



# EMPLOYMENT APPLICATION FORM

Thank you for your interest in working with YoloTD. The application must be fully completed to be considered.

POSITION DESIRED: \_\_\_\_\_ DATE: \_\_\_\_\_

## CONTACT INFORMATION

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

Are you legally authorized to work in the United States?  No  Yes

Within the past 10 years, have you experienced termination, resignation under duress, or probationary period rejection from any job? If yes, please provide the employer's name, the reason for the separation, and employment dates. Keep in mind that a 'yes' response doesn't automatically disqualify you; each situation is reviewed based on job relevance.  No  Yes, please explain: \_\_\_\_\_

Are you fluent in any other language other than English?  No  Yes, please specify: \_\_\_\_\_

Have you previously been employed by the Yolo County Transportation District? If yes, please provide when last employed by the District and in what capacity.  No  Yes \_\_\_\_\_

EDUCATION	NAME & LOCATION OF SCHOOL	# YRS ATTENDED	DEGREE RECEIVED	SUBJECTS STUDIED/MAJOR
High School				
College or University				
Trade, Business, or Correspondence School				

Do you have any relevant certificates, licenses, training, or courses? If so, please list below:



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## EMPLOYMENT HISTORY

Include your last seven (7) years of employment history, starting with the most recent and working backward in time. Please attach additional pages if needed. *Incomplete information could disqualify you from future consideration.*

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ # of Employees Supervised: \_\_\_\_\_

Summarize work performed and responsibilities:

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ # of Employees Supervised: \_\_\_\_\_

Summarize work performed and responsibilities:

Employer: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Position Held: \_\_\_\_\_ # of Employees Supervised: \_\_\_\_\_

Summarize work performed and responsibilities:



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## EQUAL EMPLOYMENT OPPORTUNITY

Yolo County Transportation District (YoloTD) is committed to equal employment opportunity for all employees and applicants. We prohibit discrimination based upon race, color, religion, marital status, age, national origin, physical or mental disability, medical condition, pregnancy, genetic information, gender, sexual orientation, gender identity or expression, veteran status, or any other actual or perceived status protected under federal, state, or local law. Employment decisions are based on individual qualifications and performance.

## DIVERSITY, EQUITY, AND INCLUSION

One of the many YoloTD goals is to pursue organizational excellence through diversity, equity, inclusivity, leadership, and professionalism. We recognize the strengths of staff creativity, innovation, problem-solving, and improved decision-making resulting from diverse perspectives, and we strive to be a culturally diverse organization that values, recognizes, and supports inclusion.

## CONVICTION HISTORY

A condition of employment for all YoloTD positions includes successfully passing a Department of Justice Live Scan fingerprint check and completing of the federal Employment Eligibility Verification Form I-9. Additionally, in compliance with federal law, YoloTD participates in E-Verify.

## DISASTER SERVICE WORKER

All YoloTD employees are designated Disaster Service Workers through state and local law. As such, YoloTD employees may be called upon to support the activities of YoloTD during an emergency.

## PLEASE READ CAREFULLY BEFORE SIGNING

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for YoloTD to hire me. If I am hired, I understand that either YoloTD or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of YoloTD has the authority to make any assurance to the contrary.

I attest with my signature below that I have given YoloTD true and complete information on this application. No requested information has been concealed. I authorize YoloTD to contact references provided for employment reference checks. If any information I have provided is untrue, or I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this application form along with any additional materials to [jobs@yctd.org](mailto:jobs@yctd.org). Applications may also be submitted in-person or by mail to 350 Industrial Way, Woodland, CA 95776. If you have any questions regarding the recruitment, please contact Human Resources at (530) 661-0816 or [jobs@yctd.org](mailto:jobs@yctd.org).



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## OPTIONAL QUESTIONS

Where did you first learn of this opportunity?

- Yobus or YoloTD Website
- Indeed
- Social Media
- Other \_\_\_\_\_
- Current YoloTD Employee
- LinkedIn
- Professional Association

Please select one option as to the gender with which you identify:

- Female
- Non-Binary
- Male
- Decline to State

Race/Ethnic Background: Please select one option to the race or ethnic background to which you identify:

- Asian
- Hispanic or Latinx
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Black or African American
- Native American or Alaskan Native
- Two or More Races
- Decline to State

What is your age?

- Under 40
- 40 or Over
- Decline to State