

PLEASE TYPE OR PRINT IN DARK INK ONLY

NAME: _____
 LAST FIRST MIDDLE OFFICIAL TITLE OF POSITION FOR WHICH YOU ARE APPLYING



APPLICATION FOR EMPLOYMENT
 Riverside County Transportation Commission
 4080 Lemon Street 3rd Floor
 Riverside, CA 92501
 Telephone (951) 787-7141

NOTE: Before completing this form, please read the Minimum Qualifications for the job in which you are interested.

RCTC IS AN EQUAL OPPORTUNITY EMPLOYER

| | |
|--|--|
| Mailing Address: _____ _____ Number and Street _____ City State Zip Code Phone Number: Home _____ Business _____ Message/Cell _____ | 1) Do you have a valid California Drivers' License? Yes <input type="checkbox"/> No <input type="checkbox"/> 2) Have you ever been discharged by an employer? Yes <input type="checkbox"/> No <input type="checkbox"/> 3) Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ Applicants may be subject to criminal background and credit history checks. ▪ Applicants will be required to meet the Riverside County Medical Standards for this position. |
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NOTE: All Sections of this application must be completed and a resume must be attached.

EDUCATION: Applicants may be required to furnish proof of academic training by transcript, diploma, or G.E.D. score.

Did you graduate from high school? Yes No Are you claiming a high school G.E.D. equivalent? Yes No

| NAME AND LOCATION OF SCHOOL | MAJOR SUBJECT AND NUMBER OF UNITS COMPLETED | TOTAL NUMBER OF | | TYPE OF DEGREE OR CERTIFICATE RECEIVED (MUST BE COMPLETED IF REQUIRED AS PART OF THE MINIMUM QUALIFICATIONS FOR THE POSITION) |
|--|---|-----------------|---------|---|
| | | SEMESTER | QUARTER | |
| Colleges: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Business, Technical or Certificate Programs: (Indicate hrs. Completed) | | | | |
| Professional Registration(s), License(s), and/or Certificate(s) and date(s) received: | | | | |

EXPERIENCE - Please account for all employment within the last ten years, beginning with your current or most recent employer. In addition, please indicate any other experience which you feel is relevant to the position for which you are applying (e.g., volunteer experience, military experience, experience gained over ten years ago, etc.) Attach additional sheet if extra space is needed.

NOTE: All sections of this application must be completed, even if a resume is attached.

| | | | |
|----------------------------|-------------------------|--|----------------------------|
| PRESENT EMPLOYMENT | | Official Payroll Title of Your Job: | Firm Name: _____ |
| From _____ Month/year | To: _____ Month/year | Describe your duties: _____ | Location: _____ |
| Total Time: | | | Employer's Business: _____ |
| Starting Monthly Salary | \$ _____ | | Supervisor's Name: _____ |
| Final Monthly Salary | \$ _____ | | Supervisor's Title: _____ |
| Hours worked per week | | Reason for Leaving: | |
| PREVIOUS EMPLOYMENT | | Official Payroll Title of Your Job: | Firm Name: _____ |
| From _____ Month/year | To: _____ Month/year | Describe your duties: _____ | Location: _____ |
| Total Time: | | | Employer's Business: _____ |
| Starting Monthly Salary | \$ _____ | | Supervisor's Name: _____ |
| Final Monthly Salary | \$ _____ | | Supervisor's Title: _____ |
| Hours worked per week | | Reason for Leaving: | |
| PREVIOUS EMPLOYMENT | | Official Payroll Title of Your Job: | Firm Name: _____ |
| From _____ Month/year | To: _____ Month/year | Describe your duties: _____ | Location: _____ |
| Total Time: | | | Employer's Business: _____ |
| Starting Monthly Salary | \$ _____ | | Supervisor's Name: _____ |
| Final Monthly Salary | \$ _____ | | Supervisor's Title: _____ |
| Hours worked per week | | Reason for Leaving: | |

May we contact your present employer? Yes No

I CERTIFY THAT ALL STATEMENTS ON THIS FORM AND ON ANY ATTACHMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSIFICATION OF THE INFORMATION ON THIS FORM AND ATTACHMENTS MAY, IF I AM EMPLOYED, BE CONSIDERED GROUNDS FOR IMMEDIATE DISMISSAL. I HAVE RECEIVED A COPY OF THE JOB DESCRIPTION FOR THE POSITION FOR WHICH I AM APPLYING, AND CERTIFY THAT I AM QUALIFIED TO PERFORM THESE DUTIES.

Signature of Applicant

Date