



1700 W. Fifth St. San Bernardino, CA 92411

IMPORTANT APPLICATION INSTRUCTIONS

(Please Read Carefully)

It is **mandatory** that all information requested be supplied in the **exact** manner requested. Each question on this application form must be answered; leave no blanks. If a question does not apply, enter "N/A" in the space provided for the answer. Complete all related application materials. **Failure to complete application thoroughly may result in disqualification of your application.** Resumes are accepted as attachments to applications, but do not take the place of any portion of a completed application.

1. A separate application and related materials is required for each open position.
2. Please **print** with **ink** or use a typewriter.
3. List your employment experiences for the past ten (**10**) years, starting with your current or last employer. Account for all periods of employment **and** unemployment. Add additional sheets if necessary to account for the full ten (10) years.

You must have the complete address and telephone number for each employer.

4. Return the application form to OMNITRANS by mail or in person by 5:00 p.m. on the closing date. Post marks are **not** acceptable.
5. Notify us promptly of any change of address or telephone number.
6. If required for the position, an **H6** copy of your CA driving record (dated no more than thirty (30) days before the date you turn in your application) from the Department of Motor Vehicles **MUST** be attached to your application. If you have been licensed in California for six (6) months or less, you must also submit a copy of your driving record from the previous state or residence with your application.

SPECIAL ACCOMMODATION

Applicants With Disabilities: Individuals with disabilities requiring accommodation in the application or testing process must provide the Human Resources Department, at the time of application, with documentation from a qualified authority of the need for accommodation. The Human Resources Department will make reasonable efforts to accommodate applicants with disabilities when completing the Employment Application and in any job related examination process.

AN EO/AA EMPLOYER

All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, ancestry, age, religion, national origin, sexual orientation or the presence of disabilities or veteran status.

EQUAL OPPORTUNITY EMPLOYMENT

Completion of this section is optional. The information provided will only be used for statistical purposes. It will not be used to make any decisions that affect you.

Position Applied For _____ Date _____

Name _____
(Please Print)

Sex:

Age:

Male Female

Under 40 40+

CHECK THE ETHNIC GROUP WITH WHICH YOU MOST CLOSELY IDENTIFY YOURSELF:

White Hispanic American Indian/Alaskan Native

Black Asian Native Hawaiian or Other Pacific Islander

Two or More Races

CHECK THE FOLLOWING IF APPLICABLE:

Protected Veteran

HOW DID YOU LEARN ABOUT THIS POSITION?

Agency (Specify) _____

Ad – El Mundo Latino

Coach Advertisement

Ad – La Prensa

EDD – Cal Jobs (Internet)

Ad – National Black Review

EDD – Job Finders

Ad – The Progressive Woman

Job fair

Ad – The Veteran Journal

Walk-In

Advertisement – Other

Ad - APTA

Internet – Diversityinc.com

Ad – Daily Bulletin

Internet – Dice.com

Ad – Jobs Available

Internet – Governmentjobs.com

Ad – L.A. Times

Internet – Hotjobs.com

Ad – Orange County Register

Internet – Jobing.com

Ad – Press Enterprise

Internet – Monster.com

Ad – Pennysaver

Internet – Omnitrans website

Ad – San Bernardino Sun

Internet – Transittalent.com

Ad – Black Media News

Other (Specify) _____

Omnitrans Job Alert Email

Omnitrans Bulletin Board

Employee Referral: _____

First Name

Last Name

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



1700 WEST FIFTH STREET
 SAN BERNARDINO
 CALIFORNIA, 92411

EMPLOYMENT APPLICATION

An Equal Opportunity/Affirmative Action Employer

POSITION APPLIED FOR: _____ DATE: _____

Last Name	First Name		Middle Initial	
Address (Number)	Street	City	State	Zip Code
() _____	() _____	CA License # _____	Expiration Date _____	
Home Phone	Message Phone	(If Required For Position)		

1. Have you the legal right to work permanently in the United States? { } Yes { } No

2. Have you filed an application with Omnitrans in the last two (2) years? { } Yes { } No
 If yes, date(s) _____; position(s) _____

3. Have you ever been employed by Omnitrans? { } Yes { } No
 If yes, date(s) _____; position(s) _____

4. Are you related to anyone working for Omnitrans? { } Yes { } No
 If yes, relationship _____; position(s) _____

EMPLOYMENT HISTORY

Please account for all employment within the last ten (10) years. START WITH CURRENT OR MOST RECENT EMPLOYER. ACCOUNT FOR ALL PERIODS OF EMPLOYMENT AND UNEMPLOYMENT. In addition, please indicate any other experience which you feel is relevant to the position for which you are applying (i.e. volunteer experienced military experience, etc.). If your reasons for leaving an employer were under unfavorable conditions, please attach an explanation.

RESUMES ARE WELCOME, BUT NOT ACCEPTABLE AS A REPLACEMENT FOR THIS SECTION. APPLICATIONS WITHOUT A SIGNATURE WILL BE DISQUALIFIED.

In Order To Verify Employment Experiences, May We Contact Your Current Employer? { } Yes { } No

In Order To Verify Employment Experiences, May We Contact Your Current Employer? { } Yes { } No		
COMPANY NAME	MO/YR HIRED	MO/YR LEFT
ADDRESS	JOB TITLE(S)	
CITY, STATE, ZIP	DESCRIBE YOUR DUTIES	
PHONE (Please Include Area Code)	FINAL WAGE/SALARY:	
SUPERVISOR NAME/TITLE	\$ _____ Per <input type="radio"/> Hr <input type="radio"/> Mo <input type="radio"/> Yr	
NATURE OF BUSINESS	STATUS:	
REASON FOR LEAVING: ___ Voluntary ___ Involuntary	___ Full-Time ___ Part-Time #Hours/Week _____	
PLEASE EXPLAIN	___ Unemployed (Dates: _____ - _____)	
NAME WHILE EMPLOYED (If Different)	___ Student ___ Volunteer #Hours/Week _____	
	Other (Specify: _____)	
COMPANY NAME	MO/YR HIRED	MO/YR LEFT
ADDRESS	JOB TITLE(S)	
CITY, STATE, ZIP	DESCRIBE YOUR DUTIES	
PHONE (Please Include Area Code)	FINAL WAGE/SALARY:	
SUPERVISOR NAME/TITLE	\$ _____ Per <input type="radio"/> Hr <input type="radio"/> Mo <input type="radio"/> Yr	
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	Other (Specify: _____)	

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ADDRESS	_____		DESCRIBE YOUR DUTIES
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SUPERVISOR NAME/TITLE	STATUS:		
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ADDRESS	_____		DESCRIBE YOUR DUTIES
CITY, STATE, ZIP	FINAL WAGE/SALARY:		
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SUPERVISOR NAME/TITLE	STATUS:		
NATURE OF BUSINESS	___ Full-Time ___ Part-Time #Hours/Week _____		
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COMPANY NAME	MO/YR HIRED	MO/YR LEFT	JOB TITLE(S)
ADDRESS	_____		DESCRIBE YOUR DUTIES
CITY, STATE, ZIP	FINAL WAGE/SALARY:		
PHONE (Please Include Area Code)	\$ _____ Per <input type="radio"/> Hr <input type="radio"/> Mo <input type="radio"/> Yr		
SUPERVISOR NAME/TITLE	STATUS:		
NATURE OF BUSINESS	___ Full-Time ___ Part-Time #Hours/Week _____		
REASON FOR LEAVING: ___ Voluntary ___ Involuntary	___ Unemployed (Dates: _____ - _____)		
PLEASE EXPLAIN	___ Student ___ Volunteer #Hours/Week _____		
NAME WHILE EMPLOYED (If Different)	Other (Specify: _____)		

ATTACH ADDITIONAL SHEET(S) WITH THE SAME INFORMATION ON OTHER JOBS IF NECESSARY TO FURNISH A COMPLETE TEN (10) YEAR EMPLOYMENT HISTORY

EDUCATION

High School Name _____
Did You Graduate? { }Yes { }No
If You Did Not Graduate, Do You Have a G.E.D.? { }Yes { }No
Bilingual { }Yes { }No If yes, language(s)? _____
Highest Grade Completed
○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○
6 7 8 9 10 11 12 13 14 15 16 16+

Post High School Education:

School Name _____
Address _____
City, State _____
Dates Attended _____
Major _____
Degree/Certification Obtained _____

School Name _____
Address _____
City, State _____
Date Attended _____
Major _____
Degree/Certification Obtained _____

LIFE EXPERIENCES

Please list and briefly describe any activity, honors, experience or training that might aid you in performing the job for which you have applied. (Omit any activity, honors, memberships or other items that tend to identify race, sex, age, national origin, disability or other personal traits that you prefer not to disclose.)

PLEASE READ CAREFULLY BEFORE SIGNING

By my signature below, I confirm that the information provided in this employment application (and accompanying attachments, if any) is true and I understand that any false information or significant omissions may disqualify me from further consideration for employment, and may be justification for my dismissal from employment, if discovered at a later date. If hired, I agree to immediately notify the Agency if I should be convicted of a felony or any crime involving dishonesty or a breach of trust, and of any changes in my driving record while my job application is pending, or during my period of employment. If the work or conduct of a probationer, who has not attained regular status in another classification of Omnitrans employment, is found to be below standards acceptable to the Appointing Authority, the Appointing Authority rejects the probationer. Such rejections are not subject to review or appeal.

Signature of Applicant

Date

FOR AGENCY USE ONLY – DO NOT WRITE IN THIS SPACE

Selected For Further Consideration? [] Yes [] No

Reviewed By: _____

If No, Reason: _____

Date: _____