



## Foothill Transit

# Employment Application

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodations in the application and/or interview process should notify the Human Resources Department.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How did you become aware of this opening? \_\_\_\_\_

Type of employment desired? ☐ Full Time ☐ Part Time ☐ Temporary/Seasonal

Indicate shift availability ☐ Day ☐ Evening ☐ Weekend

Date available for work \_\_\_\_\_

Salary desired \_\_\_\_\_ ☐ Hourly ☐ Monthly ☐ Annually

Have you ever applied or worked for Foothill Transit? ☐ Yes ☐ No

If yes, please provide position and dates \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Do you have any relatives or friends working at Foothill Transit? ☐ Yes ☐ No

If yes, please list individual's name and relationship to you \_\_\_\_\_

Can you provide original documentation of your identity & eligibility to work in the United States? ☐ Yes ☐ No

### Educational Background

School Name	Address/City/State	Did you graduate? **	Diploma or Degree
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*\*Comments/Status



**Foothill Transit**

Name \_\_\_\_\_

Position \_\_\_\_\_

**Employment History**

Please include ten years of employment history, including periods of unemployment.

May we contact this employer? ☐ Yes ☐ No

Employer:	Period of Employment		Job Title/Position
	From Month/Year	To Month/Year	
Street Address:			Duties
City	State	ZIP	
Name/Title of Supervisor	Phone Number		
Reason for leaving			

May we contact this employer? ☐ Yes ☐ No

Employer:	Period of Employment		Job Title/Position
	From Month/Year	To Month/Year	
Street Address:			Duties
City	State	ZIP	
Name/Title of Supervisor	Phone Number		
Reason for leaving			

May we contact this employer? ☐ Yes ☐ No

Employer:	Period of Employment		Job Title/Position
	From Month/Year	To Month/Year	
Street Address:			Duties
City	State	ZIP	
Name/Title of Supervisor	Phone Number		
Reason for leaving			

May we contact this employer? ☐ Yes ☐ No

Employer:	Period of Employment		Job Title/Position
	From Month/Year	To Month/Year	
Street Address:			Duties
City	State	ZIP	
Name/Title of Supervisor	Phone Number		
Reason for leaving			



Name \_\_\_\_\_

Position \_\_\_\_\_

Previous Foothill Transit Experience	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
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91	92
93	94
95	96
97	98
99	100

Please list all previous employment with a contractor, i.e. Veolia, MV, First Transit, Penske, etc., furnishing services directly to Foothill Transit through an operating or administrative contract:

Contractor	Position	Start Date	End Date	Years/Mos.
			Total	

Skills, Qualifications and Certificates	
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Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Applicant Statement	
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I certify that all the information I have provided in order to apply for and secure work with Foothill Transit is true, complete and correct. I further certify that I, the undersigned applicant, have personally completed this application.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application or immediately discharge me from Foothill Transit's service, whenever it is discovered.

I hereby release Foothill Transit, its officers, agents, employees and representatives and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosures, including, without limitation, seeking and gathering and using such information.

I understand I may be required to satisfactorily take and pass a pre-employment drug and alcohol screening examination before I may be considered for employment. I also understand I may be subject to random, post accident and reasonable suspicion drug and alcohol testing during the course of employment. Testing positive, refusing to test within the designated time period or submitting an adulterated specimen for a random, reasonable suspicion or post accident drug and alcohol screening during my employment will be considered grounds for termination.

(Continued on next page)



**Foothill Transit**

Name \_\_\_\_\_  
Position \_\_\_\_\_

**Applicant Statement (continued)**

If I am applying for a position that requires the operation of a Foothill Transit vehicle, I am required to possess a current and valid driver's license and agree to provide Foothill Transit a certified copy of my driving record. I also understand that any offer of employment is contingent upon my ability to be covered by Foothill Transit's vehicle insurance policy.

I understand that Foothill Transit abides by an employment-at-will policy. Either the company or the employee may terminate the employment relationship at any time, for any reason, with or without notice. Additionally, nothing contained in this employment application or anything conveyed during the interview, or by a representative of Foothill Transit is intended to create an employment contract explicit or implied. I also understand and agree that any future changes in my title, duties, compensation, working conditions, benefits or company policy and procedures will not alter this at- will agreement.

I understand that no supervisor or representative of Foothill Transit is authorized to make any assurances contrary to any of the terms or conditions herein described.

Should a search of public records (including records documenting arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment) be conducted by internal personnel employed by Foothill Transit, I am entitled to copies of any such records obtained by Foothill Transit unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date