



P.O. Box 1501  
 41939 Fox Farm Rd., Big Bear Lake, CA 92315  
 (909) 878-5200 ph ♦ (909) 878-5207 fax

# APPLICATION FOR EMPLOYMENT

♦ Complete all sections fully and accurately. Resumes may be attached only for the purpose of providing additional information. Incomplete applications will not be considered. ♦  
 Please print.

Position Applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

## PERSONAL INFORMATION

**Name** \_\_\_\_\_  
 Last First Middle

**Current Address** \_\_\_\_\_  
 No & Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work or Message Phone \_\_\_\_\_

Do you have the legal right to work in the United States?  Yes  No  
 Are you over the age of 18?  Yes  No

Other Names You Have Used While Employed: \_\_\_\_\_  
 Do you have a valid California Driver's License?  Yes  No  
 Class \_\_\_\_\_ Endorsements \_\_\_\_\_

In the past five (5) years, has your license been revoked or suspended?  Yes  No  
 If yes, give date(s) and reason(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

In the past five (5) years, have you had a license in another state?  Yes  No State \_\_\_\_\_ License Number \_\_\_\_\_

Have you worked for MARTA before?  Yes  No Location \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ per \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_  
 Do you have any relatives employed at MARTA?  
 Yes  No \_\_\_\_\_  
 Name Relationship Location

## EDUCATION AND TRAINING

Do you have a high school diploma or GED?  Yes  No

College, Military, Trade, Business or other Schools attended

Name and Location	Type of Training/Major	Hours Completed	Did you Graduate?	Certificate Diploma/ Degree
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Use additional sheets as necessary.

EMPLOYER			Start Date	Leave Date
ADDRESS			SALARY \$      per	SALARY \$      per
CITY	STATE	ZIP	SUPERVISOR'S NAME	
JOB TITLE	PHONE NUMBER		SUPERVISOR'S TITLE	
RESPONSIBILITIES:			REASON FOR LEAVING	
			MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER			Start Date	Leave Date
ADDRESS			SALARY \$      per	SALARY \$      per
CITY	STATE	ZIP	SUPERVISOR'S NAME	
JOB TITLE	PHONE NUMBER		SUPERVISOR'S TITLE	
RESPONSIBILITIES:			REASON FOR LEAVING	
			MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER			Start Date	Leave Date
ADDRESS			SALARY \$      per	SALARY \$      per
CITY	STATE	ZIP	SUPERVISOR'S NAME	
JOB TITLE	PHONE NUMBER		SUPERVISOR'S TITLE	
RESPONSIBILITIES:			REASON FOR LEAVING	
			MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER			Start Date	Leave Date
ADDRESS			SALARY \$      per	SALARY \$      per
CITY	STATE	ZIP	SUPERVISOR'S NAME	
JOB TITLE	PHONE NUMBER		SUPERVISOR'S TITLE	
RESPONSIBILITIES:			REASON FOR LEAVING	
			MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER			Start Date	Leave Date
ADDRESS			SALARY \$      per	SALARY \$      per
CITY	STATE	ZIP	SUPERVISOR'S NAME	
JOB TITLE	PHONE NUMBER		SUPERVISOR'S TITLE	
RESPONSIBILITIES:			REASON FOR LEAVING	
			MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SKILLS AND ABILITIES**

Describe skills, abilities, foreign languages, etc. which will assist in evaluating your qualifications for the position for which you are applying:

**EXPERIENCE AND QUALIFICATIONS – OTHER**

**Please attach copy of current DMV H-6 printout to this application if applying for Driver position**

SHOW ANY OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY LISTED)

**TO BE READ AND SIGNED BY APPLICANT**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize MARTA to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I also understand that any offer of employment is contingent upon:

- Successful completion of a background check and pre-employment physical which includes a blood, urine and/or other medical tests for drugs and controlled substances.
- I must provide applicable documents verifying that I am a citizen of the United States or lawfully authorized to work in the United States under the Immigration Reform and Control Act of 1986.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

MARTA is an Equal Opportunity Employer and does not discriminate on the basis of race, sex, age, color, religion, national origin, marital status, disability status or any other basis prohibited by Federal, State or Local law.

PROCESS RECORD

APPLICANT SELECTED FOR INTERVIEW

Yes  No If "NO", give reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT:  HIRED  REJECTED\* DATE EMPLOYED: \_\_\_\_\_  
LOCATION: \_\_\_\_\_ STATUS (FT/PT) \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_ (please circle)

\*(IF REJECTED, SUMMARY REPORT OF REASONS)

\_\_\_\_\_