Shasta Regional Transportation Agency
1255 East Street, Suite 202
Redding, CA 96001
(530) 262-6190

Application For Employment

GENERAL DATA

Position Applying For _____ Date of Application _____
TITLE OF POSITION

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Home Phone _____ Business.Phone _____
AREA CODE NUMBER AREA CODE NUMBER

E-mail Address _____

EDUCATION AND TRAINING

TYPE	NAME OF SCHOOL AND ADDRESS	NO. OF YRS.	DID YOU GRADUATE?	MAJOR SUBJECT	DEGREE/DIPLOMA/ CERTIFICATION
HIGH SCHOOL			**YES ☐ NO ☐**		
UNIVERSITY OR COLLEGE(S)			**YES ☐ NO ☐**		
UNIVERSITY OR COLLEGE(S)			**YES ☐ NO ☐**		
BUSINESS OR TRADE SCHOOL			**YES ☐ NO ☐**		

CERTIFICATIONS

AICP _____ Exp. Date _____
Other _____ Exp. Date _____

EMPLOYMENT HISTORY

Please identify your work experience, paid or unpaid, beginning with your most recent position. Please fully account for all time, including periods of unemployment, school, etc. A resume may be attached, but does not substitute for completing this section. Use additional sheets if necessary.

FROM: / /	TITLE:	CURRENT OR MOST RECENT EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		PHONE: ( )

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES ☐ NO ☐

FROM: / /	TITLE:	PREVIOUS EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		PHONE: ( )

MAY WE CONTACT? YES ☐ NO ☐

FROM: / /	TITLE:	PREVIOUS EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		PHONE: ( )
MAY WE CONTACT? YES ☐ NO ☐		
FROM: / /	TITLE:	PREVIOUS EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING		PHONE: ( )
MAY WE CONTACT? YES ☐ NO ☐		
FROM: / /	TITLE:	PREVIOUS EMPLOYER:
TO: / /	DUTIES:	
HOURS / WEEK:		ADDRESS:
SUPERVISOR:		
REASON FOR LEAVING:		PHONE: ( )
MAY WE CONTACT? YES ☐ NO ☐		

CERTIFICATION

1. I certify that all statements contained in this application are true and complete. I understand that any false statements or omissions may result in disqualification from employment or termination. I hereby authorize the release of any information necessary to verify the statements made in this application to the Shasta Regional Transportation Agency or duly authorized agents.
2. I understand that my employment is contingent upon my providing verification of my identity and legal right to work in the United States.
3. This company strictly prohibits the illicit use, possession, dispensation, distribution, or manufacture of controlled substances in the workplace. Any violation of this policy shall result in adverse employment action up to and including termination. *Screening tests for illegal drug use may be required before hiring and during your employment. As a condition of employment, employees must:
    - Abide by the terms of the program, and
    - Notify the company of any criminal drug statute conviction for a violation occurring in the workplace no later than five years after a conviction.

    ***The Drug-Free Workplace Act of 1988 (codified in 41 USCS 701 (a)(1)(A)) requires covered employers to publish this information. ***Additional state laws may apply.
4. The Shasta Regional Transportation Agency is an Equal Opportunity Employer.

I UNDERSTAND AND AGREE TO THE ABOVE

Signature of Applicant_____Date_____