



**Application for Employment**

11400 American Legion Drive, Suite B  
Jackson, CA 95642-9534

Position for Which You Are Applying \_\_\_\_\_

Name	_____		
	First	Middle	Last
Mailing Address	_____		
	Street	City	State-Zip
Phone	_____		
	Home	Business	Mobile
Email	_____		

**READ FULLY AND RESPOND TO THE FOLLOWING QUESTIONS.** This information will only be made available to ARTS Administrator, Legal Council, and a 2 person Personnel Committee; otherwise the information on this form will remain confidential.

	(check Yes or No)	YES	NO
1. Do you have a valid driver's license to operate a motor vehicle in California?			
<b>Type of Lic:</b> _____ <b>Lic. No.</b> _____ <b>Lic. Exp. Date:</b> _____			
2. Have you ever been employed by the county of Amador or any of its cities?			
<b>If YES – Give Details</b>			
3. Do you object to A.R.T.S. making inquiry of your present employer?			
4. Have you ever been discharged from a position, or terminated during a probationary period for unsatisfactory service, or have you ever resigned upon request to avoid discharge?			
Give name and address of employer, date of discharge or forced resignation, and the reason.			
5. Have you ever been convicted of a crime? If yes, please list below.			

Please exclude the following information from your response:

- (1) Any pretrial or post trial referral to diversion programs;
- (2) Any convictions for which the records have been judicially ordered sealed, expunged or statutorily eradicated, such as juvenile records;
- (3) Any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been dismissed;
- (4) Any marijuana possession convictions occurring more than two years ago and concerning a quantity of 28.5 grams of marijuana or less;
- (5) Any traffic citations

**EDUCATION**

Do you possess a High School Diploma or G.E.D.?		YES	NO
Name & Location of College, University or Trade School	Major Area of Study	Degree Received	



<b>List College Studies, internships and other educational experiences that is most applicable to the job being applied for.</b>			
1.	2.		
3.	4.		
<b>CERTIFICATES OF TRAINING, LICENSES OR PROFESSIONAL REGISTRATION</b>			
Description	Date Issued	Registration No.	
<b>EXPERIENCE</b>			
<p>Begin with your most recent experience. List all experience in the last ten years, including U.S. Military Service. Give details which you believe meets the entrance requirements for this position. Go back more than ten years if necessary. If more space is needed, you may attach additional sheets but they must contain answers to questions contained in this form.</p>			
<b>Period of Employment</b>			
From:	To:	Full Time:	Salary
Total Yrs.:	Total Months:	Part Time:	No. Supervised:
Job Title:			
Most Important Duties:			
<b>Employer Contact Information:</b>			
Employer:			
Address:		Phone:	
Immediate Supervisor(s):			
Reason for Leaving:			
<b>Period of Employment</b>			
From:	To:	Full Time:	Salary
Total Yrs.:	Total Months:	Part Time:	No. Supervised:
Job Title:			
Most Important Duties:			
<b>Employer Contact Information:</b>			
Employer:			
Address:		Phone:	
Immediate Supervisor(s):			
Reason for Leaving:			
<b>Period of Employment</b>			
From:	To:	Full Time:	Salary
Total Yrs.:	Total Months:	Part Time:	No. Supervised:
Job Title:			
Most Important Duties:			
<b>Employer Contact Information:</b>			
Employer:			
Address:		Phone:	
Immediate Supervisor(s):			
Reason for Leaving:			



**It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.**

**I am an U.S. Citizen or otherwise authorized to work in the United States on an unrestricted basis**  
YES  NO  **If applicable, please list your visa type, visa # and expiration.**

**PRE-EMPLOYMENT CONSENT**

**I understand that as required by the Federal Motor Carrier Safety Regulations, Title 49 Code of Federal Regulations, all applicants must be tested for controlled substances as a pre-condition for employment.**

**Applicant's Name** \_\_\_\_\_  
(Print Name)

**Applicant's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**CERTIFICATE OF APPLICANT:**

I hereby certify that all statements made in this application are true and agree and understand that any misstatement or omission of material facts herein may cause forfeiture on my part of any employment or payment as an employee in the service of the Amador Regional Transit System. I further agree to be fingerprinted, to submit to a complete medical examination and, upon employment, to furnish such proof of age as may be required.

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