

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 RESUME IS ATTACHED.

Title of position for which you are applying: _____

NAME: _____
Last First Middle

ADDRESS: _____ Home Phone: () _____
Number Street

_____ Work Phone: () _____
City State Zip Code

E-Mail Address _____ Mobile 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 _____ Circle grade completed: 9 10 11 12	Did you graduate? Yes _____ No _____	If you did not graduate, do you have a G.E.D. Certificate? Yes _____ No _____
COLLEGE OR UNIVERSITY NAME AND LOCATION _____ Years completed: 1 2 3 4 Degree _____	Yes _____ No _____	If no degree, list the number of units completed. Semester Units _____ Quarter Units _____
GRADUATE SCHOOL NAME AND LOCATION _____	Yes _____ No _____	Degree _____

EMPLOYMENT HISTORY: Starting with your most recent position, list all employment during the past ten 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 NOT SUBSTITUTE A RESUME. (A resume may be attached).

Name and address of present or last employer:	Your Title:
From: Mo. Yr. To: Mo. Yr.	Duties:
Hours worked per week:	
Reason for leaving or present employment:	
Supervisor's Name _____ Title _____ Phone: _____	

Name and address of present or last employer:		Your Title:	
From: Mo. Yr.	To: Mo. Yr.	Duties:	
Hours worked per week:	No. of employees supervised:		
Reason for leaving or present employment:			
Supervisor's Name _____		Title _____ Phone: _____	
Name and address of present or last employer:		Your Title:	
From: Mo. Yr.	To: Mo. Yr.	Duties:	
Hours worked per week:	No. of employees supervised:		
Reason for leaving or present employment:			
Supervisor's Name _____		Title _____ Phone: _____	
Name and address of present or last employer:		Your Title:	
From: Mo. Yr.	To: Mo. Yr.	Duties:	
Hours worked per week:	No. of employees supervised:		
Reason for leaving or present employment:			
Supervisor's Name _____		Title _____ Phone: _____	

Are you a United States citizen or authorized to work in the United States? Yes _____ No _____

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

I authorize investigation of all statements contained in this application as may be necessary in arriving at an employment decision. I hold harmless the WETA and any previous employers from any material or discussion that they may hold concerning my prior work history. 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 of my application, removal of my name from an eligibility list or dismissal from the WETA employment.

DATE _____

SIGNATURE _____

How did you learn of this position? Newspaper (which one?) _____; Internet _____;

Other _____; Personal Referral (name) _____

Can you perform the essential job functions, as listed on the job announcement, of the job for which you are applying? Yes No

APPLICATIONS MUST BE IN THE HUMAN RESOURCES OFFICE ON OR BEFORE DEADLINE OF 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