

SAN FRANCISCO BAY AREA WATER EMERGENCY TRANSPORTATION AUTHORITY
Human Resources Department
9 Pier, Suite 111
San Francisco, CA 94111

EMPLOYMENT APPLICATION

Applicants must complete the entire Employment Application Form even if a resumé is attached.

Title of position for which you are applying:

Your Name

Last

First

Middle

Home Address

City

State

Zip Code

Email Address

Phone

Based upon your education and experience, please describe the skills, knowledge and abilities which qualify you for this position.

List coursework/seminars, activities, achievements, memberships in professional organizations, volunteer or community work which are relevant to the position for which you are applying. Please be specific.

EDUCATION

HIGH SCHOOL

Name and location

Grade level completed

Did you graduate? Yes No

If you did not graduate, do you have a G.E.D. certification? Yes No

COLLEGE/UNIVERSITY

Name and location

Number of Years completed

Did you graduate? Yes No

If you did not graduate, list the number of units completed.

Semester Units

Quarter Units

GRADUATE SCHOOL

Name and location

Did you graduate? Yes No

Degree earned

EMPLOYMENT HISTORY

Starting with your most recent position, list all employment during the past 10 years, and include any unemployment or school time. Use additional sheets if necessary. List all military service, volunteer work or specialized training if it directly relates to the position for which you are applying.

Provide all information requested. Do no substitute a resumé. A resumé may be attached.

Name and address of present or last employer

Your Title	Start Date	End Date
Hours worked per week	No. of employees supervised	
Duties		

Reason for leaving (if applicable)

Supervisor's Name	Title	Phone
May we contact this person?	Yes	No

Name and address of prior employer

Your Title	Start Date	End Date
Hours worked per week	No. of employees supervised	
Duties		

Reason for leaving

Supervisor's Name	Title	Phone
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Name and address of prior employer

Your Title

Start Date

End Date

Hours worked per week

No. of employees supervised

Duties

Reason for leaving

Supervisor's Name

Title

Phone

Name and address of prior employer

Your Title

Start Date

End Date

Hours worked per week

No. of employees supervised

Duties

Reason for leaving

Supervisor's Name

Title

Phone

Name and address of prior employer

Your Title

Start Date

End Date

Hours worked per week

No. of employees supervised

Duties

Reason for leaving

Supervisor's Name

Title

Phone

Are you a citizen of the United States or authorized to work in the United States?

Yes

No

PLEASE NOTE: Verification of citizenship or work authorization is required prior to hiring.

Can you perform the essential job functions, as listed on the job announcement, of the job for which you are applying?

Yes

No

CERTIFICATE OF APPLICANT: All answers and statements in this application are true and complete to the best of my knowledge. I understand that false or misleading information is cause for rejection for my application, removal of my name from an eligibility list or dismissal from WETA employment. I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I hold harmless WETA and any previous employers from any material or discussion that they may hold concerning my prior work history.

Signature

Date

How did you learn of this position? If a referral, please list the name of the referrer.

APPLICATIONS MUST BE RECEIVED ON OR BEFORE THE DEADLINE OF THE FINAL FILING DATE.

PLEASE NOTE: Postmark dates are not accepted as meeting the final filing date.

HUMAN RESOURCES DEPARTMENT USE ONLY

Accepted

Rejected

Reason:

**SAN FRANCISCO BAY AREA
WATER EMERGENCY TRANSPORTATION AUTHORITY**

CONFIDENTIAL APPLICANT INFORMATION

The San Francisco Bay Area Water Emergency Transportation Authority (WETA) is an Equal Opportunity Employer. The WETA maintains statistical information on job applicants, in accordance with Federal guidelines for Equal Employment Opportunity. To assist us, you are asked to voluntarily provide the information requested below. This section will be detached from your application and will not be used in any way during the employment process.

Ethnic Background (that you most closely identify with):

_____ **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 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 Philippine Islands, Thailand, and Vietnam.

_____ **Native American or Alaska 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 maintain 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.

Sex: _____ Male

_____ Female

Today's Date: _____
Month Day Year