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**ALL OFFERS OF EMPLOYMENT ARE
 CONTINGENT ON THE SUCCESSFUL
 COMPLETION OF A BACKGROUND
 AND DRUG/ALCOHOL SCREENING**

APPLICATION FOR EMPLOYMENT

ANTELOPE VALLEY TRANSIT AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER. APPLICANTS ARE CONSIDERED ON THE BASIS OF SKILLS, EXPERIENCE, AND QUALIFICATIONS WITHOUT REGARD TO RACE, COLOR, RELIGION CREED, SEX, SEXUAL ORIENTATION, AGE, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, PHYSICAL AND MENTAL DISABILITY, VETERAN STATUS, MEDICAL CONDITION, GENETIC INFORMATION OR CHARACTERISTICS, GENDER IDENTITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

PERSONAL INFORMATION

Name (Last, first, middle initial)	Last 4 digits of Social Security No	Date of Application
Address (street)	(City, state, zip code)	
Home Telephone Number	Message / Cell Phone Number	E-mail:

POSITION INFORMATION

Position desired	Starting Salary Desired
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Are you available to work: Full Time Part Time Temporary Days Available: _____ Hours Available: _____

Describe any training or special experience related to the position you are applying for:

 Were you previously employed by AVTA or any of its business associates? Yes No If yes, when and where? _____

Names of Friends/Relatives employed by AVTA: _____ How were you referred to us? Please be specific: _____

In accordance with the Federal Immigration and Reform Act of 1986, if you are employed by AVTA, you will be asked to provide documentation that verifies your legal right to work in the United States. If you are unable to provide acceptable documentation, AVTA cannot legally employ you. Can you provide such documentation? Yes No

Do you authorize a background investigation? Yes No Please initial here: _____
 I understand that the Authority may obtain Public Records about me as part of a background investigation and that I may waive my right to receive a copy of such Public Records by checking the box to the right:

If you are under the age of 18, can you provide a work permit? Yes No

EDUCATION

List educational institutions you have attended:

NAME/LOCATION	SUBJECT(S) STUDIED	DEGREES OR CREDITS	
High School			
Junior College/Trade School			
University/College			
PROFESSIONAL LICENSE, & CERTIFICATE, RELEVANT TO THIS POSITION	LIC/CERT NUMBER	DATE ISSUED	EXPIRATION

WORK HISTORY List most recent employer first. You may include military service and training. NOTE: YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME. FAILURE TO COMPLETE COULD JEOPARDIZE CONSIDERATION.

Employer:	Address (street, city, state, zip code)	Telephone (include area code)
Supervisor's Name and Position:		Dates of Employment
		From: To:
Type of Business:	Position Held:	
Reason for Leaving:		May we contact now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:		

Employer:	Address (street, city, state, zip code)	Telephone (include area code)
Supervisor's Name and Position:		Dates of Employment
		From: To:
Type of Business:	Position Held:	
Reason for Leaving:		May we contact now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:		

Employer:	Address (street, city, state, zip code)	Telephone (include area code)
Supervisor's Name and Position:		Dates of Employment
		From: To:
Type of Business:	Position Held:	
Reason for Leaving:		May we contact now?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities:		

REFERENCES List people who know your work. Do not include personal references

Name	Professional Relationship	Work Telephone Number	Home/Cell Number

THE FOLLOWING POINTS ARE VERY IMPORTANT. PLEASE READ THEM CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize investigation of all statements contained in this application. I will not hold AVTA or any of my previous employers liable in any respect if an employment offer is not forthcoming, is withdrawn, or if my employment is terminated as a result of misrepresentation or omission of facts on this application. I understand that if I am employed by AVTA, additional personal data may be required for determination of benefits, statistical purposes, and legal compliance.

I understand that all offers of employment are also conditional on my successfully completing a background and drug and alcohol screening. This will be performed at AVTA's designated medical facility and at AVTA's expense. I further understand that if this screening is not successful, all offers of employment will be withdrawn. I also understand that AVTA's policy prohibits the use, sale, or possession of illegal drugs or non-prescribed controlled substances, as well as alcohol, while on the Authority's time and that if I am employed by AVTA such activity may result in immediate termination of my employment.

I also understand that if I am employed by AVTA, my employment is "at will." This means that my employment may be terminated by me or AVTA, at any time, for any reason, with or without notice. In addition, the terms and conditions of my employment may be changed at any time, with or without notice, including but not limited to promotion, demotion, transfer, compensation, benefits, duties and location of work. I further understand that my status as an "at will" employee cannot be changed except through written agreement signed by the Executive Director or the decision of the Board of Directors of AVTA.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AND AGREE TO EACH AND ALL OF THESE STATEMENTS:

Signature (Acknowledgement)

Date



SELF-IDENTIFICATION OF GENDER & EEO STATUS FORM

As an Affirmative Action Employer, AVTA is required and requests the cooperation of all interested applicants in identifying their gender and EEO status. This information will be summarized and included in our current Affirmative Action Program without disclosing the name of the individual. Please be advised that all information obtained on this form will be kept separate from the Application for Employment and in a separate confidential file. Thank you in advance for your cooperation.

APPLICANT INFORMATION

Name: _____ Date: _____
Position Applied for: _____

GENDER

Please check one:

Female Male

EEO STATUS WITH DEFINITIONS

Please pick one race with which you most strongly identify:

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.
- Black or African-American (Not Hispanic or Latino):** A person having origins in any of the Black racial groups of Africa.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** 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 Alaskan Native (Not Hispanic or Latino):** 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.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.