



Transportation Agency For Monterey County (TAMC)

An Equal Opportunity Employer

Please return this application completed, signed and dated to: 55 B Plaza Circle Salinas, CA 93901

| | | | |
|--|----------------------------------|--|---|
| 1. Position Applied For: _____ | | | |
| 2. Last Name: _____ | | First: _____ | Middle Initial: _____ |
| 3. Mailing Address: _____ | | City: _____ | State: _____ Zip: _____ |
| 4. Daytime Telephone: _____ | | Home Telephone: _____ | E-mail Address: _____ |
| 5. Driver's License Number: _____ | | Class: _____ | Expiration: _____ State: _____ |
| 6. Are you able to produce documents that verify your right to work in the United States? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Persons under age 18 must be able to produce a valid work permit. |
| 7. Are you currently a TAMC Employee? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. Have you ever been employed by TAMC? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <i>if yes, indicate</i> Dates: _____ | | Position: _____ | |
| Department: _____ | | Name(s) at time of employment: _____ | |
| 9. Do you have any relatives employed by TAMC? (There may be limitations on the employment of Father, Brother, Sister, Wife, Husband, and Child. Each case is considered separately for potential conflict of interest.) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name: _____ | | Name: _____ | Relationship: _____ |
| Relationship: _____ | | | |
| 10. What type of work will you accept? (Check all that apply) | | 11. How soon are you available for employment? | |
| Type of Hire: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Hours Worked: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call | | | |
| 12. Have you ever been convicted of a crime? (If yes, indicate. This information will be reviewed for job relatedness. Use additional sheet of paper if necessary.) | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date: _____ | | Charge: _____ | |
| Location: _____ | | Action Taken: _____ | |
| 13. Second Language Skills: If you have no second language, skip this question. Please indicate your level of skill in the following languages by selecting the appropriate letter code in front of the language. CHOOSE ONLY ONE CODE PER LANGUAGE. | | | |
| Letter Codes: | | 1= I can carry on a conversation freely but cannot read/write. | |
| | | 2= I can carry on a conversation and can read/write. | |
| Enter appropriate code below | | | |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese | |
| <input type="checkbox"/> Iiocano | <input type="checkbox"/> Korean | <input type="checkbox"/> Other (Specify) _____ | |
| 14. EDUCATION AND TRAINING SUMMARY | | | |
| <i>Provide information for education as it relates to the position for which you are applying.</i> | | | |
| Colleges, Vocational or Technical Schools | Major Subject | Units | Type Degree/Certificate |
| | | | |
| | | | |
| | | | |
| <i>Licences and Certificates (State, Professional, Nursing, Trade, etc. which are required for this position.)</i> | | | |
| Description | Issued By | Number | Expiration Date |
| | | | |
| | | | |

Applicant Name: _____

Position: _____

15. EMPLOYMENT HISTORY

Begin with your present or most recent job. List all jobs separately including on-the-job training, volunteer work and military experience. Please be sure you describe completely in the section below the duties you performed which demonstrate that you have the knowledge and skills to perform the duties of the position for which you are applying. You may use additional sheets to complete your work history. A resume may be attached but is not a substitute for the application or for completing this section. THIS SECTION MUST BE COMPLETED. If a response to a supplemental questionnaire is required, it must accompany this application. Incomplete applications may be returned.

| Date and Salary Information | | Employer Information | Occupation and Description of Duties |
|-----------------------------|--|----------------------|--------------------------------------|
| From: | | Employer: | Job Title: |
| To: | | Address: | Your Duties: |
| (Mo/Day/Year) | | Telephone: | |
| Monthly Salary: \$ | | Supervisor's Name: | |
| Hours Per Week: | | Supervisor's Title: | |
| Reason For Leaving: | | | |
| | | | |
| From: | | Employer: | Job Title: |
| To: | | Address: | Your Duties: |
| (Mo/Day/Year) | | Telephone: | |
| Monthly Salary: \$ | | Supervisor's Name: | |
| Hours Per Week: | | Supervisor's Title: | |
| Reason For Leaving: | | | |
| | | | |
| From: | | Employer: | Job Title: |
| To: | | Address: | Your Duties: |
| (Mo/Day/Year) | | Telephone: | |
| Monthly Salary: \$ | | Supervisor's Name: | |
| Hours Per Week: | | Supervisor's Title: | |
| Reason For Leaving: | | | |
| | | | |

I hereby certify that all information or omission of material fact on this application is true to the best of my knowledge and understand that falsification of information on this application may lead to the removal of my name from the eligibility list or termination from employment.

Signature of applicant: _____

Date: _____