



**Employment Application**

Bay Aging is an equal opportunity employer. Bay Aging complies with applicable Federal and state laws prohibiting discrimination on the basis of age, physical handicap, race, color, sex, religion or national origin.

PLEASE COMPLETE ALL QUESTIONS USING INK OR TYPEWRITER

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

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

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

\_\_\_\_\_

\_\_\_\_\_

Are you 18 years of age or older? Yes\_\_ No\_\_

Home Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

References: (list names, addresses, and phone numbers of three persons not related to you)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education: (list school name, address, grade completed, specialty/major, degree)

\_\_\_\_\_  
\_\_\_\_\_

Additional Skills: \_\_\_\_\_



Do you currently have a valid driver's license? YES NO.

**A current DMV record will be required prior to being hired.**

Based on stated requirements of the position, are you capable of performing the essential functions of this position, with or without reasonable accommodation? YES NO.

Have you ever worked for this Agency before under your current name or another name, and if so when and why did you leave? \_\_\_\_\_

Have you ever been dismissed, forced to resign or resigned to avoid dismissal from a job?

Yes \_\_\_\_\_ or No \_\_\_\_\_

**For Bay Transit Applicants only:**

Have you ever tested positive on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Yes \_\_\_\_\_ No \_\_\_\_\_



**EMPLOYMENT RECORD (LIST MOST RECENT EMPLOYMENT FIRST):**

MAY WE CONTACT YOUR PRESENT EMPLOYER/SUPERVISOR? YES or NO

EMPLOYING FIRM (INCLUDE ADDRESS, PHONE # and DATES OF EMPLOYMENT)

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Immediate Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties and Position held: \_\_\_\_\_

EMPLOYING FIRM (INCLUDE ADDRESS, PHONE # and DATES OF EMPLOYMENT)

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Immediate Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties and Position held: \_\_\_\_\_

EMPLOYING FIRM (INCLUDE ADDRESS, PHONE # and DATES OF EMPLOYMENT)

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Immediate Supervisor: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties and Position held: \_\_\_\_\_

**CERTIFICATION:**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment with this agency. I understand that all information on this application is subject to verification. I also consent to references and former employers and educational institutions listed being contacted regarding this application.

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_