



APPLICATION FOR EMPLOYMENT

PO Box 499
 Zephyr Cove, NV 89448
 128 Market Street, Ste 3-F
 Stateline, NV 89449
www.tahoetransportation.org

THIS APPLICATION MUST BE FILLED OUT COMPLETELY.

1. EXACT TITLE OF POSITION:				
2. NAME: First:		Middle:	Last:	
3. MAILING ADDRESS:			City:	State: Zip:
4. PHYSICAL ADDRESS:			City:	State: Zip:
Home Phone:		Other Phone:	E-mail Address:	
5. Have you ever been previously employed by TTD? Yes No If yes, indicate title, department and dates worked:				
6. Have you ever worked under a different name? Yes No If yes, what name(s)?				
7. Can you, after an offer of employment, submit verification of the legal right to work in the U.S.? (U.S. regulations require all employees hired after 11/06/86 to provide proof of legal status to be employed in the U.S.) Yes ___				
8. Do you have a valid Driver's License? Yes No If yes, complete the following:				
State: Type of License:		Lic. No.:	Exp. Date:	
9. Do you object to TTD making inquiry of your present employer? Yes ___ No If presently employed, why are you considering leaving?				
10. Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No				

11. EDUCATION				
SCHOOL AND ADDRESS	MAJOR/ COURSE OF STUDY	DEGREE/ CERTIFICATE	DATE COMPLETED	GRADUATED
				Yes No
				Yes No
				Yes No
				Yes No
BUSINESS, VOCATIONAL, TRADE OR TECHNICAL SCHOOLS		COURSE OF STUDY		

PLEASE READ THE MINIMUM QUALIFICATIONS SECTION OF THE JOB ANNOUNCEMENT BEFORE COMPLETING ITEMS 12 through 15

12. CERTIFICATES, LICENSES, OR PROFESSIONAL REGISTRATION WHICH APPLY TO THIS POSITION: Date Issued _____ Type of License & Registration No. _____ Date Issued _____ Type of License & Registration No. _____	13. IF THIS POSITION REQUIRES COMPUTER, TYPING AND/OR SHORTHAND SKILLS, PLEASE INDICATE : YES NO Computer _____ Typing _____ wpm Shorthand _____ wpm
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14. EMPLOYMENT EXPERIENCE

Begin with your most recent experience. List ALL experience for the last ten years, including U.S. Military Service and unemployment. Give details of the experience which you believe helps you meet the requirements of the position for which you are applying. Use additional sheets if more space is necessary.

THE FOLLOWING SECTION MUST BE COMPLETED EVEN IF ATTACHING A RESUME

Period of Employment	Job Classification, Most Important Duties Performed, and Employer Information		
FROM _____ TO _____ TOTAL: _____ YR. _____ MO. HOURS PER WEEK: _____	JOB TITLE: _____		EMPLOYER: _____ PHONE #: _____
	SUPERVISOR'S NAME/TITLE: _____		ADDRESS: _____
	NO. SUPERVISED _____	REASON FOR LEAVING: _____	JOB DUTIES: _____
FROM _____ TO _____ TOTAL: _____ YR. _____ MO. HOURS PER WEEK: _____	JOB TITLE: _____		EMPLOYER: _____ PHONE #: _____
	SUPERVISOR'S NAME/TITLE: _____		ADDRESS: _____
	NO. SUPERVISED _____	REASON FOR LEAVING: _____	JOB DUTIES: _____
FROM _____ TO _____ TOTAL: _____ YR. _____ MO. HOURS PER WEEK: _____	JOB TITLE: _____		EMPLOYER: _____ PHONE #: _____
	SUPERVISOR'S NAME/TITLE: _____		ADDRESS: _____
	NO. SUPERVISED _____	REASON FOR LEAVING: _____	JOB DUTIES: _____
FROM _____ TO _____ TOTAL: _____ YR. _____ MO. HOURS PER WEEK: _____	JOB TITLE: _____		EMPLOYER: _____ PHONE #: _____
	SUPERVISOR'S NAME/TITLE: _____		ADDRESS: _____
	NO. SUPERVISED _____	REASON FOR LEAVING: _____	JOB DUTIES: _____

15.

REFERENCES

Please list three professional references who have known you for at least four years.

Name: _____ Telephone Number: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Telephone Number: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Telephone Number: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

CERTIFICATE OF APPLICANT:

1. I declare that any statement in this application or information provided is true and complete. I understand that if I provide false information, it shall be sufficient cause for disqualification or dismissal.
2. I attest that I have the legal right to reside and work in this country (proof required upon employment).
3. In connection with this application, I authorize TTD and any agent acting on its behalf to conduct an inquiry into any information related to my potential or continued employment with the TTD and authorize the release of any such information, including but not limited to prior employers. Moreover, I hereby release TTD and any agent acting on its behalf from any liability by reason of requesting information from any person.
4. I understand that nothing in this application, or in any prior or subsequent written or oral statement, creates a contract of employment or any rights in the nature of a contract. I agree and understand that if I am hired by the Tahoe Transportation District, my employment will be "at-will", for an indefinite period of time, and may be terminated at any time, with or without cause, at the option of the Tahoe Transportation District or myself.
5. I understand that I have the right to end my employment at any time and that the Tahoe Transportation District retains the same right. I also understand that no one has the authority to enter into any contract, agreement, or modification of the foregoing unless such contract, agreement or modification is in writing and signed by the District Manager.

Signature _____ Date: _____

THE TAHOE TRANSPORTATION DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER



Applicant Acknowledgement of District Drug Testing

As a condition of employment with the Tahoe Transportation District, I understand that, in accordance with the U. S. Department of Transportation (DOT)/Federal Transit Administration (FTA) Anti-Drug Testing Program, I will be required to take a pre-employment drug test.

The anti-drug program requires urine testing for the following five specific drugs: marijuana, cocaine, opiates, amphetamines, and PCP.

If hired, I further understand that I will be part of Tahoe Transportation District's ongoing drug/alcohol misuse testing program which includes random, reasonable suspicion, post-accident and return to duty testing.

The Alcohol Misuse Prevention Program requires evidential breath testing (EBT) conducted by qualified technicians on approved testing equipment.

If I either refuse to cooperate with the mandatory DOT Anti-Drug/Alcohol Misuse testing program as implemented by the Tahoe Transportation District, or if I have a verified positive drug test reported to the Tahoe Transportation District after the careful review of the Medical Review Officer, I understand that I will not be considered for employment.

Disclaimer and Signature

All applicants determined to meet the minimum job and employment qualifications will be required to undergo a fingerprint screening in which any past criminal convictions will be reviewed.

I hereby certify that my answers are true and complete to the best of my knowledge. I acknowledge that I have read the job description for the recruitment and understand that my application form must demonstrate that I meet the minimum qualifications for the job I am applying for; and, if the announcement requires any attachments or additional information, it is my responsibility to provide them by the deadline.

If my contact information changes after I submit my application, it is my responsibility to notify the Tahoe Transportation District Human Resources office.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Printed Name_____

Signed_____

Date_____

EEO-1 Self-Identification Form

Responses are used to complete the Department of Labor EEO Reporting

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify and specific individual.

As government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, Section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998. This data is for periodic government reporting and will be kept in a confidential file separate from the application for employment and employee file.

Thank you for your participation!

Name: _____ **Date:** _____

Gender: Male Female **Job Title:** _____

RACE/ETHNICITY: Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin.

White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian

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.

American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

I do not wish to self-identify

VETERAN STATUS: Vets-100

I am Not a Veteran*

Yes, I am a Veteran*

***Please complete the VETs-100 form**

DISABILITY: Do you have a Disability? Yes No

If you checked "Yes", is your disability one of the targeted disabilities listed below?

Yes No

Blind	Convulsive Disorder	Partial Paralysis
Deaf	Mental Retardation	Complete Paralysis
Missing Extremity (s)	Mental Illness	Genetic or physical condition affecting limbs or spine

Veteran Self-Identification Form 100

Responses are used to complete the required VETS-100 Reporting

Name: _____ Date: _____

Position employed in or applied for: _____

1) Yes No Are you a Veteran? If Yes, what is your Date of Discharge _____

If you are a Veteran, please continue and check all that apply (see below for definitions)

2) Yes No Are you retired from the military? If Yes, what is your Date of Retirement _____

3) Yes No Disabled Veteran

4) Yes No Veteran of the Vietnam era

5) Yes No Other protected Veteran

(Veteran who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge is awarded)

6) Yes No Recently separated Veteran (Veteran within 12 months from discharge or release from active duty)

7) Yes No Do you qualify for Veteran's Preference; if yes please explain: _____

(The last war for which active duty is qualifying for Veterans preference is World War II (12-7-41 thru 4-28-52))

The U.S. Department of Labor (DOL), Veterans' Employment and Training Service (VETS) annually collects and compiles the Federal Contractor Veterans' Employment Report (VETS-100) from federal contractors and subcontractors. The TAHOE TRANSPORTATION DISTRICT is an Equal Opportunity Employer and ensures its personnel processes provide for careful, thorough and systematic consideration of the job qualifications of applicants and employees with known disabilities and for covered Veterans for job vacancies filled. The TAHOE TRANSPORTATION DISTRICT takes affirmative action to employ, advance in employment, and otherwise treat qualified individuals without discrimination based on their status as individuals with disabilities and/or Covered Veterans in all employment practices. Under the regulations implementing the affirmative action provisions of VEVRAA issued by the Office of Federal Contract Compliance Programs (OFCCP), a federal contractor is required to invite applicants and current employees to inform the contractor whether he or she is a Veteran belonging to one or more of the categories of Veterans covered under VEVRAA who wishes to benefit under the contractor's affirmative action program (AAP) for covered Veterans. Definitions follow:

Disabled Veteran means:

1- A Veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability

(A) rated at 30 percent or more, or

(B) rated at 10 or 20 percent in the case of a Veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap

2- A person who was discharged or released from active duty because of a service-connected disability.

Veteran of the Vietnam era means: A person who:

1- Served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days and who was discharged or released with other than a dishonorable discharge, if any part of such active duty was performed:

(A) In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or

(B) Between August 5, 1964, and May 7, 1975, in all other cases.

2- Was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed:

(A) In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or

(B) Between August 5, 1964, and May 7, 1975, in any other location.

Other protected Veteran means:

Veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the U.S. Department of Defense.

Recently separated Veteran means:

Any Veteran during the three-year period beginning on the date of such Veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

Armed Forces Service Medal Veteran means:

Any Veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation to which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985.