

APPLICATION FOR EMPLOYMENT

ROGUE VALLEY TRANSPORTATION DISTRICT
3200 Crater Lake Ave.
Medford, OR 97504
541-779-5821

We consider applicants for all position without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.
WE ARE AN EQUAL OPPORTUNITY EMPLOYER

NAME

(PLEASE PRINT OR TYPE)

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)	Email		
Social Security Number (voluntary):	-	-	-

POSITION

Best time to contact you is: _____ : _____ AM : _____ PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes, Submittal Date _____ No

Have you ever been employed with us before? Yes, Dates of Emp. _____ - _____ No

Do any of your friends or relatives other than spouse work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment

Dates available for work _____ / _____ / _____

What is your desired gross monthly salary range? \$ _____

Are you available to work:

Full Time (please indicate availability for mornings, afternoons, evenings): _____

Part Time (please indicate availability for mornings, afternoons, evenings): _____

Temporary (please indicate dates available): _____ / _____ / _____ - _____ / _____ / _____

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

DATE

EDUCATION	Name and Address of School	Course of Study	No. Of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any special training, apprenticeship, skills and extra curricular activities.

Describe any job related training received in the U.S. Military.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

EMPLOYMENT EXPERIENCE

Start with your present or last job, Include any job related military service assignments and volunteer activities. *You may exclude organizations which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

1.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)			
	Job Title Supervisor			
	Reason for Leaving			
2.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)			
	Job Title Supervisor			
	Reason for Leaving			
3.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)			
	Job Title Supervisor			
	Reason for Leaving			
4.	Employer	Dates Employed From To		Work Performed
	Address			
	Telephone Number(s)			
	Job Title Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

ADDITIONAL INFORMATION

Other Qualifications

Summarize all special job related skills and qualifications acquired from employment or other experience. Emphasize those that relate to the position you are applying for.

Specialized Skills

Check Skills/ Equipment Operated and whether you are Familiar or Proficient.

<input type="checkbox"/> Desktop Computer	<input type="checkbox"/> F <input type="checkbox"/> P	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> F <input type="checkbox"/> P
<input type="checkbox"/> Laptop Computer	<input type="checkbox"/> F <input type="checkbox"/> P	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> F <input type="checkbox"/> P
<input type="checkbox"/> PC	<input type="checkbox"/> F <input type="checkbox"/> P	<input type="checkbox"/> Microsoft Publisher	<input type="checkbox"/> F <input type="checkbox"/> P
<input type="checkbox"/> Mac	<input type="checkbox"/> F <input type="checkbox"/> P	<input type="checkbox"/> Adobe Illustrator	<input type="checkbox"/> F <input type="checkbox"/> P
<input type="checkbox"/> Typewriter	<input type="checkbox"/> F <input type="checkbox"/> P	<input type="checkbox"/> Arc View GIS	<input type="checkbox"/> F <input type="checkbox"/> P
<input type="checkbox"/> Office Phone System	<input type="checkbox"/> F <input type="checkbox"/> P	<input type="checkbox"/> Website Editing	<input type="checkbox"/> F <input type="checkbox"/> P
<input type="checkbox"/> Office Printer/ Copier	<input type="checkbox"/> F <input type="checkbox"/> P	<input type="checkbox"/> Internet	<input type="checkbox"/> F <input type="checkbox"/> P
<input type="checkbox"/> Fax Machine	<input type="checkbox"/> F <input type="checkbox"/> P	<input type="checkbox"/> Email	<input type="checkbox"/> F <input type="checkbox"/> P

Additional skills and/or equipment you are proficient with (related to the job you are applying for):

State any additional information you feel may be helpful to us in considering you application

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job occupation for which you have applied? A review of the activities involved in such as job or occupation has been given. Yes No

REFERENCES

Please provide at least three (3) references

1.	First and Last Name	Dates Known		Relationship
		From	To	
	Address			
	Telephone Number(s)			

2.	First and Last Name	Dates Known		Relationship
		From	To	
	Address			
	Telephone Number(s)			

3.	First and Last Name	Dates Known		Relationship
		From	To	
	Address			
	Telephone Number(s)			

4.	First and Last Name	Dates Known		Relationship
		From	To	
	Address			
	Telephone Number(s)			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by the applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in a discharge. In understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Email completed application to ldufur@rvtd.org or drop off at
RVTD's Administrative Offices located at 3200 Crater Lake Ave, Medford, OR 97504

FOR PERSONNEL DEPARTMENT USE ONLY

Position Applied for is Open: Yes No **Date:**

Position Considered For:

Arrange Interview: Yes No

Remarks

Employed Yes No **Date of Employment** / /

Job Title **Department**

Hourly Rate/ Salary

By
Name and Title **Date**



ROGUE VALLEY TRANSPORTATION DISTRICT

Affirmative Action Survey

The Rogue Valley Transportation District is in the process of developing its Affirmative Action Program in accordance with Federal requirements. In so doing, the information below is being requested in order to aid in the preparation of this program. The data being collected is for work force analysis and affirmative action purposes only and will be kept completely confidential.

Submission of this information is voluntary, however, we would appreciate your help in supplying us with the data requested below. Please print clearly.

Name: _____

Position: _____

Age: _____

Gender: (check one) Male Female

Marital Status: (check one) Single Married Divorced Widowed

Check one of the following ethnic groups:

- Hispanic or Latino
- Not Hispanic or Latino

Please select one of more races from the following categories:

- American Indian or Alaska Native
- Asian Indian
- Filipino
- Japanese
- Korean
- Thai
- Other Asian Not Listed

- Black or African American

- Native Hawaiian or Other Pacific islander

- White

- Other

Check if any of the following are applicable:

- Vietnam Era veteran
- Disabled veteran
- Disabled Individual

Please be advised that all reasonable precautions will be taken to maintain the confidentiality of this information.