

# SANTA BARBARA METROPOLITAN TRANSIT DISTRICT

## EMPLOYMENT APPLICATION FOR MANAGER OF MAINTENANCE

=====

Please review the job description for the position that you are applying for. Qualified applicants are considered for all positions without regard to race, sex, creed, color, religion, national origin, ancestry, age (over 40), marital status, pregnancy, medical condition (cancer only) medications (as defined in Sec. 12926 (f), Federal Code 12990) or physical handicap.

=====

**SAVE & RETURN COMPLETED FORM TO [roppenheim@rgs.ca.gov](mailto:roppenheim@rgs.ca.gov)**

Date of Application

Name:

First Name

Middle Name

Last Name

Address:

Number and Street

City

State & Zip Code

Have you ever had another legal name (an example is a maiden name)

Yes

No

If Yes, please provide other legal name used:

Your telephone number

Message Telephone

By whom were you referred for this position?

Name/Agency

Have you filed an application here before?

Yes

No

If Yes, give approximate date:

Have you been employed here before?

Yes

No

If Yes, give approximate date:

Can you submit verification of your legal right to work in the U.S.?

Yes

No

Do you have a valid driver's license?

Yes

No

If yes, please provide:

Driver's License Number:

State of Issue

Date of Expiration:

Which of the following are you available to work?

Full Time

Part Time

Temporary

Are you on lay-off and subject to recall at another job?

Yes

No

Have you been convicted of a felony?            Yes            No  
 If yes, provide an explanation below (conviction does not necessarily disqualify applicant from employment)

*Please indicate on the chart below any times you are not available*

Day	Time not Available	Comments
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Can you perform the essential job duties listed in the job/position applied for without limitation?            Yes            No

If you cannot perform any of the duties, please explain below

Please list any languages other than English that you speak (and your approximate level of skill)

Fluent	Good	Fair
Fluent	Good	Fair

Give the name, occupation, and day-time telephone number of three references not related to you:

- |     |      |            |                      |                  |
|-----|------|------------|----------------------|------------------|
| (1) | Name | Occupation | Length of Time Known | Telephone Number |
| (2) | Name | Occupation | Length of Time Known | Telephone Number |
| (3) | Name | Occupation | Length of Time Known | Telephone Number |

## EDUCATION

*Please submit a resume with this application.*

## OTHER EXPERIENCE

Below, please provide the following: specialized training, apprenticeship, extra-curricular activities, or any special skills you have learned from employment or other experience. You may include any job-related organizations, clubs, professional societies, or other associations to which you belong. You may omit (at your own option) any which indicate your race, sex, creed, color, religion, national origin, ancestry, age (over 40), marital status, pregnancy, medical condition (cancer only) medications (as defined in Sec. 12926 (f), Federal Code 12990) or physical handicap. Finally, give reasons why you are applying to this position.

## EMPLOYMENT EXPERIENCE

List each job held during the period of last ten years. Start with your present or last job, and include military service assignments. If you are providing a resume, you do not need to duplicate information. However, please be sure you give all information that is requested below.

Employer

Address

Number and Street

City

State & Zip Code

Employer Telephone and other contact info

Job Title

Description of work, duties

Begin Employment Date (MM/YY)

End Date (MM/YY)

Supervisor Name

Pay:

Explain your Reason for Leaving

May we contact this employer?    Yes    No

Employer

Address

Number and Street

City

State & Zip Code

Employer Telephone and other contact info

Job Title

Description of work, duties

Begin Employment Date (MM/YY)

End Date (MM/YY)

Supervisor Name

Pay:

Explain your Reason for Leaving

May we contact this employer?    Yes    No

Employer

Address

Number and Street

City

State & Zip Code

Employer Telephone and other contact info

Job Title

Description of work, duties

Begin Employment Date (MM/YY)

End Date (MM/YY)

Supervisor Name

Pay:

Explain your Reason for Leaving

May we contact this employer?    Yes    No

Employer

Address

Number and Street

City

State & Zip Code

Employer Telephone and/or email

Job Title

Description of work, duties

Begin Employment Date (MM/YY)

End Date (MM/YY)

Supervisor Name

Pay:

Explain your Reason for Leaving

May we contact this employer?    Yes    No

## APPLICANT AGREEMENT

I certify that all answers given on my application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment or any attached documents, as may be necessary in arriving at an employment decision. I understand that false or misleading information given in my application, at interview, at the time of my post-offer pre-placement physical exam, or any time during my employment at MTD may result in immediate discharge. If hired at MTD, I agree to abide by all rules, procedures and policies of SBMTD.

APPLICANT DIGITAL SIGNATURE

DATE

## APPLICANT AUTHORIZATION

As an applicant for a position with the SBMTD, I am required to furnish information for use in determining my personal background and work history. I authorize you to seek verification of the information that I have provided in this application by contacting any and all persons, references, companies, and agencies that I have listed in the application. In this connection, I hereby authorize the release and full disclosure of any or all information that you may have concerning me, including information of a confidential or privileged nature, to any duly authorized agent of the Santa Barbara Metropolitan Transit District.

I hereby release you, your organization or others from liability or damage which may result from furnishing the information requested. A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. This release will expire five years after the date signed.

APPLICANT DIGITAL SIGNATURE

DATE

APPLICANT PRINTED NAME

\_\_\_\_\_  
APPLICANT SIGNATURE (you will be required to sign this at the time of first interview)

\_\_\_\_\_  
DATE

### Applicant and Employee Voluntary Self-Identification

<b>Applicants: Check all position(s) for which you are applying:</b>	<input type="checkbox"/> Driver	<input type="checkbox"/> Service Worker
	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Customer Service Rep.
	<hr/> <b>Other:</b> Please write position here	

Please help us comply with Federal law by completing this form. Your participation is voluntary. While you are not required to assist us, you should know that if you leave it blank, we have the right to enter data for this purpose based upon our visual assessment, or, for employees, based on previous self-identification forms.

To demonstrate that we meet equal employment opportunity requirements, we must periodically report statistical information about applicants and employees to the U.S. Government.

**This information will be kept separate from any individual application or employment file, and will not be used in any way to make any employment decision. SBMTD is an Equal Opportunity Employer.**

**GENDER** Please check one  Male  Female

#### **RACE-ETHNICITY**

Please check one of the descriptions below based on the ethnic group(s) with which you identify

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White** (not Hispanic or Latino) A person having origins in any of the original peoples of Europe the Middle East or North Africa.
- Black or African American** (not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or other Pacific Islander** (not Hispanic or Latino) A person having origins in any of the 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 Phillipine 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

Date Completed \_\_\_\_\_

**Thank you for your participation**

**Affirmative Action/ Equal Opportunity Employer/ Drug Free Workplace**