

# GOLD COAST TRANSIT DISTRICT

## Application for Employment



GCTD is an equal opportunity employer, and does not discriminate on the basis of race, color, creed, ancestry, national origin, gender, marital status, sexual orientation, gender identity, religion, age, veteran status, physical or mental disability or any category protected by state or federal law.

<b>POSITION APPLYING FOR:</b>							
If indicated on the job description, a current DMV H-6 (10-year driver history) will be required at time of application.							
APPLICANT INFORMATION							
Last Name		First Name		M.I.			
Street Address				Apt #			
City		State		Zip			
Phone/Cell #		E-mail					
Phone/Cell # (alt)		SSN (optional)					
ELIGIBILITY							
Do you have a valid driver's license?		YES <input type="checkbox"/> NO <input type="checkbox"/>		State		DL #	
						CLASS	
If applying for a <u>bus operator</u> position, you must be 21 years or older at time of appointment. Do you meet this requirement? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Can you, after a job offer for employment, submit verification of your legal right to work in the United states? YES <input type="checkbox"/> NO <input type="checkbox"/>							
Indicate your availability to work the following shifts?		Available Weekends? YES <input type="checkbox"/> NO <input type="checkbox"/>		Available any shift? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you have any relatives that work at GCTD or are Members of the Board? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, provide name (s)							
Have you ever worked for GCTD? YES <input type="checkbox"/> NO <input type="checkbox"/>		If YES, provide employee ID.					
EDUCATION (Proof of education will be required prior to appointment.)							
What is the highest level of education you have completed? (check box below)							
High School/GED <input type="checkbox"/>		Some College <input type="checkbox"/>		Associates (AA) <input type="checkbox"/>		Bachelors (BA/BS) <input type="checkbox"/>	
						Masters/PhD/JD <input type="checkbox"/>	
High school / Colleges / Universities Attended		Course of Study/Type of Degree		# of yrs completed		Did you graduate?	
						YES <input type="checkbox"/> NO <input type="checkbox"/>	
						YES <input type="checkbox"/> NO <input type="checkbox"/>	
						YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER RELEVANT COURSES AND TRAINING							
Name of Course		Name of Institute		Length of Course		Dates Attended	
PROFESSIONAL LICENSE (S) OR CERTIFICATES (S)							
Type		Date Issued		Expiration Date		Serial #	
LANGUAGES							
<u>Other than English</u> , list any languages in which you are fluent?		Speak		Read/Write			
<b>I certify that all statements in this application are true and I agree that any misstatement or concealment of fact may subject me to disqualification or dismissal.</b> I understand that any offer of employment is contingent upon passing a drug and alcohol test and a fitness for duty examination for the position for which I am applying. I understand that employment with GCTD is at-will meaning that I may resign my employment without giving a reason and GCTD retains the right to terminate employees at any time, with or without advanced notice or cause, for any reason not prohibited by law.							
<b>INITIAL HERE _____ TO CERTIFY THAT YOU HAVE READ AND AGREE TO THE STATEMENT ABOVE.</b>							
SIGNATURE				DATE			

**EMPLOYMENT HISTORY**

Beginning with your most recent employer, please list your work history for the last ten years. List each position and promotion separately. If more space is needed to cover the last ten years, a separate sheet prepared in the same format / or a resume or other supporting documentation may be attached. An incomplete work history may disqualify you from further consideration.

**CURRENT/PREVIOUS EMPLOYMENT**

Employer				From (Mo / Yr)	
Job Title				To (Mo / Yr)	
# of employees supervised?		Reason for leaving?		Hours per week	
Supervisor Name / Title		Phone		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List Duties					

**PREVIOUS EMPLOYMENT**

Employer				From (Mo / Yr)	
Job Title				To (Mo / Yr)	
# of employees supervised?		Reason for leaving?		Hours per week	
Supervisor Name / Title		Phone		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List Duties					

**PREVIOUS EMPLOYMENT**

Employer				From (Mo / Yr)	
Job Title				To (Mo / Yr)	
# of employees supervised?		Reason for leaving?		Hours per week	
Supervisor Name / Title		Phone		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List Duties					

**PREVIOUS EMPLOYMENT**

Employer				From (Mo / Yr)	
Job Title				To (Mo / Yr)	
# of employees supervised?		Reason for leaving?		Hours per week	
Supervisor Name / Title		Phone		May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List Duties					

It is GCTD's policy, as part of the selection process, to contact your previous employers for employment-related reference information. **Please Note: We will not contact your CURRENT employer unless you authorize us to do so above.**

**INITIAL HERE \_\_\_\_\_ TO AUTHORIZE GCTD TO CONTACT MY PREVIOUS EMPLOYER(S) INDICATED ABOVE.**

NAME		DATE	
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**NOTICE OF DRUG AND ALCOHOL TESTING FOR SAFETY-SENSITIVE POSITIONS**

It is GCTD policy and it is required by law, to have a drug-free and alcohol abuse-free workplace environment to protect employees, passengers, and the public. Safety-sensitive employees must be free of job-impairing substances on duty, when reporting for duty, while subject to duty, while in a company uniform, or while on GCTD's premises or property.

**A safety-sensitive function includes any of the following duties: operating a revenue service vehicle, whether or not in revenue service; holding a Commercial Driver's License; controlling dispatch or movement of a revenue service vehicle; and maintaining a revenue service vehicle or equipment used in revenue service.**

**DETECTION, DETERRENCE AND ENFORCEMENT** - Federal Law (49 CFR § 40) requires that effective January 1, 1995, all employees in safety-sensitive positions will be subject to drug testing in the following circumstances: pre- employment, reasonable suspicion, post-accident, random, return-to-work duty/follow-up drug and alcohol testing. Applicants for safety-sensitive positions will not be hired, nor will current employees be assigned, to safety-sensitive functions unless and until they pass a drug and alcohol test.

**CONSEQUENCES OF A POSITIVE TEST RESULT** - GCTD prohibits an employee from performing a safety-sensitive function when an employee's alcohol test indicates an alcohol concentration at or above 0.04 or greater and/or detects prohibited drugs and substances including (but not limited to) the following: Amphetamines and Methamphetamines, Cocaine, Marijuana/Cannabinoids (THC), Phencyclidine (PCP), Opioids (codeine, heroin morphine, oxycodone, oxymorphone, hydrocodone, hydromorphone) (49 CFR § 40.23).

When GCTD has received a verified positive drug test result or a confirmed alcohol test level at or above 0.04 or greater, or when an employee refuses to submit to a required drug or alcohol test, GCTD shall advise the employee of the resources available for evaluating and resolving problems associated with prohibited drug use and alcohol misuse, including the names, addresses, and telephone numbers of substance abuse professionals (SAPs) and counseling and treatment programs (49 CFR § 655.62). Positive drug/alcohol test results or refusal to submit to a drug test may result in disciplinary action up to and including dismissal of employment or, if not yet hired, disqualification from further consideration (GCTD Personnel Rules).

An applicant who is disqualified or an employee who is disciplined/terminated as the result of failing a drug and/or alcohol test may appeal on the grounds that the drug was obtained legally, or there has been a violation of the test protocol or chain of custody procedures, or other irregularity that invalidates the test results. A disqualified applicant may have his/her drug test specimen retested at his/her own expense and include the results of the retesting in his/her appeal (Cal. Admin Code tit. 2 § 213.6).

**CONFIDENTIALITY OF RECORDS** - Laboratory reports or test results will be kept in a confidential folder that is separate from the employees' personnel folder and will be held for five (5) years. The Human Resources & Risk Manager is responsible for the security of these reports and for obtaining the results from GCTD's authorized medical clinics. These reports will be disclosed to a very limited number of GCTD's Managers on a strict need-to-know basis. The test results may be disclosed to the tested employee or applicant upon request (49 CFR § 655.71).

**ACKNOWLEDGEMENT**

I hereby acknowledge that applying for or accepting a safety-sensitive position with GCTD requires that I submit to drug and alcohol testing for pre-employment, reasonable suspicion, post-accident, random, return-to-work and follow-ups. I understand GCTD's authorized third party Medical Review Officer's clinics (Coastal Occupational Medical Group, U.S Healthworks and CMH) will conduct the tests.

I also understand that the results of this drug and alcohol test will be made available to GCTD's Human Resources & Risk Manager. I further understand that the results of this test may adversely affect my application or employment status.

I understand that any material misrepresentation I make or any attempt or fact of contamination of the specimen(s) will be cause for disciplinary action up to and including dismissal. I also understand that I have the right to refuse to submit to a drug or alcohol test. If I refuse, my refusal will result in disciplinary action up to and including disqualification from consideration or, if hired, dismissal of employment.

**PRE-EMPLOYMENT NOTIFICATION & PAST TEST RESULTS**

I understand and acknowledge that I will be required to undergo a urine drug test under the authority of the U.S. Department of Transportation (DOT), Federal Transit Administration (FTA) prior to being hired or transferred into a safety-sensitive position as defined in CFR Part 655<sup>1</sup>. I understand and acknowledge that I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

**In the past two years, have you tested positive (or refused to test) on any DOT pre-employment drug or alcohol test, administered by an employer to which you applied for but did not obtain a safety-sensitive position?** YES  NO

**If you answered YES above - Can you provide documentation that you successfully completed the dot return-to-duty requirements described in (49 CFR § 40), Subpart 0?** YES  NO

**INITIAL HERE \_\_\_\_\_ TO CERTIFY THAT YOU UNDERSTAND AND ACKNOWLEDGE THE ABOVE STATEMENTS**

NAME		DATE	

<sup>1</sup> A safety-sensitive function, as described in 49 CFR Part 655 Section 655.4, includes: (1) operating a revenue service vehicle; (2) operating a non-revenue service vehicle, when required to be operated by a CDL holder; (3) controlling dispatch or movement of a revenue service vehicle; (4) maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service; or (5) carrying a firearm for security purposes.

**AUTHORIZATION FOR RELEASE OF INFORMATION – 49 CFR PART 40 DRUG AND ALCOHOL TESTING**

I hereby authorize release of information from my DOT-regulated drug and alcohol testing records by my previous employer, listed in Section 1-B to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, section 40.25.

YES  NO

**SECTION I: TO BE COMPLETED BY THE NEW EMPLOYER AND SIGNED BY THE EMPLOYEE, AND TRANSMITTED TO THE PREVIOUS EMPLOYER.**

EMPLOYEE NAME		SS# (optional)	
SIGNATURE		DATE	
I-A	NEW EMPLOYER NAME:		
	DESIGNATED EMPLOYER REPRESENTATIVE:		
	ADDRESS:		
	PHONE #:	FAX #:	
I-B	PREVIOUS EMPLOYER NAME:		
	DESIGNATED EMPLOYER REPRESENTATIVE:		
	ADDRESS:		
	PHONE #:	FAX #:	

**SECTION II: TO BE COMPLETED BY THE PREVIOUS EMPLOYER AND TRANSMITTED TO THE NEW EMPLOYER.**

In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:			
II-A	1. Did the employee have alcohol tests with a result of 0.04 or higher?		YES <input type="checkbox"/> NO <input type="checkbox"/>
	2. Did the employee have verified positive drug tests?		YES <input type="checkbox"/> NO <input type="checkbox"/>
	3. Did the employee refuse to be tested?		YES <input type="checkbox"/> NO <input type="checkbox"/>
	4. Did the employee have other violations of DOT agency drug and alcohol testing regulations		YES <input type="checkbox"/> NO <input type="checkbox"/>
	5. Did a previous employer report a drug and alcohol rule violation to you?		YES <input type="checkbox"/> NO <input type="checkbox"/>
	6. If you answered "Yes" to any of the above items, did the employee complete the return to duty process?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Person providing information in Section II-A			
II-B	NAME	TITLE	
	PHONE	DATE	

NAME		DATE	
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# GOLD COAST TRANSIT DISTRICT

## Application for Employment



### EQUAL EMPLOYMENT OPPORTUNITY - VOLUNTARY SURVEY

To comply with the U.S. Equal Employment Opportunity Commission and California Fair Employment and Housing requirements, Gold Coast Transit District (GCTD) is asking all applicants to provide the following information. **Data collected will be used only for statistical purposes to measure the effectiveness of our recruitment efforts.**

GCTD does not discriminate on the basis of race, color, creed, ancestry, national origin, gender, marital status, sexual orientation, religion, age, veteran status or disability in the provision of services or employment. **This portion of the application will be detached, and the information will not be used to make any employment decision that affects you.**

<b>GENDER</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> decline to state
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<b>AGE GROUP</b>	<input type="checkbox"/> Under 40	<input type="checkbox"/> 40 or over	<input type="checkbox"/> decline to state
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<b>ETHNICITY</b>	<b>DO YOU CONSIDER YOUR ETHNIC BACKGROUND TO BE HISPANIC OR LATINO?</b>		
	Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture.		
	<input type="checkbox"/> YES, I am Hispanic or Latino.	<input type="checkbox"/> NO, I am not Hispanic or Latino.	

**STARTING WITH THE 2000 U.S. CENSUS, THE CLASSIFICATION OF HISPANIC/LATINO WAS CHANGED FROM A RACIAL GROUP TO AN ETHNICITY GROUP. WHETHER OR NOT YOU CHECKED "YES, I AM HISPANIC OR LATINO" ABOVE, YOU MUST ALSO CHECK A CATEGORY OF RACIAL GROUP BELOW.**

<b>RACE</b>	<b>WHAT RACIAL GROUP DO YOU CONSIDER TO BE YOUR MOST PREDOMINANT? (CHECK ONLY ONE)</b>		
	<b>SINGLE RACE GROUP CATEGORIES</b>	<input type="checkbox"/> <b>American Indian or Alaska Native</b> - 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.	
		<input type="checkbox"/> <b>Asian</b> - 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, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.	
		<input type="checkbox"/> <b>Black or African American</b> - A person having origins in any of the Black racial groups of Africa.	
		<input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander</b> - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
		<input type="checkbox"/> <b>Caucasian (White)</b> - A person having origins in any of the original peoples of Europe, the Middle East or North Africa. If your origins are from Spain, you should check "Caucasian."	
	<b>DUAL RACE GROUP CATEGORIES</b>	<input type="checkbox"/> <b>American Indian or Alaska Native &amp; Black</b>	
		<input type="checkbox"/> <b>American Indian or Alaska Native &amp; White</b>	
		<input type="checkbox"/> <b>Asian &amp; White</b>	
		<input type="checkbox"/> <b>Black &amp; White</b>	
<b>OTHER</b>	<input type="checkbox"/> <b>Please name the racial group(s)</b>		

### PLEASE TELL US HOW YOU HEARD ABOUT THIS JOB OPENING?

<input type="checkbox"/> Job bulletin posting (flyer)	<input type="checkbox"/> Employee Referral (name)
<input type="checkbox"/> Newspaper: VC Star, Los Angeles Times	<input type="checkbox"/> EDD Employment Development Department / Jobs Center
<input type="checkbox"/> Website: <a href="http://www.GoldCoastTransit.org">www.GoldCoastTransit.org</a>	<input type="checkbox"/> Advertisement seen on bus
<input type="checkbox"/> Website: <a href="http://www.TransitTalent.com">www.TransitTalent.com</a>	<input type="checkbox"/> Facebook / Twitter / Instagram (or other social media)
<input type="checkbox"/> Website: <a href="http://wwwIndeed.com">wwwIndeed.com</a>	<input type="checkbox"/> TV / Radio
<input type="checkbox"/> Another Website (name)	<input type="checkbox"/> Other