INTERNAL USE ONLY



Date Received:

Application Complete: Yes \Box No \Box

EMPLOYMENT APPLICATION

An Incomplete Application May Delay Action or Not Be Accepted. If you require an accommodation to participate in this recruitment and to complete this application form, please notify CDTC staff for assistance, prior to any closing date advertised in the notice for position.

Position Desired: ______

	PER	SONAL INFORMATION			
Name:					
Last		First	Middle		
Mailing Address:	Street or Box				
	Street or Box	City	State	Zip	
Phone Number:					
	Home	Mobile	Work	<u> </u>	
Worksheet prior to Have you been con If "Yes," provide ad conviction. A prior	employment (RCW 4 victed of a crime or re ditional documentati criminal conviction w	DTC, you will be required to fi 1.50.130). eleased from prison within th on of the date, court, offense ill not necessarily bar an appli 5	e last (7) years? Ye and sentence for e icant from employr	es 🗆 No 🗖 each ment.	
EDUCATION					
	-	received a GED? Yes D No I			
		」 graduate? Yes □ No □			

College: Address:	
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From: To:	Did you graduate? Yes 🗆 No 🗆 Degree:
Other:	Address:
From: To:	Did you graduate? Yes □ No □ Degree:
Professional Licenses (include certifying entity and	
	SPECIAL SKILLS AND QUALIFICATIONS
Foreign Language	Reading: Good □ Fair □ Writing: Good □ Fair □ Speaking: Good □ Fair □
Desktop Computing:	Word Processing - Yes D No Years of Experience Spreadsheets and Databases - Yes No Years of Experience Desktop Publishing - Yes No Years of Experience Programming - Yes No Years of Experience Travel Demand Modeling - Yes No Years of Experience Traffic Microsimulation - Yes No Years of Experience Geographic Information Systems - Yes No Years of Experience
List any other skills, a	bilities or experience that may be relevant to this position:
Anything special you	would like us to know?

EMPLOYMENT HISTORY

List all jobs you have held during the past 10 years. Begin with your current or most recent job. List any periods of unemployment or education. If needed, you may copy this page for additional space. Complete this form even if submitting a resume.

Company:		Phone:
Address:		Supervisor:
Job Title:		Ending Salary:
Responsibilit	ies:	
 From:	То:	Reason for Leaving:
May we cont	act your previou	is supervisor for a reference? Yes \Box No \Box
Company:		Phone:
Address:		Supervisor:
Job Title:		Ending Salary:
Responsibilit	ies:	
From:	То:	Reason for Leaving:
May we cont	tact your previou	us supervisor for a reference? Yes \Box No \Box
Company:		Phone:
Address:		Supervisor:
Job Title:		Ending Salary:
Responsibilit	ies:	
 From:	То:	Reason for Leaving:
May we cont	tact your previou	us supervisor for a reference?Yes 🗆 No 🗖

THREE PROFESSIONAL REFERENCES

Relationship:
Current Email:
Relationship:
Current Email:
Relationship:
Current Email:

EMPLOYMENT CONDITIONS

PROOF OF RIGHT TO WORK REQUIRED. You must provide documentation of either your United States citizenship or your legal right to work in the United States within three (3) days after being employed.

PHOTOGRAPH IDENTIFICATION NECESSARY. You must submit a copy of an official federal or state photograph identification card with this application. Examples of such identification are: driver's license, state identification card, passport, and military identification. Examination of the original document is required prior to any offer of employment.

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT. Chelan-Douglas Transportation Council (CDTC) is an Equal Opportunity Employer. CDTC does not discriminate on the basis of race, color, religion, marital status, age, national origin, ancestry, physical or mental disability, medical condition, pregnancy, genetic information, gender, sexual orientation, gender identity or expression, veteran status, or any other status protected under federal, state, or local law.

CERTIFICATION, AUTHORIZATION AND AGREEMENT

I hereby certify that all statements made in this application are complete and true, to the best of my knowledge. I understand and agree that any false or misleading statement shall be considered sufficient cause for employment disqualification or discharge from employment.

I authorize my current and former employer(s) to provide CDTC all available information regarding my current and former employment. I authorize all schools, colleges and universities that I have attended to provide CDTC all available information regarding my education. I understand that such information may or may not be favorable. I hereby release my current and former employer(s), the educational institutions I have attended, the references I have listed, and CDTC, and their employees, from any and all claims, liability and damages resulting from the release of information to CDTC.

I understand that, as a condition of employment, I must provide documentation to CDTC within three (3) days after my employment to prove United States citizenship or the right to work in the United States.

I authorize CDTC to investigate any of the information in this application. If driving a motor vehicle is an essential function of the position applied for, then I authorize CDTC to review all driving record information available through the Department of Licensing.

Date: _____ Applicant's Signature: _____