



12 Mauchly, Building I, Irvine, CA 92618
 Phone: 800-540-7275 ▪ FAX 949-450-2536

APPLICATION FOR EMPLOYMENT

Transportation Concepts in accordance with applicable Federal and State law prohibits discrimination against or harassment of any person employed by or seeking employment with on the basis of race, color, national origin, religion, sex, physical or mental disability, ancestry, marital status, or age and also prohibits discrimination on the basis of sexual orientation, status as a Vietnam-era veteran or special disabled veteran, or, within the limits imposed by law or on the basis of citizenship. **EOE**

PERSONAL INFORMATION **DATE:**

LAST NAME **FIRST NAME** **INITIAL**

STREET ADDRESS/P.O. BOX # **CITY** **STATE** **ZIP** **TELEPHONE WORK:**

ARE YOU AGE 18 OR OLDER? Yes No **TELEPHONE (HOME or CELL) Please specify**
 If employed and you are under 18 years of age, can you furnish a work permit? Yes No

DO YOU HAVE THE RIGHT TO WORK IN THE UNITED STATES?
 Yes No **TELEPHONE FRIEND/RELATIVE:**

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU APPLIED FOR A JOB AT THIS COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE:	HAVE YOU BEEN EMPLOYED WITH THE COMPANY BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE(S) OF EMPLOYMENT:
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DO YOU HAVE ANY RESTRICTIONS OR OBLIGATIONS THAT PREVENTS YOU FROM WORKING OVERTIME? <input type="checkbox"/> Yes <input type="checkbox"/> No	HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF ANY OFFENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please explain (Conviction will not necessarily disqualify applicant from employment).
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EMPLOYMENT INTERESTS

POSITION DESIRED: **DATE AVAILABLE:** **SHIFTS YOU CAN WORK:**
 DAY SWING GRAVEYARD WEEKENDS

WAGES/SALARY EXPECTED: **TYPE OF EMPLOYMENT:** **TRANSPORTATION TO GET TO WORK? (Please Specify How)**
 F/T PART TIME TEMPORARY

HOW WERE YOU REFERRED TO OUR COMPANY:
SPECIFY SOURCE OF AD:
ADVERTISEMENT **EMPLOYEE REFERRAL** **OTHER COMPANY** **SCHOOL** **SELF**

EDUCATION/MILITARY SERVICE

SCHOOL or INSTITUTION	NAME & LOCATION OF SCHOOL/COLLEGE	HIGHEST GRADE COMPLETED/DEGREE
ELEMENTARY		
HIGH SCHOOL		
COLLEGE		

HONORS OR AWARDS RECEIVED: **PROFESSIONAL CERTIFICATES OR LICENSE HELD:** **HOBBIES or SPECIAL INTERESTS:**

DATES OF U.S. MILITARY SERVICE: **BRANCH:** **RANK HELD:** **RESERVE STATUS:**

PROFESSIONAL REFERENCES: (List people we may contact who are qualified to evaluate your capabilities. **(DO NOT INCLUDE RELATIVES)**)

NAME (FIRST & LAST NAME)	TELEPHONE NUMBER ▪ CELL PHONE ▪ PAGER ▪ EMAIL ADDRESS	YEARS KNOWN
NAME (FIRST & LAST NAME)	TELEPHONE NUMBER ▪ CELL PHONE ▪ PAGER ▪ EMAIL ADDRESS	YEARS KNOWN
NAME (FIRST & LAST NAME)	TELEPHONE NUMBER ▪ CELL PHONE ▪ PAGER ▪ EMAIL ADDRESS	YEARS KNOWN

Transportation Concepts Employment Application

EMPLOYMENT RECORD:

Start with present or most recent employer, list all previous employers. Include any self-employment, summer or part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

EMPLOYER	START DATE	END DATE	HOURS WORKED PER WEEK
STREET ADDRESS	STARTING SALARY	ENDING SALARY	JOB TITLE
CITY, STATE, ZIP CODE	SUPERVISOR'S NAME & TITLE		SUPERVISOR'S TELEPHONE NUMBER
DESCRIBE DUTIES:			
REASON FOR LEAVING:			

EMPLOYER	START DATE	END DATE	HOURS WORKED PER WEEK
STREET ADDRESS	STARTING SALARY	ENDING SALARY	JOB TITLE
CITY, STATE, ZIP CODE	SUPERVISOR'S NAME & TITLE		SUPERVISOR'S TELEPHONE NUMBER
DESCRIBE DUTIES:			
REASON FOR LEAVING:			

EMPLOYER	START DATE	END DATE	HOURS WORKED PER WEEK
STREET ADDRESS	STARTING SALARY	ENDING SALARY	JOB TITLE
CITY, STATE, ZIP CODE	SUPERVISOR'S NAME & TITLE		SUPERVISOR'S TELEPHONE NUMBER
DESCRIBE DUTIES:			
REASON FOR LEAVING:			

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the above information is true and complete to the best of my knowledge. I understand that if I am employed, false statements will result in dismissal. I authorize the Company to make an investigation of any of the facts set forth in the application.

I hereby authorize the Company to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer (if applicable), and previous employers and organizations contacted by the Company to provide any relevant information regarding my current and/or previous employment and I release all persons, schools, employers of any and all claims for providing such information.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire me.

I understand that employment at this Company is "at will" which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice and for any reason not prohibited by statute.

APPLICANT'S SIGNATURE: _____ DATE: _____