



FOR OFFICE USE ONLY  
 Job # \_\_\_\_\_  
 Supplemental Questionnaire  
 Needed  Yes  No

**YUMA COUNTY INTERGOVERNMENTAL PUBLIC TRANSPORTATION AUTHORITY**  
**Human Resources Department**  
**2715 East 14<sup>th</sup> Street, Yuma, Arizona 85365**  
**(928) 539-7076, ext 237: (928) 783-0309 (TDD) 711**  
**JOB APPLICATION**

Yuma County Intergovernmental Public Transportation Authority (YCIPTA) is an **Equal Opportunity Employer** and encourages all qualified individuals to apply for open positions.

Please answer all questions completely and accurately. Incorrect or false statements and omissions of facts may be cause for rejection or dismissal.

If any item does not apply to you, write "NA" for Not Applicable. Note, for completing "Employment History": Fill in all spaces accurately and completely. Include all related work experience, including volunteer and military. All new YCIPTA employees are required to produce documentation verifying their eligibility for employment in the United States at the time they are hired pursuant to Federal Law.

Position Applied For: \_\_\_\_\_

Date you're available to work: \_\_\_\_\_

I will Accept:  Regular Full-time     Temporary Full-time     Volunteer Full-time  
 Regular Part-time     Temporary Part-time     Volunteer Part-Time

**Veterans Points**

DD2-14 must be provided to receive preference points.	<b>Yes</b>	<b>No</b>	<b>N/A</b>
a) Were you Honorably discharged, following more than 180 days active U.S. Military Service?			
b) Were you Honorably discharged, have a service -connected disability and are receiving disability benefits under Federal Laws?			
c) Are you a spouse of a qualified veteran who has a service-connected disability? Or, are you a surviving spouse of a qualified veteran who died of a service-connected disability?			

**Applicant Information – Section A**

**Type or Print Clearly**

Name: \_\_\_\_\_  
Last First M.I.

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

Mailing Address: \_\_\_\_\_  
Street Name & Number  
 \_\_\_\_\_  
City State Zip Code

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Other: \_\_\_\_\_

Can you provide verification of your eligibility to work in the United States?    \_\_\_ Yes    \_\_\_ No  
 Do you possess a valid Driver's License?    \_\_\_ Yes    \_\_\_ No

Driver's License Number: #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

## Applicant Information – Section A cont.

### History

Are you currently, or have you ever been employed by YCIPTA? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide dates employed: \_\_\_\_\_

Do you have any relatives employed by YCIPTA? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give name, relationship and position title: \_\_\_\_\_

## Education – Section B

### Type or Print Clearly

Do you have a High School Diploma or G.E.D. Certificate? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of School: \_\_\_\_\_ City, State: \_\_\_\_\_

List below all post high school course work, special training or seminars that you have taken that are related to the requirements of this position. If your training resulted in a degree, you need only list the major and type of degree earned. If you attended under a different name, please indicate.

Name of School, College, Vocational School or Institute	City	State	Title of Course or Major	Degree	Type	Certificates, Units, or Hours
				Y / N		
				Y / N		
				Y / N		

Professional License or Certificate or other credential, if required for this position:

Description	Number	Issued By	Expiration Date	Verified By

### If applying for positions with bilingual (English/Spanish) preference, please answer the following:

Are you proficient in the Spanish Language? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Speak: \_\_\_\_\_ Yes \_\_\_\_\_ No                      Read: \_\_\_\_\_ Yes \_\_\_\_\_ No

Write: \_\_\_\_\_ Yes \_\_\_\_\_ No                              Translate \_\_\_\_\_ Yes \_\_\_\_\_ No

Please check all areas in which you are proficient:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Corel Word Perfect | <input type="checkbox"/> Adobe Acrobat Reader          | <input type="checkbox"/> TDD                  |
| <input type="checkbox"/> Corel Quattro Pro  | <input type="checkbox"/> Internet                      | <input type="checkbox"/> Multi-line Phones    |
| <input type="checkbox"/> Microsoft Word     | <input type="checkbox"/> Typing, speed: _____          | <input type="checkbox"/> Mail Postage Machine |
| <input type="checkbox"/> Microsoft Excel    | <input type="checkbox"/> 10-key by touch, speed: _____ | <input type="checkbox"/> Shorthand            |
| <input type="checkbox"/> Microsoft Office   | <input type="checkbox"/> Copiers                       | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Microsoft Access   | <input type="checkbox"/> Fax                           | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> GroupWise          | <input type="checkbox"/> Calculator                    |   |



**Employment Record cont. – Section C**

Type of Print Clearly

Employed From:      /      /      To:      /      /       
MM DD YY MM DD YY

Title of your position: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

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

Name and Title of Supervisor: \_\_\_\_\_

Number of employees supervised (if any): \_\_\_\_\_ Hours per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact employer?  Yes  No If no, please explain: \_\_\_\_\_

Duties of your position ( **DO NOT STATE “SEE RESUME”**):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employed From:      /      /      To:      /      /       
MM DD YY MM DD YY

Title of your position: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

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

Name and Title of Supervisor: \_\_\_\_\_

Number of employees supervised (if any): \_\_\_\_\_ Hours per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact employer?  Yes  No If no, please explain: \_\_\_\_\_

Duties of your position ( **DO NOT STATE “SEE RESUME”**):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment Record – Section C

Type of Print Clearly

Employed From:      /      /      To:      /      /       
MM DD YY MM DD YY

Title of your position: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

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

Name and Title of Supervisor: \_\_\_\_\_

Number of employees supervised (if any): \_\_\_\_\_ Hours per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact employer?  Yes  No If no, please explain: \_\_\_\_\_

Duties of your position ( **DO NOT STATE “SEE RESUME”**):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employed From:      /      /      To:      /      /       
MM DD YY MM DD YY

Title of your position: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

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

Name and Title of Supervisor: \_\_\_\_\_

Number of employees supervised (if any): \_\_\_\_\_ Hours per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact employer?  Yes  No If no, please explain: \_\_\_\_\_

Duties of your position ( **DO NOT STATE “SEE RESUME”**):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION D: CERTIFICATE OF APPLICANT**

**READ CAREFULLY BEFORE SIGNING**

I, hereby, certify that the facts contained in this application are true, accurate and complete. I understand that any omissions or falsified statements on this application may be cause for disqualification for employment with Yuma County Intergovernmental Public Transportation Authority or my dismissal. I, hereby, authorize Yuma County Intergovernmental Public Transportation Authority to verify the accuracy of all statements contained in this application, resume, and/or supplemental, and employers listed. I also authorize the employers listed to provide Yuma County Intergovernmental Public Transportation Authority with all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damages that may result from furnishing such information.

**“I further understand that, if employed in a grant funded position, my continued employment is contingent upon availability of funds and my position will be abolished when the grant expires unless alternate funding is secured.”**

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date

HUMAN RESOURCES DEPARTMENT  
USE ONLY  
DO NOT WRITE IN THIS SPACE

MEETS MINIMUM QUAL.

YES

NO

INCOMPLETE APPLICATION

LACKS EXPERIENCE

LACKS EDUC./CERT.

RECEIVED LATE

ANALYST INITIAL \_\_\_\_\_

DATE

How did you learn about this position?

- A.  State Employment Office
- B.  YCIPTA Employee
- C.  Bulletin Board
- D.  Newspaper
- E.  YCIPTA Website
- F.  Internet
- G.  Radio
- H.  Other

**TO BE COMPLETED VOLUNTARILY BY APPLICANT**

**YUMA COUNTY INTERGOVERNMENTAL PUBLIC TRANSPORTATION AUTHORITY  
HUMAN RESOURCES DEPARTMENT**

**Please complete this information for statistical purposes. It will be detached from the application, and will not be used to make employment decisions.**

**Position Applied for:** \_\_\_\_\_

Sex:  Female  Male      Age Group:  Under 40  Over 40

**Ethnic Category (Check One):**

1.  White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, the Middle East, or the Indian subcontinent.
2.  Black (not of Hispanic origin): All persons having origins in any of the black racial groups.
3.  Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
4.  Asian or Pacific Islanders: All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
5.  American Indian or Alaska Native: All persons having origins in any of the original peoples of North America.

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