

**San Mateo County**  
**TRANSIT DISTRICT**

An Equal Opportunity/Affirmative Action Employer

Welcome and thank you for your interest in becoming a member of our team. Filling out this application is the first step in the District's selection process. Make sure you tell us how you meet the qualifications of the position. The information you provide will help us assess your qualifications. Failing to complete it may lessen your chances for a position.

TITLE OF POSITION APPLIED FOR: \_\_\_\_\_

Print Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle

Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Number and Street City State Zip Code

Check here if you can be contacted via email. Email Address: \_\_\_\_\_

Are you eligible to work in the United States?  Yes  No

Are you willing to take the Loyalty Oath required by California Law?  Yes  No

Have you ever applied for and been rejected for employment with the District?  Yes  No

Are you a current District Employee?  Yes  No

Are you a former employee of the District?  Yes  No

**EDUCATION:** Please indicate highest education level.  Less than HS Graduate  HS Graduate or Equivalent

Some College  Technical School  2 Year College Degree  Bachelor's Degree  Some Graduate School

Master's Degree  Doctorate (Academic)  Doctorate (Professional)  Post Doctorate

College: List the name and address of all schools attended. If you attended using a name other than your present name, please indicate in the box provided.

College or University and Address	Major	Semester Units	Date(s) and Degree(s)	Other Name

**Employment Record:** Begin with your most recent position, and work back, listing your entire employment record for a minimum of the last ten years or last three employers, *whichever is greater*, including military service. Attach a separate sheet to explain all periods of unemployment. If you were employed using a name other than your present name, please indicate in the "Reason for Leaving" section below.

Dates Month/Yr.	Most Recent or Current Employer's Complete Name, Address, and Telephone Number	Job Title and Description of Duties and Responsibilities
Start Date:		
End Date:		
Hours/Wk.		
Salary/Yr.	Name of Supervisor	Reason for Leaving

Dates Month/Yr.	Employer's Complete Name, Address, and Telephone Number	Job Title and Description of Duties and Responsibilities
Start Date:		
End Date:		
Hours/Wk.		
Salary/Yr.	Name of Supervisor	Reason for Leaving

Dates Month/Yr.	Employer's Complete Name, Address, and Telephone Number	Job Title and Description of Duties and Responsibilities
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Dates Month/Yr	Employer's Complete Name, Address, and Telephone Number	Job Title and Description of Duties and Responsibilities
Start Date:		
End Date:		
Hours/Wk.		
Salary/Yr.	Name of Supervisor	Reason for Leaving

Use this space for comments on education, experience, or other (optional):

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All "YES" answers must be explained fully and will not necessarily disqualify you from employment.  
Attach additional sheets if necessary.

Have you ever been discharged or asked to resign from a position? If yes, specify the circumstances and the employer.  Yes  No \_\_\_\_\_

Have you ever been convicted of a felony? List all felony convictions after your 18<sup>th</sup> birthday.  Yes  No \_\_\_\_\_

Do you possess a valid California driver license?  Yes  No

License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Certificate of Applicant: (Read carefully before signing)**

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in this application. I agree and understand any misstatement or omission of material fact, whether intentional or unintentional, on this application will cause my candidacy to be rejected, or my employment to be terminated for cause if such misstatement or omission is discovered after I am employed. I further agree to be fingerprinted and to furnish such proof of age and eligibility to work in the United States as legally required. I understand that any job offer I receive may be contingent upon my successful completion of a medical examination which may include a drug and/or alcohol screen. I understand and agree that if I am employed in a position not covered by a collective bargaining agreement, my employment is at the will of the General Manager/CEO, meaning that he or she may terminate my employment at any time and for any reason.

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

For Human Resources Department Use Only:	
Entered by: _____	Job Opening ID: _____
Date entered: _____	Applicant ID: _____

**SAN MATEO COUNTY TRANSIT DISTRICT**  
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650-508-6308 PHONE 650-508-6458 FAX

