



APPLICATION FOR EMPLOYMENT

Please type or print in ink, incomplete or illegible applications will not be accepted.

Position Applied For: _____ Date of Application: _____

PERSONAL DATA

Name: _____ Social Security (Voluntary): _____

Present Address (Number, Street, City, State, and Zip Code): _____

E-mail Address: _____

Main Phone: _____ Alternate Phone: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes ☐ No ☐

Can you, after employment, submit proof of your legal right to work in the United States? Yes ☐ No ☐

Have you ever worked for the Alameda County Transportation Commission before? Yes ☐ No ☐

Do you have any friends or relatives that work here? Yes ☐ No ☐

If yes, please provide name(s): _____

Please check all that apply:

Types of work you will accept: ☐ Full-Time

☐ Part-Time

Types of shifts you will accept: ☐ Day

☐ Evening

☐ Night

☐ Rotating

☐ Weekends

☐ On-Call

Salary Requirements: _____

EDUCATION

	School	Course of Study	No. of Years Completed	Diploma or Type of Degree
High School				
College / University				
Graduate / Professional				
Trade / Correspondence				
Other				

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. A resume may be attached, but does not substitute for completing this section. (Add additional page(s) if necessary).

Dates of Employment (Month/Year):		Employer	Type of Business	Job Title	# Supervised
Start Date:	End Date:				
Hours per week:		Street Address	City	State/Zip Code	Name, title, and phone number of supervisor
Reason for leaving:		Role and Duties:			
Dates of Employment (Month/Year):		Employer	Type of Business	Job Title	# Supervised
Start Date:	End Date:				
Hours per week:		Street Address	City	State/Zip Code	Name, title, and phone number of supervisor
Reason for leaving:		Role and Duties:			
Dates of Employment (Month/Year):		Employer	Type of Business	Job Title	# Supervised
Start Date:	End Date:				
Hours per week:		Street Address	City	State/Zip Code	Name, title, and phone number of supervisor
Reason for leaving:		Role and Duties:			
Dates of Employment (Month/Year):		Employer	Type of Business	Job Title	# Supervised
Start Date:	End Date:				
Hours per week:		Street Address	City	State/Zip Code	Name, title, and phone number of supervisor
Reason for leaving:		Role and Duties:			

Have you ever been terminated or asked to resign from any job? Yes ☐ No ☐

If yes, please explain circumstances:

Please explain fully any gaps in employment history.

May we contact your current employer? Yes ☐ No ☐

If not, please explain:

(Please note, at a later point in the recruitment process we may want to contact your current employer to verify employment. We will notify you ahead of time before contacting your current employer.)

At a later point in the recruitment process, will you agree to a pre-employment background check? Yes ☐ No ☐

PREVIOUS EXPERIENCE

Describe any specialized training, apprenticeship, skills, and qualifications you feel are relevant to the position for which you are applying.

LICENSES/CERTIFICATIONS/REGISTRATIONS

Please list all licenses, certifications, and registrations that you hold that you feel are relevant to the position for which you are applying.

PROFESSIONAL REFERENCES

(You will be given notice if we get to the point in the recruitment process of contacting your references.)

Name	Address	Telephone	Email

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us considering your application.

Alameda County Transportation Commission (Alameda CTC) is an equal opportunity employer. Alameda CTC does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

Applicant's Statement & Agreement:

I understand that the Alameda County Transportation Commission may investigate my driving record and my criminal record. I further understand that the Alameda County Transportation Commission may contact my previous employers and I authorize those employers to disclose to the Alameda County Transportation Commission all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Alameda County Transportation Commission, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I authorize the persons named herein as personal references to provide the Alameda County Transportation Commission with any pertinent information they may have regarding myself.

I hereby state that all the information that I provide on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that Federal immigration laws require me to complete an I-9 Form in this regard.

If you have any questions regarding this statement, please ask an Alameda County Transportation Commission representative before signing.

I hereby acknowledge that I have read the above statements and understand the same.

**YOUR SIGNATURE BELOW INDICATES YOU HAVE READ,
UNDERSTAND AND AGREE TO BE BOUND BY THE STATEMENT AND AGREEMENT**

Signature of Applicant

Date

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Signature of Applicant

Date

REQUIRED (APPLICATION WILL BE CONSIDERED INCOMPLETE IF THIS PAGE IS NOT COMPLETED)
SUPPLEMENTAL QUESTIONS FOR ASSISTANT DIRECTOR OF FINANCE AND PRINCIPAL FINANCIAL ANALYST

How many years of experience do you have in a governmental finance setting?

How many years of supervisory or management experience do you have? Describe in detail your supervisory or management responsibilities? Please ensure this experience and the corresponding years are clearly reflected in your work history on your application.

Describe your role and level of responsibility in the month-end, quarter-end, and year-end closing processes and financial reporting. Please type N/A if you have no experience.

Please summarize your experience with producing an annual comprehensive financial report (ACFR). Please type N/A if you have no experience.

Describe your experience or knowledge of adherence to or implementation of Government Accounting Standards Board (GASB) pronouncements.

Please complete the form below which shall be removed before the application is processed.

In accordance with State Law, the information requested below shall be used for statistical purposes only. It will enable the company to evaluate more effectively its recruitment and selection procedures. This information will be kept confidential and separate from the application form. Refusing to provide this information will have no impact on the evaluation process. Thank you for your assistance.

NAME: _____

POSITION APPLYING FOR: _____

MALE ☐ FEMALE ☐

RACE OR ETHNIC IDENTITY (Please check all that apply)

- | | | |
|---|--------------------------|--|
| Hispanic or Latino | <input type="checkbox"/> | 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) | <input type="checkbox"/> | 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) | <input type="checkbox"/> | A person having origins in any of the black racial groups of Africa. |
| Native Hawaiian or Pacific
Islander (not Hispanic or Latino) | <input type="checkbox"/> | A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| Asian (not Hispanic or Latino) | <input type="checkbox"/> | 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. |
| American Indian or Alaskan
Native (not Hispanic or Latino) | <input type="checkbox"/> | 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) | <input type="checkbox"/> | All persons who identify with more than one of the above five races. |

An Equal Opportunity Employer

JOB SOURCE INFORMATION

Please indicate where you learned of this job vacancy:

- ☐ Website (please specify): _____
- ☐ Job flyer
- ☐ Professional Journal or Newsletter (please specify): _____
- ☐ *Jobs Available*
- ☐ Friend or Relative
- ☐ Other (please specify): _____