



Solano Transportation Authority
 One Harbor Center, Suite 130
 Suisun City, CA 94585-2473
 Main Tel.: (707) 424-6075
 Fax: (707) 424-6074
www.sta.ca.gov

Application for Employment

An Equal Opportunity Employer

***Please save the PDF to your computer, complete application and submit per the instructions.**

PERSONAL INFORMATION

Name (Last, First, Middle)		Social Security Number	
Address		City	State Zip Code
Phone Number	Cell or Other Phone	E-mail	
If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		License Number :	Expiration Date:
Have you ever been convicted of any violation (other than minor traffic violations), felony or misdemeanor in any judicial system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state nature of the offense including dates and disposition of the case:			
Note: No applicant will be denied employment based solely on the grounds of conviction of a criminal offense.			

EMPLOYMENT DESIRED

Position	Date available to begin work:
Type of Employment (Check all that apply) <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	
Are you related to any Solano Transportation Authority employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide Name and Relationship:	
If you have any questions or believe that you may need accommodations during the testing process, please contact Human Resources at (707) 424-6075. Requests for accommodations must be received by the final filing date for the recruitment.	

AGREEMENT

I certify that all statements made on this application are complete and true to the best of my knowledge. I agree and understand that any misrepresentation or deliberate omission of material fact contained in this application may be justification for disqualification or termination of employment with the Solano Transportation Authority. I authorize investigation of all matters contained in this application and agree to undergo any job-related examination, drug screening, fingerprinting, DMV record and/or background check upon conditional offer of employment and that the employment is contingent upon meeting the conditions of employment as may be required by the agency.

Signature: _____ Date: _____

EDUCATION & TRAINING

Name and Location of School	Diploma Received	Degree / Major
High School		
College/University		
Trade/Business or Correspondence School		

List computer, typing or equipment skills:

Are you bilingual? Yes No If yes, state language _____ Speak Read Write

Name: _____

Position: _____

EMPLOYMENT HISTORY (List all jobs with the most recent first. Different positions with the same employer may be listed separately. You may attach additional sheets of this page if necessary. A resume may be attached, but may not be substituted for completing this application)

Name & Address of Employer	Job Title/Position	Dates of Employment (Mo/Yr)	Supervisor / Contact Number
	Ending Salary: \$	From: To:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Job Duties:			
Reason for leaving:			
Name & Address of Employer	Job Title/Position	Dates of Employment (Mo/Yr)	Supervisor / Contact Number
	Ending Salary: \$	From: To:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Job Duties:			
Reason for leaving:			
Name & Address of Employer	Job Title/Position	Dates of Employment (Mo/Yr)	Supervisor / Contact Number
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Describe Job Duties:			
Reason for leaving:			
Name & Address of Employer	Job Title/Position	Dates of Employment (Mo/Yr)	Supervisor / Contact Number
	Ending Salary: \$	From: To:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Job Duties:			
Reason for leaving:			



Solano Transportation Authority

EQUAL EMPLOYMENT OPPORTUNITY DATA

The Solano Transportation Authority is an equal opportunity employer. In accordance with the applicable laws and regulations, the agency does not discriminate on the basis of disability or on the basis of other prohibited criteria. The information requested below is for statistical reporting and analysis as required by law only. We request that all applicants complete the following information, however providing this information is voluntary. This form will be detached from your application and the information will be kept confidential.

Name _____ Date _____

Position Applied For _____

Sex: Male Female Disabled: Yes No

Race/Ethnicity: (Check only one.)

- AMERICAN INDIAN/ALASKAN NATIVE
All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
 BLACK
Not of Hispanic origin; All persons having origins in any of the Black racial groups of Africa.
 WHITE
Not of Hispanic origin; All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
 HISPANIC
All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
 ASIAN/PACIFIC ISLANDER
All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, such as China, Japan, Korea, Vietnam, and Somoa.

To assist the STA in our recruitment efforts, please indicate how you found out about the job.

- Newspaper (specify) _____
 Other publication (specify) _____
 Friend Agency employee
 School or other placement office Walk-in
 Employment agency STA Web site
 Other (specify) _____