





Applicant's Name: (Last, First and Middle Initial)	Position Applied For:
--	-----------------------

**EDUCATION INFORMATION**

Do you possess a High School Diploma or GED Certificate? .....  Yes  No

Name and Location of College, University or Vocational School	Major or Course of Study	# Units Completed (Indicate Semester or Quarter)	Graduate? Y or N	Type of Degree

**LICENSES AND CERTIFICATES**

Other licenses and/or certificates you hold that are related to your qualifications for this position:

Certificate or License	Issuing State	Registration Number	Expiration Date

**EMPLOYMENT HISTORY**

Beginning with your most recent job, list your employment history for **at least the past 10 years**, including any military service. If you have held more than one position with an employer, list each position separately. Use additional sheets if necessary, using this same format. Resumes will not substitute for a completed application form. **You will be evaluated based on the information provided. Incomplete applications cannot be considered.**

May we contact your current employer? Yes No

FROM (Mo/Yr):	TO (Mo/Yr):	Job Title (Include Classification or Level, if applicable):	Supervisor's Name & Title:
Hours Per Week:	Total Time Worked: (Yrs/Mos)	Company Name:	
Ending Wage/Salary Earned: \$                      per	Address:	Company Phone Number: (    )	

Duties Performed:

Reason For Leaving:

<b>Applicant's Name:</b> (Last, First and Middle Initial)	<b>Position Applied For:</b>
---	------------------------------

<b>FROM</b> (Mo/Yr):	<b>TO</b> (Mo/Yr):	<b>Job Title</b> (Include Classification or Level, if applicable):	<b>Supervisor's Name &amp; Title:</b>
<b>Hours Per Week:</b>	<b>Total Time Worked:</b> (Yrs/Mos)	<b>Company Name:</b>	
<b>Ending Wage/Salary Earned:</b> \$ per		<b>Address:</b>	<b>Company Phone Number:</b> ( )

**Duties Performed:**

**Reason For Leaving:**

<b>FROM</b> (Mo/Yr):	<b>TO</b> (Mo/Yr):	<b>Job Title</b> (Include Classification or Level, if applicable):	<b>Supervisor's Name &amp; Title:</b>
<b>Hours Per Week:</b>	<b>Total Time Worked:</b> (Yrs/Mos)	<b>Company Name:</b>	
<b>Ending Wage/Salary Earned:</b> \$ per		<b>Address:</b>	<b>Company Phone Number:</b> ( )

**Duties Performed:**

**Reason For Leaving:**

<b>FROM</b> (Mo/Yr):	<b>TO</b> (Mo/Yr):	<b>Job Title</b> (Include Classification or Level, if applicable):	<b>Supervisor's Name &amp; Title:</b>
<b>Hours Per Week:</b>	<b>Total Time Worked:</b> (Yrs/Mos)	<b>Company Name:</b>	
<b>Ending Wage/Salary Earned:</b> \$ per		<b>Address:</b>	<b>Company Phone Number:</b> ( )

**Duties Performed:**

**Reason For Leaving:**

Applicant's Name: (Last, First and Middle Initial)

Position Applied For:

## Rock Region METRO Certification

I hereby certify that the statements made by me on this application, attachments and supplemental materials are true, complete and correct. I understand that any misrepresentations or material omission of fact, whether intentional or unintentional, on this application, attachments, supplemental materials or during the course of interviews will result in disqualification of my application or, if I am employed, may constitute grounds for disciplinary action, up to and including dismissal.

I understand that, as part of the selection process, my employer and former employers may be contacted to verify the information provided by me on the application materials or during the course of interviews. Therefore, I hereby authorize any person, firm or organization listed hereon to provide the District with employment-related information and hereby release any person, firm or organization from any and all liability resulting from the use or disclosure of this information.

I further understand that an offer of employment may be subject to successful completion of a job-related pre-employment physical examination. Motor Vehicle driving records report may be run before, during, or after the hiring process. Furthermore, I understand and agree that any offer of employment for a position designated as sensitive" by the Department of Transportation, Federal Transit Administration Regulations (49 CFR Parts 40 and 665), is contingent upon successful completion of a pre-employment drug screening.

I understand that all offers of employment are contingent upon my furnishing documentation evidencing employment authorization in accordance with the Immigration Reform and Control Act of 1986 (IRCA).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applicant's Name: (Last, First and Middle Initial)

Position Applied For:

## Equal Employment Opportunity Questionnaire

### Rock Region METRO is an Equal Opportunity Employer

It is the policy of Rock Region METRO to take all personnel actions on the basis of merit and other job-related factors, without regard to race, color, religion, gender, national origin, ancestry, age, physical or mental disability, marital status, sexual orientation, veteran status, genetic characteristics, political affiliation or any other non-related job criteria.

To assist us with complying with equal opportunity record keeping and reporting requirements, all applicants are asked to voluntarily complete this questionnaire. This information will be treated confidentially and will be used for statistical reporting purposes only. This information will not have any effect on your application.

**Gender:**  Male  Female      **Age:**  Under 40 years  40 years or over

**Ethnic Origin:** (Please Check One)

**American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Indonesia, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Singapore,

**Black or African-American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to Black or African-American."

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

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Multiple Race:** (Two or more races.)

**Disabled Status:** The Americans with Disabilities Act states that an individual has a "disability" if that individual

- 1) has a physical or mental impairment which limits one or more of that person's major life activities,
- 2) has a record of such an impairment, or
- 3) is regarded as having such an impairment.

Are you disabled per the definition above?  Yes  No

**Veteran Status:** (Please check any of the following that apply to you)

**Disabled Veteran:** Any person entitled to disability compensation under laws administered by the Veterans Administration, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of military duty.

**Covered Veteran,** includes:

- (1) Other protected veterans (veterans who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge is awarded);
- (2) Armed Forces service medal veterans (veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985); and
- (3) Recently separated veterans (veterans within 36 months from discharge or release from active duty).

**Recruitment Source:** Please check the box of one source which indicates how you first learned about this position.

Newspaper or Trade Publication  
(Name) \_\_\_\_\_

Job Fair (event name/location/date) \_\_\_\_\_  Walk-In

Internet (website name) \_\_\_\_\_  Job Announcement (RT office location) \_\_\_\_\_

Community Organization (Name) \_\_\_\_\_  Current Employee

Other (please specify) \_\_\_\_\_