**Position Applied For:**

**BUS DRIVER**

**PERSONNEL USE ONLY**

Applicant No._____

# EMPLOYMENT APPLICATION

| | | | |
|---|---|---|---|
| Last Name | First Name | | MI |
| Address | City/State | Zip | Telephone |
| Social Security Number | Driver License Number Class | Email Address | |
| If under eighteen years of age: after an offer of employment, can you submit a work permit? ( ) Yes ( ) No | | Can you, after an offer of employment, submit verification of your legal right to work in the United States? ( ) Yes ( ) No | |

## EMPLOYMENT HISTORY

List any jobs you have held in the last ten years, starting with the most recent. Also include any RELATED work experience that is older than ten years. Include military and voluntary experience. (Please use additional sheets if necessary.) This section must be completed. Applications will be rejected if you write, "see resume", "see attached" or anything similar.

| | |
|---|---|
| Employer's Name | Position Title: |
| Address/City/State/Zip | Describe Your Duties: |
| Telephone | |
| Supervisor | |
| Starting Date Final Date | Reason for Leaving |
| Final Salary Hours per week: | |
| Employer's Name | Position Title: |
| Address/City/State/Zip | Describe Your Duties: |
| Telephone | |
| Supervisor | |
| Starting Date Final Date | Reason for Leaving |
| Final Salary Hours per week: | |
| Employer's Name | Position Title: |
| Address/City/State/Zip | Describe Your Duties: |
| Telephone | |
| Supervisor | |
| Starting Date Final Date | Reason for Leaving |
| Final Salary Hours per week: | |

| Employer's Name | | Position Title: |
|---|---|---|
| Address/City/State/Zip | | Describe Your Duties: |
| Telephone | | |
| Supervisor | | |
| Starting Date | Final Date | Reason for Leaving |
| Final Salary | Hours per week: | |

****Continue employment history on separate sheet/s of paper if necessary. Provide information in same format as presented here.****

## EDUCATION AND TRAINING

| School | Name and Location of School | Course of Study | # of Years Completed | Degree/Diploma Received |
|---|---|---|---|---|
| High School | | | | |
| College | | | | |

| Licenses/Certificates | Issue/Expiration Dates | Issuer of License | Number if Applicable |
|---|---|---|---|
| | | | |
| | | | |

1. Have you ever been employed by the City of Arcata? _____ Yes _____ No

From _____ to_____ Department _____

2. Are you related to anyone currently employed by the City of Arcata? _____ Yes _____ No

Name _____ Department _____ Relationship _____

3. Have you ever been discharged or asked to resign from any position? _____ Yes _____ No

Name of Employer _____

4. Have you ever been convicted of any crime, either misdemeanors or felonies? _____ Yes _____ No (Please omit any juvenile convictions or misdemeanor convictions if records are legally sealed or expunged.)

If "Yes", list when and where each offense occurred and describe each one. A "Yes" answer to this question is not an automatic bar to employment. The City, however, may consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position. *N*otwithstanding any of the preceding, you should not disclose convictions that are over two years old as of the date you complete this application for violations of Health and Safety Code Sections 11357, 11360, 11364, 11365, or 11550, as those statutes related to marijuana prior to January 1, 1976 or a statutory predecessor to those statutes.* _____

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Police Applicants: Due to the criminal record background process, these convictions will be reviewed and the exclusions above may not apply to you.

5. a. Are you a California Public Employees Retirement System(CalPERS) annuitant? _____ Yes _____ No
   b. If Yes, have you collected unemployment benefits in the preceding twelve (12) months, based on prior temporary employment with a public employer? _____ Yes _____ No
6. a. Have you been employed by another CalPERS-covered employer within the last six months? _____ Yes _____ No
   b. If Yes, have you withdrawn your contributions? _____ Yes _____ No
7. Have you been employed by a CalPERS reciprocal system employer within the last six months? _____ Yes _____ No

### Applicant Certification Please Read Carefully –(*If not signed, this application may be rejected)*

I certify under penalty of perjury that the information I have provided in this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the City of Arcata. I understand that the City will investigate all information contained in this application and I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the City of Arcata during the course of that investigation. As a condition of employment I agree to sign an oath as specified in Article XX, Section 3 of the California Constitution and Government Code Section 3100 et. Seq., to be fingerprinted, and to submit to a medical examination by a physician (which may include a pre-employment drug test) of the City's choosing, if required for the position for which I am applying.

If employed on an hourly part time, seasonal or temporary basis, the undersigned will be considered an at-will employee and will be free to resign at any time for any reason, the City similarly retains the right to terminate undersigned's employment at- will. No City representative has the authority to make any agreement to the contrary.

_____ _____

Signature Date