

# SANTA CRUZ METROPOLITAN TRANSIT DISTRICT

## INFORMATION REGARDING APPLICATION • EXAMINATION • SELECTION

### APPLICATION

#### APPLICATION PROCESSING

Santa Cruz Metropolitan Transit District (METRO) accepts completed 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 METRO 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 METRO. 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 METRO 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) 420-2542; or email:**

**[mdelfin@scmted.com](mailto:mdelfin@scmted.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, the eligibility list 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, proof of employment eligibility and drug testing.

Santa Cruz METRO is an Equal Opportunity Employer





**SANTA CRUZ METROPOLITAN TRANSIT  
DISTRICT**

Human Resources Department  
110 Vernon Street  
Santa Cruz, California 95060  
(831) 423-5582

**EMPLOYMENT APPLICATION**

**ANSWER ALL QUESTIONS. USE INK OR TYPEWRITER  
A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH POSITION APPLIED FOR**

TITLE OF POSITION \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_  
(STREET AND NUMBER) (CITY) (STATE) (ZIP)

MAILING ADDRESS IF DIFFERENT THAN ABOVE \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ BUSINESS OR MESSAGE TELEPHONE ( ) \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_ CLASS \_\_\_\_\_ STATE \_\_\_\_\_ EMAIL \_\_\_\_\_

Do you have immediate family members employed by the District? YES NO Name \_\_\_\_\_

Who should be notified in case of emergency? Name \_\_\_\_\_ Phone \_\_\_\_\_

Other names employed under if different than above \_\_\_\_\_ Dates \_\_\_\_\_

Have you ever been employed by the District? YES NO Title \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Languages other than English in which you are proficient: Reading \_\_\_\_\_ Writing \_\_\_\_\_ Speaking \_\_\_\_\_

**EDUCATION AND TRAINING**

Check appropriate box if you possess one of the following: High School Diploma G.E.D. Certificate

Name and Location of Colleges/Universities Attended	Course of Study/Major	Units Completed		Type	Completed
		Semester	Quarter	Degree	
A)					
B)					
C)					
D)					
Other Schools/Training Completed	Courses Studied	Hours Completed		Certificate Awarded	
E)					
F)					
Professional License or Certificate or Other Credential, If Required for This Position	Description	Number	By Whom Issued		Expiration Date

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION (MINORITY, FEMALE, DISABLED, VETERAN) EMPLOYER

**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, related to the position for which you are applying.

BUSINESS OR AGENCY NAME AND ADDRESS _____ _____ _____ PHONE: _____ SUPERVISOR'S NAME: _____ SUPERVISOR'S TITLE: _____	DATES EMPLOYED: FROM: _____ TO: _____ TOTAL: _____ YRS/MO HOURS: _____ PER WEEK FINAL SALARY: \$ _____ HOURLY 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: _____ YRS/MO HOURS: _____ PER WEEK FINAL SALARY: \$ _____ HOURLY 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: _____ YRS/MO HOURS: _____ PER WEEK FINAL SALARY: \$ _____ HOURLY 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: _____ YRS/MO HOURS: _____ PER WEEK FINAL SALARY: \$ _____ HOURLY 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. **UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE



## EQUAL 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?

Recruitment flyer on a District bulletin board (location) \_\_\_\_\_

Recruitment flyer on a non-District bulletin board (location) \_\_\_\_\_

Telephone inquiry \_\_\_\_\_

Newspaper (name) \_\_\_\_\_

District employee \_\_\_\_\_

Community service agency (name) \_\_\_\_\_

School (name and office) \_\_\_\_\_

Friend or relative \_\_\_\_\_

Web Advertisement \_\_\_\_\_

State employment office \_\_\_\_\_

Metro Website \_\_\_\_\_

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 Phillipine 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 limits one or more of such person's life activities, (2) has a 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, x.143



**POSITION APPLIED FOR:** \_\_\_\_\_

## **AUTHORIZATION TO RELEASE INFORMATION**

I respectfully request and authorize you to provide the Santa Cruz Metropolitan Transit District (METRO) 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 METRO with requested information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Social Security No.

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# DEPARTMENT OF MOTOR VEHICLES

## H-6 REPORT NOTIFICATION AND RELEASE

As part of its employment application process, the Santa Cruz Metropolitan Transit District (METRO) 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 METRO for all positions requiring a drivers license. However, this report also contains information, which the METRO 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 METRO, 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 METRO 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

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## **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

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