APPLICATION FOR EMPLOYMENT

| Part | Full-Time Position(s) applied for Part-Time Summer | | | | |
|--|---|--|--|--|--|
| Salary Expectations When would you be available for work? | | | | | |
| INSTRUCTIONS: Please print in ink or type all answers. | | | | | |
| | | PERSONAL DATA | | | |
| 1. Name | (Last) | (First) | (Middl | e) | |
| 2. Current Address | Street and number, or RFD | | | <u></u> | |
| 3. Permanent Address | | City | State | Zip | |
| | Street and number, or RFD | City | State | Zip | |
| 4. Social Security No. | | - | | | |
| 5. Telephone No. (| . Telephone No. () E-Mail Address | | | | |
| | convicted of a felony? Yes [No A conviction will | | | | |
| 7. Has your driver's li | cense been revoked or suspend | ed in the last five years? _ | yesno If yes, | please explain: | |
| 9. For purposes of co United States? Yes [certification verifying | mpliance with The Immigration No Under the Immigration that you are eligible to be empleffect should you be employed | on Reform and Control A gration Reform and Control bloyed and verifying your | ct, are you legally eligible ol Act of 1986, you will | e for employment in the be required to fill out | |
| | , , | ATION AND TRAINING | T | | |
| 10. Elementary High School College Post Graduate | No. Years Comp | leted Did Yo | ou Graduate? | | |
| 11. List any special tra | aining (vocational schools, sho | rt courses, workshops, etc. |) | | |
| 12. If the job announc | ement requires completion of s | pecific courses or training | , indicate that which you h | nave completed. | |
| 13. If the job announc | ement requires the operation of | specific machinery or spe | ecial skills, list those at wh | ich you are competent. | |

EMPLOYMENT RECORD

Please begin with your present or most recent employer and continue for the past fifteen years.

You may attach additional sheets if necessary.

| 14. | Dates employed | | 16. | Dates employed | |
|-----|--|----------------------------|---------|------------------------------|-------------------------|
| | Position held | | | Position held | |
| | Starting salary (monthly) | Final salary | | Starting salary | Final Salary(monthly) |
| | (monthly) | (monthly) | | (monthly) | (monthly) |
| | Name and address of employer | | | Name and address of employer | |
| | Immediate Supervisor | | | | |
| | Title | | | Title | |
| | Telephone Number | | | Telephone Number | |
| | E-Mail Address | | | E-Mail Address | |
| | Description of Duties | | | Description of Duties_ | |
| | | | | | |
| | Reason for Leaving | | | Reason for Leaving | |
| 15. | Dates employed | | 17. | Dates employed | |
| | Position held | | | Position held | Einel Colomy |
| | Position held Starting salary (monthly) I | Final salary | | Starting salary | Final Salary |
| | (monthly) | (monthly) | | (monthly) | Final Salary (monthly) |
| | Name and address of employer | | | Name and address of en | mployer |
| | Immediate Supervisor | | | | |
| | Title | | | Title | |
| | Telephone Number | | | Telephone Number | |
| | E-Mail Address | | | E-Mail Address | |
| | Description of Duties | | | Description of Duties_ | |
| | | | | | |
| | | | | | |
| | Reason for Leaving | | | | |
| 18. | May inquiry be made of your pre- | sent employer regarding y | our cha | racter, qualifications and | d record of employment? |
| | Yes No No | | | | |
| 19. | May inquiry be made of your pas | t employer(s) regarding yo | our cha | racter, qualifications and | I record of employment? |
| | Yes No | | | | |
| • | | | | | |
| | REFERENCES | | | | |
| | Name | Address | | | Telephone Number |
| | | | | | |
| | | | | | |
| | - | | | | |

CERTIFICATION OF APPLICANT Read carefully.

| I HEREBY CERTIFY that this application contains no misrepresentations or falsifications is true and complete to the best of my knowledge and belief. I am aware that should an such misrepresentation or falsification, my application will be rejected and I will be dismit further authorize RTA to make all necessary and appropriate investigations to verify the RTA permission to contact either in writing or verbatim the references noted herein and/on | investigation at any time disclose any ssed from my employment with RTA. information contained herein and give |
|--|--|
| Signature | (Date) |
| AUTHORIZATION AND RELEASE | |
| Having made application for employment and desiring RTA to be informed as to my investigate my record and I further authorize the addressed individual, company or information which may concern my record, and do hereby release the addressed individual persons whomsoever from any damage on account of furnishing such information. | nstitution to furnish ECIA with any |
| Signature | |
| Witness | (Date) |
| Please do not write below this line | |
| Date Interviewed by Comment | S |
| | |
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SUPPLEMENTAL EQUAL EMPLOYMENT FORM

Your response to the following questions is voluntary and will in no way affect your opportunity for employment with RTA.

The purpose of these inquires is to assist us and those agencies involved in enforcing Equal Employment Laws in auditing our practices so that trends can become apparent in who is applying and who is actually hired.

| Today | 's Date: | | | | | |
|----------------------------------|---|------------------------------------|-------------------------------|--|--|--|
| PLEASE CHECK THE APPROPRIATE BOX | | | | | | |
| Age: | | Highest Level of Education: | | | | |
| | Under 18 | | 0-8 years | | | |
| | 18-45 | | 9-11 years | | | |
| | 46-55 | | 12 years | | | |
| | 56-65 | | Over 12 years | | | |
| | 66-70 | | | | | |
| | Over 70 | | | | | |
| Gender: | | How 1 | Did You Learn About This Job: | | | |
| | Female | | Job Service of Iowa | | | |
| | Male | | City Job Listing | | | |
| | | | Other City Department | | | |
| Ethnic Orgin: | | | City Employee | | | |
| | Black (African, Jamaican, Trinidadian or West | | Friend | | | |
| П | Indian descent) White (Indo-European, including Pakistani or East Indian descent) | | Newspaper | | | |
| | | | School | | | |
| | Asian (Japanese, Chinese, Polynesian or Korean descent) | | Relative | | | |
| | Spanish Surname (Mexican, Puerto Rican, Cuban, Latin American or Spanish descent) | | Other | | | |
| | American Indian (who identify themselves or are known as such by virtue of tribal association) | Disability: | | | | |
| | Others (includes Aleuts, Eskimos, Malayans, Thais and others not covered by specific categories on this form) | Physical Please describe: | | | | |
| | | | | | | |