



## **EMPLOYMENT APPLICATION**

Instructions: Answer all questions. Print in ink or type. A separate application must be submitted for each position. For additional information or questions, contact SJRRC Human Resources Department at (209) 944-6229 or [hr@acerail.com](mailto:hr@acerail.com). **Return your completed, signed, and dated application and resume to: 949 E. Channel St., Stockton, CA 95202 or to [hr@acerail.com](mailto:hr@acerail.com).**

*SJRRC is an Equal Employment Opportunity Employer. As an equal opportunity employer, we strive to have a workforce that reflects the community we serve. No person is unlawfully excluded from employment opportunities based on race, color, religion, national origin, sex (including gender identity, sexual orientation, and pregnancy), age, genetic information, disability, veteran status, or other protected class. The information collected on this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants.*

*Applicants with disabilities may be entitled to reasonable accommodation under the Americans with Disabilities Act, California's Fair Employment and Housing Act, and other laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on SJRRC. Please inform the Human Resources Department if you need assistance completing any forms or to otherwise participate in the application process.*

### **APPLICANT INFORMATION**

POSITION APPLYING FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
Last First M.I.

ADDRESS: \_\_\_\_\_  
Street Address Apt./Unit #

City State Zip Code

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

Have you ever been employed by SJRRC? ☐ Yes ☐ No

If so, what position? \_\_\_\_\_

Do you have a relative employed by SJRRC? ☐ Yes ☐ No

If yes, relationship? \_\_\_\_\_

EDUCATION				
Do you have a High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a G.E.D. or the equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name and location of college, university or vocational school:	Major or course of study:	Units completed	Graduated? Y or N	Type of degree:

LICENSES AND CERTIFICATES (APPLICABLE TO DESIRED POSITION)			
License or certificate:	Issued by	Registration number	Expiration date

EMPLOYMENT HISTORY
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Beginning with your most recent job, list your employment history for the last ten years, including any military service. If you have held more than one position with an employer, list each position separately. Use additional sheets if necessary, using the same format. Resumes will not substitute for a completed application form.

Company:		Phone:	
Job Title:		Supervisor:	
		From:	To:
Duties Performed:			
Hours Per Week:		May we contact this employer?	
Reason for Leaving:			
Company:		Phone:	
Job Title:		Supervisor:	
		From:	To:
Duties Performed:			
Hours Per Week:		May we contact this employer?	
Reason for Leaving:			

Company:	Phone:	
Job Title:	Supervisor:	
	From:	To:
Duties Performed:		
Hours Per Week:	May we contact this employer?	
Reason for Leaving:		

***In accordance with Federal law, all persons hired will be required to verify identity and eligibility to work in the United States. Employment eligibility verification form will be required to be completed upon hire.***

<b>DISCLAIMER AND SIGNATURE</b>
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*NOTE: All employment with SJRRC is "at-will". This means that employment is for an indefinite period of time. Both employees and SJRRC have the right to terminate employment at any time, with or without just cause, and with or without advance notice.*

*READ BEFORE SIGNING: I certify that the information contained in this application is true and complete. I understand that falsification of information provided may be grounds for retraction of an offer of employment or for immediate separation of employment if hired. I authorize the verification of any and all information listed above in the application for employment.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



FULL NAME:

*Last*

*First*

*M.I.*

POSITION APPLYING FOR:

### VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY (EEO) QUESTIONNAIRE

Applicants are asked to voluntarily complete this questionnaire in order to assist SJRRC in complying with Federal Regulation, which requires all recipients and subrecipients of Federal Transit Administration (FTA) financial assistance to carry out the EEO provisions of Federal law, including recordkeeping and reporting. This information will be treated confidentially and will be used for SJRRC's EEO Program evaluation and statistical reporting purposes only.

**Sex:** ☐ Male ☐ Female ☐ Decline to State

**Race/Ethnicity: (Please check one)**

☐ **Asian (Not Hispanic or Latino)** - 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, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

☐ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **Native American or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Native Hawaiian or Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the races/ethnicities above.

☐ **Decline to State**

The following information is being requested as part of the employer's affirmative action program. Providing the information is voluntary; failure to provide it will not subject you to any adverse treatment. This information will be kept confidential and only used in a way that complies with the Americans with Disabilities Act (ADA).

**Are you a veteran?**

☐ Yes

☐ No

☐ Decline to State

**Are you disabled?**

☐ Yes

☐ No

☐ Decline to State

<b>TO BE COMPLETED BY SJRRC – EEO-4 REPORTING CATEGORY</b>
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☐ Officials and Administrators

☐ Paraprofessional

☐ Professionals

☐ Administrative Support

☐ Technicians

☐ Skilled Craft

☐ Protective Service

☐ Service-Maintenance