

SANTA CRUZ METROPOLITAN TRANSIT DISTRICT

INFORMATION REGARDING APPLICATION • EXAMINATION • SELECTION

APPLICATION

APPLICATION PROCESSING

The Transit District accepts completed District applications only for positions that are currently open.

- A separate application **MUST** be completed **FOR EACH POSITION FOR WHICH YOU ARE APPLYING**.
- You may attach a resume to your application, but the application must be completed in full (do not say “see resume” on your application form). An incomplete application form is cause for rejection.
- Some positions require a **SUPPLEMENTAL QUESTIONNAIRE**. Please check the job announcement closely to see if one is required for the position for which you are applying.
- The job announcement states the final filing date for each position, unless “Continuous” or “Open Until Filled” is announced. To be considered, your completed application form and other requested forms and documents must be received in the Human Resources office by 4:00 p.m. on the final filing date, unless stated otherwise on the job announcement.
- It is the policy of the Transit District to maintain a fair and equitable system in its hiring procedures. Qualified candidates may be invited to written, practical, oral and/or other tests as deemed appropriate by the Human Resources Manager. See the **APPLICATION PROCEDURE** on the job announcement.
- As soon as possible after the final filing date, you will be notified by mail regarding the status of your application.
- All forms turned in to the Human Resources Department become the property of the Transit District. Copies are not available.

DRIVING RECORD

If the job recruitment flyer states that a motor vehicle safe driving record is required, please note the following:

- A current motor vehicle license is required.
- Current SCMTD employees already on the pull-notice program need not submit a DMV driving record.
- Applicants who have resided in California less than 10 years must obtain their driving records equivalent to the CA H6 from previous states of residence.
- The H6 motor vehicle record submitted to the Human Resources Department must be the **original** from the Department of Motor Vehicles. The record can be obtained from any DMV office.
- The motor vehicle record must be dated during the recruitment period of the position to which you are applying and must be submitted with the completed application.
- Applications received without the **original** H6 driving record will not be considered.
- Safe driving criteria are used to determine if an applicant will be considered for further processing. The violations that may disqualify an applicant include, but are not limited to the following:

Convictions within the last ten (10) years involving:

- ❖ Drugs or alcohol
- ❖ Hit & run or reckless driving

Convictions within the last five (5) years involving:

- ❖ More than one vehicle accident in which the applicant was found most at fault
- ❖ More than one moving violation (including driving while license suspended or revoked)
- ❖ More than one license suspension

If you move or change phone numbers, be sure to update your application form as soon as possible by notifying the Human Resources Department at (831) 423-5582; TDD 711; or email: scruser@scmtd.com

EXAMINATION

Some recruitments may include one or more exams. You must pass each exam before qualifying to take the next exam. Your final score from the exam or exams determines your rank on the eligible list.

TYPES OF EXAMS

- **Screening**: Applications and supplemental questions are competitively screened based on the employment standards of the job.
- **Written Exam**: This type of exam may be multiple choice, true/false, fill-in, matching, or essay. Written exams typically test technical knowledge required for the job and other job-related characteristics.
- **Oral Exam**: Each candidate is scheduled to be interviewed at a specific time on one day. A 3-4 member panel of job experts in the field serves as oral exam raters to interview and rate each candidate. The same set of established job-related questions are asked of each candidate.
- **Performance/Practical Exam**: This exam allows candidates to demonstrate skills or abilities that are required to perform the job. This type of exam may use role-playing, use of tools and equipment, and typing tests.

SELECTION

ELIGIBLE LIST

The names of applicants who have passed all stages of the testing process are placed on an eligible list for the position in rank order as determined by the final exam score. The eligible list is good for six months and may be extended to one year. When a vacancy occurs, a list of names in rank order is sent to the hiring department for selection interviews.

SELECTION INTERVIEW

When a job vacancy occurs, the hiring department will fill the vacancy by reviewing the applications and interviewing candidates in rank order of the eligible list. Departments conduct the selection interviews and make the final hiring decision. You will be informed of the results of the interview through the mail or by phone.

APPOINTMENT

Once a candidate has been selected a job offer is made contingent upon passing a medical exam and a series of other pre-employment exams which may include fingerprinting, work performance, physical exam, proof of employment eligibility, drug testing and verification of prior D.O.T. drug and alcohol testing.



EMPLOYMENT HISTORY: Name _____ Social Security No. _____ / _____ / _____

Resumes will not be accepted in place of a completed application.

Additional sheets should be attached to this application when necessary to fully describe related experience, training and education. You should respond completely to this section and list **all employment** that relates to the position. **LIST YOUR MOST RECENT EMPLOYMENT FIRST.** Describe the different positions held with the same employer in different blocks, showing dates, etc. List all experience, paid and voluntary.

BUSINESS OR AGENCY NAME AND ADDRESS _____ _____ _____ PHONE: _____ SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____	DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: _____ <small>YRS/MO</small> HOURS: _____ <small>PER WEEK</small> FINAL SALARY: \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	JOB TITLE: _____ NUMBER OF PERSONS SUPERVISED _____ DUTIES: _____ _____ _____ _____ _____ _____
REASON FOR LEAVING: _____		
BUSINESS OR AGENCY NAME AND ADDRESS _____ _____ _____ PHONE: _____ SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____	DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: _____ <small>YRS/MO</small> HOURS: _____ <small>PER WEEK</small> FINAL SALARY: \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	JOB TITLE: _____ NUMBER OF PERSONS SUPERVISED _____ DUTIES: _____ _____ _____ _____ _____ _____
REASON FOR LEAVING: _____		
BUSINESS OR AGENCY NAME AND ADDRESS _____ _____ _____ PHONE: _____ SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____	DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: _____ <small>YRS/MO</small> HOURS: _____ <small>PER WEEK</small> FINAL SALARY: \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	JOB TITLE: _____ NUMBER OF PERSONS SUPERVISED _____ DUTIES: _____ _____ _____ _____ _____ _____
REASON FOR LEAVING: _____		
BUSINESS OR AGENCY NAME AND ADDRESS _____ _____ _____ PHONE: _____ SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____	DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: _____ <small>YRS/MO</small> HOURS: _____ <small>PER WEEK</small> FINAL SALARY: \$ _____ <input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY	JOB TITLE: _____ NUMBER OF PERSONS SUPERVISED _____ DUTIES: _____ _____ _____ _____ _____ _____
REASON FOR LEAVING: _____		

Would you like us to notify you prior to contacting your present employer? Yes No

COMMENTS: Add any comment that may show further qualifications for this position.

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand and agree misstatements/omissions of material fact will cause forfeiture of my rights to employment.

THANK YOU → _____
SIGNATURE OF APPLICANT
DATE



EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

The Santa Cruz Metropolitan Transit District (METRO) is an equal opportunity/affirmative action employer. Qualified applicants are considered for employment without regard to race, color, ancestry, national origin, religious creed, sex, medical condition or disability, age, marital status, veteran status or sexual orientation.

To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information to the federal government. To aid the District in its commitment to equal employment opportunity, applicants are asked to voluntarily provide the following information. This form will be separated from your application prior to administration of the examination and will be kept confidential.

Your Name: _____ Sex: Male _____ Female _____

Position Applying For: _____

Today's Date: _____ Your Birth Date: _____ Social Security Number: _____

How did you learn of the job opportunity for which you are applying?

- | | |
|--|--|
| <input type="checkbox"/> Recruitment flyer on a District bulletin board (location) _____ | <input type="checkbox"/> Recruitment flyer on a non-District bulletin board (location) _____ |
| <input type="checkbox"/> Telephone inquiry | <input type="checkbox"/> Newspaper (name) _____ |
| <input type="checkbox"/> District employee | <input type="checkbox"/> Community service agency (name) _____ |
| <input type="checkbox"/> School (name and office) _____ | <input type="checkbox"/> Friend or relative |
| <input type="checkbox"/> Web Advertisement _____ | <input type="checkbox"/> State employment office |
| <input type="checkbox"/> Metro Web Site | <input type="checkbox"/> Other (please specify) _____ |

Race and Ethnic Identification: (If you are of mixed racial/ethnic background, choose the category with which you most closely identify yourself)
___ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

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

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

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

___ **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.

___ **American Indian 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.

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

Please indicate if the following definition applies to you:

___ Disabled individual: A person who (1) has a physical or mental impairment which substantially limits one or more of such person's life activities, (2) has record of such impairment, or (3) is regarded as having such an impairment.

What is the nature of the disability: ___ Visual ___ Physical ___ Hearing ___ Speech ___ Developmental

Other (please explain): _____

Do you require special testing arrangements because of a physical impairment? Yes No If yes, call (831) 423-5582



POSITION APPLIED FOR: _____

AUTHORIZATION TO RELEASE INFORMATION

I respectfully request and authorize you to provide the Santa Cruz Metropolitan Transit District with any and all information requested. This information will be used to assist in the assessment of my qualifications, fitness and other characteristics for employment with METRO. I understand that such information may include employment history, performance evaluations, disciplinary actions and appeals, medical records, and other confidential information. I further understand that such information obtained by METRO under this release will not be made available to me.

A copy of this release shall be valid since METRO holds the original authorization document.

I hereby release you, your organization and others from any liability or damage which may result from furnishing the Santa Cruz Metropolitan Transit District with requested information.

Signature

Date

Print Your Name

Social Security No.



CONVICTION STATEMENT

Have you ever been convicted by any court of an offense?

Yes

No

I certify that this answer is true, complete and correct to the best of my knowledge and belief, and is made in good faith. I understand and agree misstatements/omissions of material fact will cause disqualification and forfeiture of my rights to employment.

Print Name

Signature

Date

List all convictions on a separate sheet of paper. You may omit:

- a. Traffic convictions for which the total fine and fees imposed were \$100 or less;
- b. any offense committed prior to your 18th birthday which was finally adjudicated in juvenile court or under a youth offender law; and
- c. any incident that has been sealed.

Conviction is not necessarily a bar to employment. Each case is given individual consideration based on factors such as job-relatedness of the offense, age of the offense, mitigating circumstances, and other relevant factors. Those applicants who do not submit their complete criminal conviction records on a separate sheet of paper(s) with the date(s) of violation(s), violation code number(s), conviction date(s), and sentence along with the completed application form, will be disqualified and forfeit employment. DMV records for the past ten years will be checked and fingerprints will be processed through the State of California Department of Justice, Bureau of Criminal Identification and Information.



COMMERCIAL DRIVING STATEMENT

Position applying for: _____

In accordance with California Vehicle Code Section 15230, I am required and have provided the Santa Cruz Metropolitan Transit District with the following information for the past 10 years:

The names and addresses of my previous employers for which I drove a commercial motor vehicle, including the dates I was employed by each employer and the reason I left each employer.

Failure to provide the above information at the time of application will cause forfeiture of my rights to employment.

Print Name

Signature

Date



DEPARTMENT OF MOTOR VEHICLES H-6 REPORT NOTIFICATION AND RELEASE

As part of its employment application process, the Santa Cruz Metropolitan Transit District (SCMTD) requires an H-6 driving record report which can be obtained from the Department of Motor Vehicles (DMV). This report is the only report currently available from the DMV that provides the driving record history, which is required by the SCMTD for all positions requiring a drivers license. However, this report also contains information, which the SCMTD does not use for hiring purposes including, but not limited to: physical and mental restrictions, legal history, and participation in DMV surveys.

Before providing the H-6 report to the SCMTD you may score through or black out the information listed above or any information not required for hiring purposes.

I, _____ understand that some of the information contained in the DMV H-6 report is not required by SCMTD to determine eligibility for hire and I have been given the opportunity to score through or black out that information. If I have not scored through or blacked out this information I waive my right to do so. I also understand that the only relevant information to determine eligibility for the position to which I am applying from the H-6 report will be my driving record.

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION FROM PREVIOUS EMPLOYER CONTINUED

TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Did the applicant listed above drive a motor vehicle for your company? Yes _____ No _____

If yes please specify type(s) of vehicle:

Straight Truck _____ Cargo Tank _____
Tractor-Semi Trailer _____ Doubles/Triples _____
Bus _____ Other (specify) _____

Did the employee have a safety performance history or accidents to report? Yes _____ No _____

If you responded "No" please sign and date the form and return it to the address listed above. If you responded "Yes" please complete the additional questions listed below before returning the signed form.

ACCIDENTS:

Please list any accidents included on your accident register (49 CFR part 390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Date	Location	# of Injuries	# of Fatalities	Hazmat Spill

Please provide information regarding any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies:

Completed by:
Print Name: _____

Date: _____

Signature: _____

Title: _____

