monthly Salary:     | Hours Per Week:         |           |
| Job Title:          | Supervisor's Name:      |           |
| Supervisor's Title: | Supervisor's Telephone: |           |
| Job Duties:         |                         |           |
| Reason For Leaving: |                         |           |

|                     |                         |           |
|---------------------|-------------------------|-----------|
| Start Date:         | End Date:               | Employer: |
| Employer Address:   |                         |           |
| Monthly Salary:     | Hours Per Week:         |           |
| Job Title:          | Supervisor's Name:      |           |
| Supervisor's Title: | Supervisor's Telephone: |           |
| Job Duties:         |                         |           |
| Reason For Leaving: |                         |           |

Attach sheet for additional employment information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Santa Cruz County Regional Transportation Commission  
Equal Employment Opportunity Information  
Self-Identification**

To assist the SCCRTC in maintaining accurate employment records and comply with federal government reporting requirements, your assistance is requested. The information you provide (below) is considered entirely voluntary and confidential and will be used only for data reporting requirements. If you choose not to self-identify, your employment status will not be affected in any way.

The SCCRTC is an Equal Employment Opportunity employer. We conduct all employment-related activities without regard to race, color, religion, gender, gender identity, marital status, age, disability, veteran status, sexual orientation, national origin, or other classification protected by applicable State or Federal employment discrimination laws. The SCCRTC welcomes diversity in the workplace.

Please check the categories, which apply to you:

GENDER (SEX) INFORMATION: Male                      Female                      Gender X

RACE/ETHNIC GROUP INFORMATION:

**Black (African American) not of Hispanic Origin:** All persons having origins in any of the Black racial groups of Africa.

**Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian

**Subcontinent, or the Pacific Islands.** This area includes, for example, China, Japan, Korea, the Philippine Islands, Samoa, and India.

**American Indian or Alaskan Native:** All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**White, not of Hispanic Origin:** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

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

Printed Name: \_\_\_\_\_

The RTC is an equal opportunity employer and will not discriminate based on race, color, ancestry, citizenship, medical conditions, sex (including pregnancy, childbirth and related medical conditions), physical or mental disability, veteran or military status, sexual orientation, age (over 40) gender characteristics, genetic classification, national origin, religious affiliation, political affiliation, Union members, marital status, Worker's Compensation in California, gender identity, or any other classification protected under federal, state, or local law.