



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 _____

If offered employment can you provide proof of eligibility to work in the United States? Yes No

Are you at least 18? Yes No
 Proof of age and work permits may be required prior to hiring.

Other Names or Nicknames you are known by which are necessary for verifying work and educational records: _____

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In the past five (5) years, has your license been revoked or suspended?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 or applied to Mountain Transit before? Yes No Location _____

Dates: From _____ To _____ Rate of Pay _____ per _____ Position _____

Reason for leaving _____

Do you have any relatives employed at Mountain Transit?
 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			SUPERVISOR'S NAME	
CITY	STATE	ZIP	SUPERVISOR'S TITLE	
JOB TITLE	PHONE NUMBER		REASON FOR LEAVING	
RESPONSIBILITIES:			MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

EMPLOYER			Start Date	Leave Date
ADDRESS			SUPERVISOR'S NAME	
CITY	SUPERVISOR'S TITLE	SUPERVISOR'S TITLE	SUPERVISOR'S TITLE	
JOB TITLE	REASON FOR LEAVING		REASON FOR LEAVING	
RESPONSIBILITIES:			MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

EMPLOYER			Start Date	Leave Date
ADDRESS			SUPERVISOR'S NAME	
CITY	STATE	ZIP	SUPERVISOR'S TITLE	
JOB TITLE	PHONE NUMBER		REASON FOR LEAVING	
RESPONSIBILITIES:			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 Mountain Transit 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

Mountain Transit 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.

