



## Application for Employment as a Substitute Driver

11400 American Legion Drive, Suite B

Jackson, CA 95642-9534

Name	First	Middle	Last
Mailing Address			City State/Zip
Residence Address	Street		City State/Zip
Phone	Home	Business	Mobile
Social Security Number			
Driver's License Number		Class	Exp:

**READ FULLY AND RESPOND TO THE FOLLOWING QUESTIONS.**

	(check Yes or No)	YES	NO
1. Are you 25 years of age or older?			
2. Do you reside in Amador County? If Yes, how long?			
3. Do you have the legal right to work in the United States?			
4. Have you ever been convicted of a felony or a misdemeanor which resulted in imprisonment? If yes, please explain;			
5. Within the past three years, have you been cited for a moving violation? If yes, specify the date and nature of the violation:			
6. 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.			
7. Have you ever been employed by Amador Regional Transit System?			
8. Are you presently receiving benefits from Public Employee's Retirement System?			
9. Do you hold a valid CPR certificate? If No, are you willing to receive CPR training?			
10. Do you hold a valid First Aid certificate? If No, are you willing to receive First Aid training?			
<b>Type of License/Certificate</b>	<b>Issuing State</b>	<b>ID Number</b>	<b>Expiration Date</b>



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	
CERTIFICATES OF TRAINING, LICENSES OR PROFESSIONAL REGISTRATION				
Description	Date Issued	Registration No.		
EXPERIENCE				
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.				
Period of Employment				
From:	To:	Full Time:	Salary	
Total Yrs.:	Total Months:	Part Time:	No. Supervised:	
Job Title:				
Most Important Duties:				
Employer Contact Information:				
Employer:				
Address:		Phone:		
Immediate Supervisor(s):				
Reason for Leaving:				
Period of Employment				
From:	To:	Full Time:	Salary	
Total Yrs.:	Total Months:	Part Time:	No. Supervised:	
Job Title:				
Most Important Duties:				
Employer Contact Information:				
Employer:				
Address:		Phone:		
Immediate Supervisor(s):				
Reason for Leaving:				
Period of Employment				
From:	To:	Full Time:	Salary	
Total Yrs.:	Total Months:	Part Time:	No. Supervised:	
Job Title:				
Most Important Duties:				
Employer Contact Information:				
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: \_\_\_\_\_



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### ***PLEASE READ BEFORE APPLYING FOR EMPLOYEMENT WITH ARTS***

Amador Regional Transit System is an equal opportunity/affirmative action employer and does not discriminate on the basis of race, color, national origin, gender, disability, or any other consideration made unlawful by federal, state and local laws. All applicants will be given equal opportunity. Selection decisions will be based on job related factors.

All drivers employed by ARTS are initially hired as ***substitute drivers (on an on-call basis)***. The work schedule depends solely upon the vacation and/or sick leave used by ARTS permanent drivers. ARTS employs four substitute drivers who work on rotating basis. In the event that a permanent driver terminates employment, substitute drivers are offered the opportunity to fill the vacated permanent part-time position according to seniority. ***All driving positions with ARTS are part-time (less than 40 hours per week).***

***IF YOU ARE SEEKING REGULAR (full time or part time) employment, please be aware that a position as a substitute driver with ARTS will not address this requirement.***