

FOR OFFICIAL USE ONLY

## EMPLOYMENT APPLICATION

**Instructions: Please complete all sections of the application. Incomplete or illegible applications will not be considered.**

- A separate application is required for each position.
- Notify the Human Resources Office of any change of address.

1. POSITION APPLYING FOR: \_\_\_\_\_

2. NAME \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle Initial Email: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

3. ADDRESS \_\_\_\_\_  
Street City State Zip Code

4. Social Security Number: \_\_\_\_\_ (Used for applicant record control; disclosure is voluntary.)

5. Do you speak another language fluently? Yes  No  If yes, specify: \_\_\_\_\_

6. Do you claim Veterans' Preference as described on the examination notice? Yes  No  Do you claim Veterans' disability? Yes  No  Attach DD214 or GSA-6954 to completed application. (Copies will not be returned). Discharge must be verified in the Human Resources Office on or before the final filing date for the position to qualify for preference credit.

7. Have you ever been discharged, rejected during probation, or resigned under pressure or unfavorable circumstances within the past ten years? Yes  No  If yes, explain in Section 13.

13. Note: Explain fully items 7 and 8 in this section. Please attach additional sheets, if necessary.

8. Valid Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Class \_\_\_\_\_  
(Only if required on job announcement) Expiration Date \_\_\_\_\_

9. **CERTIFICATION:** I hereby certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statements may result in my disqualification from the examination process or dismissal from employment with Yolo County Transportation District. Initial here \_\_\_\_\_

**FOR HUMAN RESOURCES USE ONLY:**

10. I authorize the employers and educational institutions identified in this Employment Application to release any information they may have concerning my employment or education, to the County of Yolo. Yes  No  If No, explain in the Remarks Section on reverse.

\_\_\_\_\_  
Signature of Applicant (Sign in Ink)      Date Signed

**NOTE:** Reasonable testing arrangements may be made to accommodate candidates with disabilities or who are unable to attend a scheduled test due to religious reasons. If applicable, such candidates must call Human Resources at (530) 402-2819 prior to a scheduled test date to request any necessary accommodations.

