



REGIONAL TRANSPORTATION COMMISSION

Metropolitan Planning • Public Transportation & Operations • Engineering & Construction

Metropolitan Planning Organization of Washoe County, Nevada

APPLICATION FOR EMPLOYMENT

■ Mailing Address: RTC Human Resources Department P.O. Box 30002 ■ Reno, Nevada 89520-3002

■ E-mail Address: jobs@rtcwashoe.com ■ Website: www.rtcwashoe.com

AN EQUAL OPPORTUNITY EMPLOYER

THIS APPLICATION MUST BE FILLED OUT COMPLETELY.

Position applied for: _____ Date _____

Name _____
Last First Middle

List any name(s) you were previously employed under: _____

Address _____
Street City State Zip Code

Home Telephone Number Message/Cell Phone E-mail Address

Are you seeking employment: Full Time Part Time Salary Desired: _____

Have you ever been terminated from employment or asked to resign by an employer? No Yes – If “Yes,” provide company name and details: _____

Have you previously been employed by the RTC? No Yes – If “Yes,” give date(s) and position(s): _____

Do you have any relatives who are or have been employed by RTC? No Yes – If “Yes,” give date(s), position(s) and name(s): _____

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

Can you legally work in the United States? No Yes (Proof of identity and eligibility will be required upon employment)

Are you over 18 years old? No Yes (If no, you may be required to provide authorization to work.)

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations? No Yes

(Conviction will not necessarily disqualify an applicant from employment. Each case will be evaluated on various factors, including but not limited to job relatedness and how recent the incident was.) **If “Yes”, attach and sign additional sheet giving date(s), location(s) and an explanation of the circumstance(s).**

EDUCATION

| | High School or G.E.D. | Business/Vocational/Technical Schools | College/University | Graduate/Professional Training |
|------------------------------------|--|--|--|--|
| School Name and Address | | | | |
| Graduated? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Degree(s) or Certificate(s) Earned | | | | |
| Major/ Course of Study | | | | |

List any certificates, licenses and registrations you possess that pertain to the position for which you are applying. You may include any specialized training, apprenticeship, on-the-job, or military training: (You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, sexual orientation or gender identity, veteran status or any other protected status.)

Summarize job-related knowledge, skills and abilities that qualify you for the position(s) applied for:

EMPLOYMENT EXPERIENCE

BEGIN WITH YOUR MOST RECENT JOB. LIST EACH JOB SEPARATELY AND INDICATE THE NUMBER OF HOURS PER WEEK THAT YOU WORKED. LIST ALL JOBS, AND ANY PERIOD OF UNEMPLOYMENT, IN THE LAST 10 YEARS, INCLUDING MILITARY SERVICE. LIST ANY JOBS YOU HELD MORE THAN 10 YEARS AGO WHICH RELATE TO THE JOB FOR WHICH YOU ARE APPLYING. ATTACH ADDITIONAL SHEETS IF NECESSARY. ANY REFERENCE TO A RESUME WILL NOT BE ACCEPTED.

Are you presently employed? YES NO If yes, may we contact your employer? YES NO

If presently employed, why are you considering leaving? _____

DATES AND EMPLOYMENT HISTORY

| | | | |
|--|-----------------------------------|-------------------|--------------|
| Name of Employer: | | Type of Business: | |
| Address: | | Phone: () | |
| Reason for Leaving: | Name of Supervisor: | | |
| Title of Position Held: | Employed From: _____ To: _____ | Hrs. Per Week: | Last Salary: |
| Please List Most Important Job Duties or Responsibilities Performed: | | | |
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PERSONAL REFERENCES

Give names, addresses, telephone numbers and e-mail addresses of three personal references who are not related to you.

| Name | Address | Telephone No. | E-mail Address |
|------|---------|---------------|----------------|
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The RTC will not be responsible for returning or copying any application after submission. You should retain a copy of this application for future use or reference.

APPLICANT'S STATEMENT

I certify that all statements made in this application are true and accurate, and I understand that any false statement in the application may cause forfeiture on my part of all rights to any employment with the RTC. I understand that any misrepresentation, falsification, or omission of requested information (whether or not I consider it material) may result in my failure to receive an offer, or if I have been hired, in my dismissal from employment regardless of length of employment.

Only offers of employment in writing from an appointing authority of the RTC constitute a valid offer of employment. I understand that my employment with the RTC is at-will, which means that my employment may be terminated with or without cause and/or with or without notice.

I further understand that to be considered for employment with the RTC, I must submit to a pre-employment drug test, reference check, and criminal history background check. I understand that additional information may be required of me. Any offer of employment I may receive will be conditioned upon my successful completion of the pre-employment drug test, reference check, and criminal background history check.

I authorize the previous employers and references listed in this application to give the RTC any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result from furnishing same to the RTC. I also authorize the release of any record of criminal history pertaining to me. I release the reporting criminal history repository and its employees from any damage of liability in furnishing said criminal history information to the RTC.

I understand that, if employed, I will be required to abide by all rules and regulations of the RTC.

Date: _____

Signature of Applicant: _____