



MODOC COUNTY
TRANSPORTATION COMMISSION

MODOC COUNTY TRANSPORTATION COMMISSION

108 S MAIN STREET, ALTURAS, CA 96101

Phone (530) 233-6410 * Fax (530) 233-3744

MCTC complies with state and federal laws regarding equal employment opportunity.

We are an Equal Opportunity Employer

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Position Applied for	Desired Salary	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

Upon employment can you verify your legal ability to work in the United States? Yes No

DISCLAIMER AND SIGNATURE

I CERTIFY that all of the statements made in this statement are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application to provide any relevant information that may be required to arrive at an employment decision.

Signature

Date

I acknowledge by my signature that I have read and understand the following:

IMPORTANT! READ THE MATERIAL BELOW AND REVIEW YOUR ENTIRE APPLICATION BEFORE SIGNING.

- Qualification and employment considerations by Modoc County Transportation Commission (MCTC) are based on the truthfulness and completeness of the statements in the employment application. Falsification or omission of information will constitute grounds for disqualification or dismissal. Upon submission, this application, addendum sheets and other required documentation to support employability become the property of MCTC and are matters of public record subject to release to persons or agencies upon request. Presenting any false documents(s) to gain employment may be cause for ineligibility for hire or immediate dismissal.
- I authorize the MCTC to investigate the truthfulness of all statements made on this application and to contact my former employers and other listed references or other persons who can verify information.
- I give my consent for all contacted persons, including former employers, to provide information concerning this application and I release each contacted person from liability for providing such information. I waive all causes of action that I might have arising from the foregoing.
- I may be subject to drug and alcohol testing during my employment at any time at the MCTC's discretion.
- MCTC does not participate in Federal Social Security FICA Plan and is not affiliated or a department with the County of Modoc. MCTC is an independent public agency with no connection to Modoc County employment practices, bargaining units/MOUs, pay scales or other County procedures, policies, or functions.
- This position is classified as "At-Will Employment": Just as the employee is free to leave the MCTC employment at any time, the MCTC has the right to terminate the employee at any time for just cause.
- I acknowledge that the APPLICATION FOR EMPLOYMENT MUST BE SIGNED in order to be processed or evaluated.

Signature

Date