



Accepted	_____
Rejected	_____
Experience	_____
Education	_____
Other	_____

Employment Application

Please TYPE or PRINT in dark ink. An application completed with insufficient detail, in pencil, or without signature will constitute failure of the initial step of the examination process, and the application will be rejected.

EXACT TITLE OF POSITION FOR WHICH YOU ARE APPLYING:

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Desired Salary		
If hired, can you present evidence of your US citizenship or proof of your legal right to live and work in this country? <input type="checkbox"/> MC <input type="checkbox"/> BC			
Have you ever worked for this agency? YES NO If so, when?			
Have you ever been convicted of a felony?			
YES	NO	If yes, explain	
<p>Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense and relevance to the position applied for, may however, be considered.</p> <p>Do you have a valid driver's license to operate a motor vehicle? If Yes, complete the following:</p> <p>State: Class: License No.</p>			

EDUCATION			
College/ University		Address	
Number of years completed:	Did you graduate?	YES NO	Degree
Other Education		Address	
Number of years completed:	Did you graduate?	YES NO	Degree
Other Certificates, Licenses, or Professional Registration which apply to this position:			

CURRENT OR PREVIOUS EMPLOYMENT: Begin with your most recent experience. List all experience in the last ten years including US military service. You may attach additional sheets if necessary.

Name of Employer		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name of Employer		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name of Employer		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

DISCLAIMER, RELEASE, AND CERTIFICATION OF APPLICATION

I hereby authorize representatives of PCTPA to thoroughly investigate all information provided in this application and to contact (except as noted in Item No. 2) organizations, employers, schools, and individuals listed for the purpose of establishing or verifying my qualifications, work history, and work habits in connection with this application for PCTPA employment. I understand and acknowledge that such information will be used confidentially and for the purpose of employment decisions only. I authorize the individuals or organizations contacted to release the above information to the Placer County Transportation Planning Agency. I hereby release PCTPA, my former employers, and all other persons and entities from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or release of information.

I certify that my answers are true and complete to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. Should a search of public records (including criminal and civil records) be conducted by PCTPA personnel, I acknowledge that I am entitled to copies of any such records obtained by PCTPA 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.

Signature

Date

IMPORTANT: the Placer County Transportation Planning Agency (PCTPA) is an equal opportunity employer. Women, minorities, and individuals with disabilities are encouraged to apply. In addition, PCTPA complies with the Americans with Disabilities Act and considers reasonable accommodation measures that may be necessary for eligible applicants to perform essential job functions. If you need accommodation in the examination/interview process, please contact the Planning Administrator/Board Secretary at 530.823.4030 at least five (5) working days before a scheduled examination/interview.