

PLEASE TYPE OR PRINT IN DARK INK ONLY

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE OFFICIAL TITLE OF POSITION FOR WHICH YOU ARE APPLYING



**APPLICATION FOR EMPLOYMENT**  
Riverside County Transportation Commission  
4080 Lemon Street 3<sup>rd</sup> Floor  
PO Box 12008  
Riverside, CA 92502-2208  
Telephone (951) 787-7141

NOTE: Before completing this form, please read the minimum qualifications for the job in which you are interested.

**RCTC IS AN EQUAL OPPORTUNITY EMPLOYER**

Mailing Address: \_\_\_\_\_

Number and Street  
\_\_\_\_\_  
City State Zip Code

1) Do you have a valid California Drivers' License? Yes  No

2) Have you ever been discharged by an employer? Yes  No

3) Have you ever been convicted of a felony? Yes  No

▪ Applicants may be subject to criminal background and credit history checks.  
▪ Applicants will be required to meet the Riverside County Medical Standards for this position.

Phone Number: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Message/Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

NOTE: All Sections of this application must be completed and a resume must be attached.

EDUCATION: Applicants may be required to furnish proof of academic training by transcript, diploma, or G.E.D. score.

• Did you graduate from high school? Yes  No  Are you claiming a high school G.E.D. equivalent? Yes  No

NAME AND LOCATION OF COLLEGE/UNIVERSITY	MAJOR SUBJECT	TOTAL NUMBER OF UNITS	DATE COMPLETED	TYPE OF DEGREE OR CERTIFICATE RECEIVED (MUST BE COMPLETED IF REQUIRED AS PART OF THE MINIMUM QUALIFICATIONS FOR THE POSITION)
		SEMESTER/ QUARTER	DEGREE/ CERTIFICATE	
Business, Technical or Certificate Programs: (Indicate hrs. Completed):				

Professional Registration(s), License(s), and/or Certificate(s) and date(s) received:

**EXPERIENCE** - Please account for all employment within the last ten years, beginning with your current or most recent employer. In addition, please indicate any other experience which you feel is relevant to the position for which you are applying (e.g., volunteer experience, military experience, experience gained over ten years ago, etc.) Attach additional sheet if extra space is needed.

**NOTE: All sections of this application must be completed, even if a resume is attached.**

<b>PRESENT EMPLOYMENT</b>		<b>Official Payroll Title of Your Job:</b>	
From _____ To _____ Month/Year Month/Year		Describe your duties: _____	Firm Name: _____
Total time worked: _____			Location: _____
Starting monthly salary \$ _____			Employer's business: _____
Final monthly salary \$ _____			Supervisor's name: _____
Hours worked per week _____	Reason for leaving: _____		Supervisor's title: _____
<b>PREVIOUS EMPLOYMENT</b>		<b>Official Payroll Title of Your Job:</b>	
From _____ To _____ Month/Year Month/Year		Describe your duties: _____	Firm Name: _____
Total time worked: _____			Location: _____
Starting monthly salary \$ _____			Employer's business: _____
Final monthly salary \$ _____			Supervisor's name: _____
Hours worked per week _____	Reason for leaving: _____		Supervisor's title: _____
<b>PREVIOUS EMPLOYMENT</b>		<b>Official Payroll Title of Your Job:</b>	
From _____ To _____ Month/Year Month/Year		Describe your duties: _____	Firm Name: _____
Total time worked: _____			Location: _____
Starting monthly salary \$ _____			Employer's business: _____
Final monthly salary \$ _____			Supervisor's name: _____
Hours worked per week _____	Reason for leaving: _____		Supervisor's title: _____

May we contact your present employer? Yes  No

I CERTIFY THAT ALL STATEMENTS ON THIS FORM AND ON ANY ATTACHMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSIFICATION OF THE INFORMATION ON THIS FORM AND ATTACHMENTS MAY, IF I AM EMPLOYED, BE CONSIDERED GROUNDS FOR IMMEDIATE DISMISSAL. I HAVE RECEIVED A COPY OF THE JOB DESCRIPTION FOR THE POSITION FOR WHICH I AM APPLYING, AND CERTIFY THAT I AM QUALIFIED TO PERFORM THESE DUTIES.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date