



1700 W. Fifth St. San Bernardino, CA 92411

IMPORTANT APPLICATION INSTRUCTIONS

(Please Read Carefully)

It is **mandatory** that all information requested be supplied in the **exact** manner requested. Each question on this application form must be answered; leave no blanks. If a question does not apply, enter "N/A" in the space provided for the answer. Complete all related application materials. **Failure to complete application thoroughly may result in disqualification of your application.** Resumes are accepted as attachments to applications, but do not take the place of any portion of a completed application.

1. A separate application and related materials is required for each open position. Job interest cards may be completed for all other positions.
2. Please **print** with **ink** or use a typewriter.
3. List your employment experiences for the past ten (**10**) years, starting with your current or last employer. Account for all periods of employment **and** unemployment. Add additional sheets if necessary to account for the full ten (10) years.

You must have the complete address and telephone number for each employer.

4. Return the application form to OMNITRANS by mail or in person by 5:00 p.m. on the closing date. Post marks are **not** acceptable.
5. Notify us promptly of any change of address or telephone number.
6. If required for the position, an **H6** copy of your CA driving record (dated no more than thirty (30) days before the date you turn in your application) from the Department of Motor Vehicles **MUST** be attached to your application. If you have been licensed in California for six (6) months or less, you must also submit a copy of your driving record from the previous state or residence with your application.

SPECIAL ACCOMODATION

Applicants With Disabilities: Individuals with disabilities requiring accommodation in the application or testing process must provide the Human Resources Department, at the time of application, with documentation from a qualified authority of the need for accommodation. The Human Resources Department will make reasonable efforts to accommodate applicants with disabilities when completing the Employment Application and in any job related examination process.

AN EO/AA EMPLOYER

All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, ancestry, age, religion, national origin, sexual orientation or the presence of disabilities.

EQUAL OPPORTUNITY EMPLOYMENT

Completion of this section is optional. The information provided will only be used for statistical purposes. It will not be used to make any decisions that affect you.

Position Applied For _____ Date _____

Name _____
(Please Print)

Sex: _____ Age: _____
 Male Female Under 40 40+

CHECK THE ETHNIC GROUP WITH WHICH YOU MOST CLOSELY IDENTIFY YOURSELF:

- White Hispanic American Indian/Alaskan Native
- Black Asian Native Hawaiian or Other Pacific Islander
- Two or More Races

CHECK THE FOLLOWING IF APPLICABLE:

- Veteran Veteran with Disabilities

HOW DID YOU LEARN ABOUT THIS POSITION?

- Agency (Specify) _____
- Ad – El Mundo Latino
- Coach Advertisement Ad – La Prensa
- EDD – Cal Jobs (Internet) Ad – National Black Review
- EDD – Job Finders Ad – The Progressive Woman
- Job fair Ad – The Veteran Journal
- Walk-In Advertisement – Other
- Ad - APTA Internet – Diversityinc.com
- Ad – Daily Bulletin Internet – Dice.com
- Ad – Jobs Available Internet – Governmentjobs.com
- Ad – L.A. Times Internet – Hotjobs.com
- Ad – Orange County Register Internet – Jobing.com
- Ad – Press Enterprise Internet – Monster.com
- Ad – Pennysaver Internet – Omnitrans website
- Ad – San Bernardino Sun Internet – Transittalent.com
- Ad – Black Media News Other (Specify) _____

50 Employee Referral: _____
First Name Last Name



1700 WEST FIFTH STREET
 SAN BERNARDINO
 CALIFORNIA , 92411

EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

POSITION APPLIED FOR: _____ DATE: _____

Last Name	First Name	Middle Initial	Social Security Number (Optional)
Address(Number)	Street	City	State
() _____	() _____	CA License # _____	Expiration Date _____
Home Phone	Message Phone	(If Required For Position)	

1. Have you the legal right to work permanently in the United States? { } Yes { } No

2. Have you filed an application with Omnitrans in the last two (2) years? { } Yes { } No
 (If yes, date(s) _____; position(s) _____)

3. Have you ever been employed by Omnitrans? { } Yes { } No
 (If yes, date(s) _____; position(s) _____)

4. Are you related to anyone working for Omnitrans? { } Yes { } No
 (If yes, date(s) _____; position(s) _____)

5. Are there any reasons you may have difficulty in performing any of the essential duties of the job for which you have applied? If so, please explain and describe any accommodations that would be needed if employed. { } Yes { } No

6. Have you ever been convicted of an offense other than a minor traffic violation? If yes, explain below. Convictions are not necessarily disqualifying. You may omit: (a) traffic violations for which the fine imposed was \$100 or less; (b) any offense committed prior to your 18th birthday which was finally adjudicated in a juvenile court or under a youth offender law; (c) any incident that has been scaled under Welfare and Institutions Code Section 701 or Penal Code Section 12203.45. { } Yes { } No

EMPLOYMENT HISTORY

Please account for all employment within the last ten (10) years. START WITH CURRENT OR MOST RECENT EMPLOYER. ACCOUNT FOR ALL PERIODS OF EMPLOYMENT AND UNEMPLOYMENT. In addition, please indicate any other experience which you feel is relevant to the position for which you are applying (i.e. volunteer experienced military experience, etc.). If your reasons for leaving an employer were under unfavorable conditions, please attach an explanation.

RESUMES ARE WELCOME, BUT NOT ACCEPTABLE AS A REPLACEMENT FOR THIS SECTION. APPLICATIONS WITHOUT A SIGNATURE WILL BE DISQUALIFIED.

In Order To Verify Employment Experiences, May We Contact Your Current Employer? { } Yes { } No

COMPANY NAME	MO/YR HIRED	MO/YR LEFT	JOB TITLE(S)
ADDRESS	_____		DESCRIBE YOUR DUTIES
CITY, STATE, ZIP	FINAL WAGE/SALARY:		
PHONE (Please Include Area Code)	\$ _____ Per <input type="radio"/> Hr <input type="radio"/> Mo <input type="radio"/> Yr		
SUPERVISOR NAME/TITLE	STATUS:		
NATURE OF BUSINESS	___ Full-Time ___ Part-Time #Hours/Week _____		
REASON FOR LEAVING: ___ Voluntary ___ Involuntary	___ Unemployed (Dates: _____ - _____)		
PLEASE EXPLAIN	___ Student ___ Volunteer #Hours/Week _____		
NAME WHILE EMPLOYED (If Different)	Other (Specify: _____)		
COMPANY NAME	MO/YR HIRED	MO/YR LEFT	JOB TITLE(S)
ADDRESS	_____		DESCRIBE YOUR DUTIES
CITY, STATE, ZIP	FINAL WAGE/SALARY:		
PHONE (Please Include Area Code)	\$ _____ Per <input type="radio"/> Hr <input type="radio"/> Mo <input type="radio"/> Yr		
SUPERVISOR NAME/TITLE	STATUS:		
NATURE OF BUSINESS	___ Full-Time ___ Part-Time #Hours/Week _____		
REASON FOR LEAVING: ___ Voluntary ___ Involuntary	___ Unemployed (Dates: _____ - _____)		
PLEASE EXPLAIN	___ Student ___ Volunteer #Hours/Week _____		
NAME WHILE EMPLOYED (If Different)	Other (Specify: _____)		
COMPANY NAME	MO/YR HIRED	MO/YR LEFT	JOB TITLE(S)
ADDRESS	_____		DESCRIBE YOUR DUTIES
CITY, STATE, ZIP	FINAL WAGE/SALARY:		
PHONE (Please Include Area Code)	\$ _____ Per <input type="radio"/> Hr <input type="radio"/> Mo <input type="radio"/> Yr		
SUPERVISOR NAME/TITLE	STATUS:		
NATURE OF BUSINESS	___ Full-Time ___ Part-Time #Hours/Week _____		
REASON FOR LEAVING: ___ Voluntary ___ Involuntary	___ Unemployed (Dates: _____ - _____)		
PLEASE EXPLAIN	___ Student ___ Volunteer #Hours/Week _____		
NAME WHILE EMPLOYED (If Different)	Other (Specify: _____)		

COMPANY NAME	MO/YR HIRED	MO/YR LEFT	JOB TITLE(S)
ADDRESS	_____		DESCRIBE YOUR DUTIES
CITY, STATE, ZIP	FINAL WAGE/SALARY:		
PHONE (Please Include Area Code)	\$ _____ Per <input type="radio"/> Hr <input type="radio"/> Mo <input type="radio"/> Yr		
SUPERVISOR NAME/TITLE	STATUS:		
NATURE OF BUSINESS	___ Full-Time ___ Part-Time #Hours/Week _____		
REASON FOR LEAVING: ___ Voluntary ___ Involuntary	___ Unemployed (Dates: _____ - _____)		
PLEASE EXPLAIN	___ Student ___ Volunteer #Hours/Week _____		
NAME WHILE EMPLOYED (If Different)	Other (Specify: _____)		

COMPANY NAME	MO/YR HIRED	MO/YR LEFT	JOB TITLE(S)
ADDRESS	_____		DESCRIBE YOUR DUTIES
CITY, STATE, ZIP	FINAL WAGE/SALARY:		
PHONE (Please Include Area Code)	\$ _____ Per <input type="radio"/> Hr <input type="radio"/> Mo <input type="radio"/> Yr		
SUPERVISOR NAME/TITLE	STATUS:		
NATURE OF BUSINESS	___ Full-Time ___ Part-Time #Hours/Week _____		
REASON FOR LEAVING: ___ Voluntary ___ Involuntary	___ Unemployed (Dates: _____ - _____)		
PLEASE EXPLAIN	___ Student ___ Volunteer #Hours/Week _____		
NAME WHILE EMPLOYED (If Different)	Other (Specify: _____)		

COMPANY NAME	MO/YR HIRED	MO/YR LEFT	JOB TITLE(S)
ADDRESS	_____		DESCRIBE YOUR DUTIES
CITY, STATE, ZIP	FINAL WAGE/SALARY:		
PHONE (Please Include Area Code)	\$ _____ Per <input type="radio"/> Hr <input type="radio"/> Mo <input type="radio"/> Yr		
SUPERVISOR NAME/TITLE	STATUS:		
NATURE OF BUSINESS	___ Full-Time ___ Part-Time #Hours/Week _____		
REASON FOR LEAVING: ___ Voluntary ___ Involuntary	___ Unemployed (Dates: _____ - _____)		
PLEASE EXPLAIN	___ Student ___ Volunteer #Hours/Week _____		
NAME WHILE EMPLOYED (If Different)	Other (Specify: _____)		

COMPANY NAME	MO/YR HIRED	MO/YR LEFT	JOB TITLE(S)
ADDRESS	_____		DESCRIBE YOUR DUTIES
CITY, STATE, ZIP	FINAL WAGE/SALARY:		
PHONE (Please Include Area Code)	\$ _____ Per <input type="radio"/> Hr <input type="radio"/> Mo <input type="radio"/> Yr		
SUPERVISOR NAME/TITLE	STATUS:		
NATURE OF BUSINESS	___ Full-Time ___ Part-Time #Hours/Week _____		
REASON FOR LEAVING: ___ Voluntary ___ Involuntary	___ Unemployed (Dates: _____ - _____)		
PLEASE EXPLAIN	___ Student ___ Volunteer #Hours/Week _____		
NAME WHILE EMPLOYED (If Different)	Other (Specify: _____)		

ATTACH ADDITIONAL SHEET(S) WITH THE SAME INFORMATION ON OTHER JOBS IF NECESSARY TO FURNISH A COMPLETE TEN (10) YEAR EMPLOYMENT HISTORY

EDUCATION

High School Name _____
Did You Graduate? { }Yes { }No
If You Did Not Graduate, Do You Have a G.E.D.? { }Yes { }No
Bilingual { }Yes { }No If yes, language(s)? _____
Highest Grade Completed
O O O O O O O O O O
6 7 8 9 10 11 12 13 14 15 16 16+

Post High School Education:

School Name _____
Address _____
City, State _____
Dates Attended _____
Major _____
Degree/Certification Obtained _____

School Name _____
Address _____
City, State _____
Date Attended _____
Major _____
Degree/Certification Obtained _____

LIFE EXPERIENCES

Please list and briefly describe any activity, honors, experience or training that might aid you in performing the job for which you have applied. (Omit any activity, honors, memberships or other items that tend to identify race, sex, age, national origin, disability or other personal traits that you prefer not to disclose.)

Multiple horizontal lines for writing life experiences.

PLEASE READ CAREFULLY BEFORE SIGNING

By my signature below, I confirm that the information provided in this employment application (and accompanying attachments, if any) is true and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. If hired, I agree to immediately notify the Agency if I should be convicted of a felony or any crime involving dishonesty or a breach of trust, and of any changes in my driving record while my job application is pending, or during my period of employment. If the work or conduct of a probationer, who has not attained regular status in another classification of Omnitrans employment, is found to be below standards acceptable to the Appointing Authority, the Appointing Authority rejects the probationer. Such rejections are not subject to review or appeal.

Signature of Applicant

Date

FOR AGENCY USE ONLY - DO NOT WRITE IN THIS SPACE

Selected For Further Consideration? [] Yes [] No

Reviewed By: _____

If No, Reason: _____

Date: _____