



**To Applicants for the CUSTOMER SERVICE AND MARKETING ASSOCIATE position:**

As an EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER, Eastern Contra Costa Transit Authority (ECCTA) does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex disability, veteran status, genetic condition, or any other basis prohibited by applicable law. To effectively compete for employment, all applicants must be qualified and capable of performing the essential functions of the position with or without reasonable accommodation.

EASTERN CONTRA COSTA TRANSIT AUTHORITY provides public transit service in the 225 square mile area of eastern Contra Costa County including the cities of Antioch, Brentwood, Oakley, and Pittsburg. It is ECCTA's policy to select the applicant best suited to the open position. The applicant's suitability will be determined based on factors such as, but not limited to, his or her knowledge, skills, abilities, experience, job history and stability, test results (if applicable), references, and employment interviews.

**General Information:**

- Starting salary: \$40,223 through 85,618 DOQ
- 11 paid holidays per year.
- Paid Time Off: progressive based on years of service.
- Medical, dental, long term disability, life insurance, vision and retirement benefits with premiums paid by ECCTA.
- Probationary period: 6 months.

Thank you for considering a professional career with Eastern Contra Costa Transit Authority.

I was referred to the position of CUSTOMER SERVICE and MARKETING ASSOCIATE

by \_\_\_\_\_  
(Name of ECCTA employee who referred you to this position)



EASTERN CONTRA COSTA TRANSIT AUTHORITY  
801 Wilbur Avenue  
Antioch, CA 94509  
925-754-6622  
925-757-2530 Fax

## EMPLOYMENT APPLICATION

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Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Street) (City) (State/Zip)

Address for the past five years:	
Address:	How Long?
Address:	How Long?
Address:	How Long?

Are you 18 years old or older? Yes ☐ No ☐

Can you, after employment, submit verification of your legal right to work in the United States? Yes ☐ No ☐

Are you able to perform the functions of the job for which you are applying, either with or without reasonable accommodation? Yes ☐ No ☐

If no, describe the functions that cannot be performed: \_\_\_\_\_

\_\_\_\_\_  
(Note: ECCTA complies with all applicable laws regarding disabilities and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests).

In case of emergency, we should contact:	Name: _____
	Phone: _____ (Area Code)
Address: _____	
(Number) (Street) (City) (State)	

**Work Experience**  
(most recent experience first)

<b>1</b>	<b>CURRENT EMPLOYER AND SUPERVISOR</b>	<b>RESPONSIBILITIES AND DUTIES</b>	<b>DATE OF EMPLOYMENT</b>
	COMPANY NAME		STARTING
	ADDRESS		
	CITY, STATE, ZIP		ENDING
	NAME OF SUPERVISOR		
	TITLE OF SUPERVISOR		REASON FOR LEAVING
PHONE NUMBER:			
<b>2</b>	<b>CURRENT EMPLOYER AND SUPERVISOR</b>	<b>RESPONSIBILITIES AND DUTIES</b>	<b>DATE OF EMPLOYMENT</b>
	COMPANY NAME		STARTING
	ADDRESS		
	CITY, STATE, ZIP		ENDING
	NAME OF SUPERVISOR		
	TITLE OF SUPERVISOR		REASON FOR LEAVING
PHONE NUMBER:			
<b>3</b>	<b>CURRENT EMPLOYER AND SUPERVISOR</b>	<b>RESPONSIBILITIES AND DUTIES</b>	<b>DATE OF EMPLOYMENT</b>
	COMPANY NAME		STARTING
	ADDRESS		
	CITY, STATE, ZIP		ENDING
	NAME OF SUPERVISOR		
	TITLE OF SUPERVISOR		REASON FOR LEAVING
PHONE NUMBER:			
<b>4</b>	<b>CURRENT EMPLOYER AND SUPERVISOR</b>	<b>RESPONSIBILITIES AND DUTIES</b>	<b>DATE OF EMPLOYMENT</b>
	COMPANY NAME		STARTING
	ADDRESS		
	CITY, STATE, ZIP		ENDING
	NAME OF SUPERVISOR		
	TITLE OF SUPERVISOR		REASON FOR LEAVING
PHONE NUMBER:			

May we contact the employers listed above? Yes ☐ No ☐  
 If no, indicate by numbers which one(s) you do not wish us to contact: \_\_\_\_\_

**COLLEGE/UNIVERSITY  
RECORD OF EDUCATION**

	NUMBER OF YEARS ATTENDED	GRADUATED YES NO	TYPE OF DEGREE
High School	_____	_____	
College / University	_____	_____	
Other Schools	_____	_____	

Have you ever belonged to a club, organization, society, or professional group which has a direct bearing on your qualification for the job which you are seeking? If so, please explain:

**MILITARY SERVICE RECORD**

Have you ever been a member of the armed forces of the United States? Yes ☐ No ☐  
If yes, did you develop any special skills or abilities which directly relate to the job for which you are applying? If so, please explain:

**Initials** \_\_\_\_\_ I understand that nothing in this application or any interview that may be conducted is intended to create an employment contract between ECCTA and me, nor does it provide me with any entitlement to employment-related benefits from ECCTA.

**Initials** \_\_\_\_\_ I agree to undergo a physical examination if required, and fully understand that employment is contingent upon meeting ECCTA's physical requirements.

**Initials** \_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for the rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

**Initials** \_\_\_\_\_ I hereby authorize ECCTA to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment. I further authorize the prior employers listed here to disclose to ECCTA any and all letters, reports, and other information related to my work records without giving me prior notice of such disclosure. In addition, I hereby release ECCTA, my former employers and all other persons, corporations, partnerships and associates from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**