



## Transportation Agency For Monterey County (TAMC)

*An Equal Opportunity Employer  
A Drug Free Workplace*

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 produce a valid work permit upon employment. |
| 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       |  |
| if yes, indicate      Dates: _____   |  | Position: _____  |  |
| Department: _____  |  | Name(s) at time of employment: _____                           |  |
| 9. Do you have any relatives employed by TAMC?   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No       |  |
| (There may be limitations on the employment of Father, Mother, Brother, Sister, Wife, Husband, and Child. Each case is considered separately for potential conflict of interest.)  |  |  |  |
| Name: _____  |  | Relationship: _____  | Name: _____ 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                                  |  |  |
| Hours Worked:  | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call |  |  |
| 12. 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"/> Ilocano   | <input type="checkbox"/> Korean  | <input type="checkbox"/> Other (Specify) _____                 |  |
| <b>13. EDUCATION AND TRAINING SUMMARY</b>  |  |  |  |
| <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  |
|  |  |  |  |
|  |  |  |  |
| Licenses and Certificates (State, Professional, Nursing, Trade, etc. which are required for this position.)  |  |  |  |
| Description  | Issued By  | Number   | Expiration Date  |
|  |  |  |  |
|  |  |  |  |

Applicant Name: \_\_\_\_\_

Position: \_\_\_\_\_

**14. 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.

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

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

**15. Employment References**

List below three persons not related to you who have knowledge of your work performance within the last three years.

| First Name | Last Name | Telephone No. | Organization | Postion | Business Relationship |
|------------|-----------|---------------|--------------|---------|-----------------------|
|            |           |               |              |         |                       |

| First Name | Last Name | Telephone No. | Organization | Postion | Business Relationship |
|------------|-----------|---------------|--------------|---------|-----------------------|
|            |           |               |              |         |                       |

| First Name | Last Name | Telephone No. | Organization | Postion | Business Relationship |
|------------|-----------|---------------|--------------|---------|-----------------------|
|            |           |               |              |         |                       |

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: \_\_\_\_\_

TAMC is an equal opportunity employer and will not discriminate based on race, color, ancestry, citizenship, medical condition, sex (including pregnancy, childbirth and related medical conditions), physical or mental disability, veteran or military status, sexual orientation, age (over 40), gender characteristics, genetic classification, national origin, religious affiliation, political affiliation, Union membership, marital status, Workers' Compensation in California, gender identity, or any other classification protected under federal, state, or local law.

**Job Source Information:**

I learned about this job opening through:

- Friend/Relative \_\_\_\_\_
- TAMC Employee \_\_\_\_\_
- TAMC Employment Announcement \_\_\_\_\_
- TAMC Website \_\_\_\_\_
- Organization/ Group (please specify) \_\_\_\_\_
- Advertisement (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_



## Voluntary Equal Employment Opportunity Information Form – Applicants

(Confidential: For Statistical Use Only)

TAMC is an equal opportunity employer. In an effort to implement our voluntary equal employment opportunity plan recordkeeping, we ask that you complete this data survey. Your cooperation is appreciated. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any negative personnel action. Information provided will be kept confidential in accordance with applicable regulations.

|   |   |
|---|---|
| <b>Name</b> (Last, First, Middle Initial)   | <b>Date</b>                             |
| <b>Position</b>   |   |
| <b>Gender</b>   |   |
| Male _____ Female _____   |   |
| <b>Race / Ethnicity (Please check <u>one</u> box only)</b>  |   |
| Hispanic or Latino _____  | Asian _____                             |
| White _____   | American Indian or Alaskan Native _____ |
| Black or African-american _____   | TWO or More Races _____                 |
| Native Hawaiian or Other Pacific Islander _____   | I Prefer Not to Answer _____            |
| <p><b>Hispanic or Latino</b> – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.</p> <p><b>White (Not Hispanic or Latino)</b> – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><b>Black or African American (Not Hispanic or Latino)</b> - A person having origins in any of the black racial groups of Africa.</p> <p><b>Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)</b> – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p><b>Asian (Not Hispanic or Latino)</b> – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><b>American Indian or Alaska Native (Not Hispanic or Latino)</b> – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.</p> <p><b>Two or More Races (Not Hispanic or Latino)</b> – All persons who identify with more than one of the races of: White, Black or African American, Native Hawaiian or Other Pacific Islander, Asian, or American Indian or Alaska Native.</p> |   |