

INTRODUCTION

TOCONIS PERSONNEL SERVICES, INC. adheres to applicable federal, state, and local laws and regulations relating to the hiring of qualified persons. TOCONIS PERSONNEL SERVICES, INC. is an equal opportunity employer and does not discriminate on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex or sexual orientation of any person. The Recruitment Office will make reasonable efforts to accommodate disabled applicants. If you have special needs, call our JOBS HOTLINE (209) 726-1936.

Your completed application, together with any supplementary materials specified in any job announcement, must be received by the Recruitment Office by the final filing date and time stated in job announcements. TOCONIS PERSONNEL SERVICES, INC. will not accept late applications or supplementary materials pertaining to job announcements regardless of postmark or whether materials were lost or delayed in the mail. Application materials must be delivered to the Recruitment Office by mail, in person, email, or by fax to 209-384-1588. Applicants will be notified of their status at the end of the recruitment process.

GENERAL INFORMATION

Facility, Maintenance, and Transportation Departments

The minimum requirements for a position in these departments are as follows:

- 1. You must be 21 years of age at the time you complete the employment application.
- You must have a good driving record. An <u>original</u> H-6 (seven (7) year DMV printout) must be attached to your application. TOCONIS PERSONNEL SERVICES, INC. does not accept copies and the printout must be less than 30 days old.
- 3. You must have reliable transportation.
- 4. You must have at least three (3) years automobile driving experience.
- 5. You must successfully complete a pre-employment evaluation, which includes an investigative consumer report (background check), medical examination, and a substance abuse screening.
- 6. All positions require that you read, write, speak, and understand English.
- 7. Mechanic applicants must complete a written and hands-on skills test.
- 8. Entry-level transit operators must be available to work varying shifts and hours, Monday through Sunday. Weekday operations may begin as early as 3:15 a.m. and end as late as 11:30 p.m.
- 9. Many of our Client Firm Maintenance departments operate seven (7) days a week. Most new employees generally begin on swing (2nd) or graveyard (3rd) shift and can expect to work Saturdays and Sundays.
- 10. In some of our Client Firms, you must be willing to join the representative Union, pay an initiation fee, and monthly union dues.

Administrative Positions

The minimum requirements for an administrative position are as follows:

- 1. You must possess the skill and necessary work experience for the position for which you are applying.
- 2. You must successfully complete a pre-employment evaluation, which includes an investigative consumer report (background check) and a substance abuse screening.
- 3. All positions require that you read, write, speak, and understand English.
- 4. You must have reliable transportation.

Many of TOCONIS PERSONNEL SERVICES, INC. Client Firms operate seven (7) days a week. Some administrative positions require Saturday, Sunday, and shift work.

Please include any required degree or certificate when you submit your application.

ACKNOWLEDGEMENT

My signature certifies that I meet the minimum requirements for the position for which I am applying. I fully understand that if I falsify or misrepresent meeting the minimum requirements of the position, I will be eliminated from the hiring process or terminated if hired.



AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

RECRUITING OFFICE 2505 'M' Street Merced, CA 95340 Job **HOTLINE**: (209) 726-1936 Phone: (209) 384-1555 Fax: (209) 384-1588 www.toconis.com

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING: DEPARTMENT USE ONLY						
Review the Minimum Qualifications on the job announcement. If a	applying for more than one position, a					
separate application is required for each position.	Accepted 🔲					
TOCONIS PERSONNEL SERVICES, INC. Recruiting Office must rece	Not Accepted					
with all supplementary materials specified on the job announceme date specified in the job announcement.	int, no later than 5:00 PM on the closing					
We cannot process incomplete, undated, or unsigned applications.	Neither can we be liable for materials					
lost or delayed in the U.S. Mail.		Initials: Date:				
FILL IN ALL ITEMS IN DARK INK OR TYPE.						
Title of Position:	Recruitment #:	Salary Requirement:				
PERSO	NAL INFORMATION					
Name:	First	Middle				
		Middle				
Address:						
Number and Street Name	City	State Zip				
Home Phone: ()	Work Phone: (_)				
Other Phone: ()	E-Mail:					
Driver's License Number						
1. Class: Number:	State:	Expiration Date:				
2. Class: Number:	State:	Expiration Date:				
RECRUITMENT RESEARCH (Please indicate beloew how you learned about the position)						
NEWSPAPER (name)	INTERNET WEBSITE					
JOB FAIR (where)						
COMMUNITY ORGANIZATION						
TRADE or PROFESSIONAL	ANNOUNCEMENT					
JOURNAL						
EMPLOYEE (name)	OTHER					
EMPLOYMENT INFORMATION						
If relocation becomes necessary for this position or addit	ional opportunities, are you intere	sted? Sted? Sted? Sted? Sted?				
If yes, please list locations of interest	/ /	,				
Please list your job search priorities,,,,,						
Have you ever been convicted of any crime OTHER THAN (1) a marijuana-related conviction that occurred more than two years						
ago; and (2) an offense for which you were referred to, and participated in, any pretrial or postrial diversion program? Yes No						
If yes: Please state the date of conviction, the county and state, and the nature of the offense.						
Note: An affirmative response to this question will not result in your automatic disqualification for employment.						
The Recruiting Office will make reasonable efforts in the examination process to accommodate disabled applicants. If you have special needs,						
call the HOTLINE at (209) 726-1936.						

EDUCATION, SKILLS, AND TRAINING							
Name of High School	City/State/Cou	ntry Grad	duate	-	lency Certification (GED)		
College or University	City and State	Major	Total Uni Semester	ts Earned Quarter	Degree(s)		
Other valid licenses and/or certific	atos you hold that rola	to to your qualification	s for this no	sition			
Certificate or License	Issuing State		on Number	5111011.	Expiration Date		
	*	-					
		EXPERIENCE					
 You must list the last ten (10) years of Resumés will not be accepted in place Complete all questions and respond to Describe different positions held with List your most recent experience first List relevant volunteer experience. 	of a completed application. all requirements listed in the the same employer in differen	e job announcement. ent blocks.	ten (10) years.				
Explain any gaps between employment							
Name of Current or Previous Emp	loyer:	Start Date	(MM/YY):	End Date (MM/YY):		
Employer's Address:		Supervisor	's Name	Supervisor'	's Title:		
		Weekly Ho	urs Worked:	Employer F	Phone Number:		
Job Title:		Reason Fo	r Leaving:	End Pay:			
Job Duties:							
Name of Previous Employer:		Start Date	(MM/YY):	End Date (MM/YY):		
Employer's Address:		Supervisor	's Name	Supervisor'	's Title:		
		Weekly Ho	urs Worked:	Employer F	Phone Number:		
Job Title:		Reason Fo	r Leaving:	End Pay:			
Job Duties:							
Name of Previous Employer:		Start Date	(MM/YY):	End Date (MM/YY):		
Employer's Address:		Supervisor	's Name	Supervisor'	's Title:		
		Weekly Ho	urs Worked:	Employer F	Phone Number:		
Job Title:		Reason Fo	r Leaving:	End Pay:			
Job Duties:		I		L			

Name of Previous Employer:	Start Date (MM/YY):	End Date (MM/YY):	
Employer's Address:	Supervisor's Name	Supervisor's Title:	
	Weekly Hours Worked:	Employer Phone Number:	
Job Title:	Reason For Leaving:	End Pay:	
Job Duties:			
Name of Previous Employer:	Start Date (MM/YY):	End Date (MM/YY):	
Name of Previous Employer: Employer's Address:	Start Date (MM/YY): Supervisor's Name	End Date (MM/YY): Supervisor's Title:	
	Supervisor's Name		
	Supervisor's Name	Supervisor's Title:	
Employer's Address:	Supervisor's Name Weekly Hours Worked:	Supervisor's Title: Employer Phone Number:	
Employer's Address: Job Title:	Supervisor's Name Weekly Hours Worked:	Supervisor's Title: Employer Phone Number:	

CERTIFICATE OF APPLICANT

I certify that all of the statements made on this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false or omitted information, which I may or may not give, may result in either denial of employment or termination, if hired. I authorize TOCONIS PERSONNEL SERVICES, INC. to investigate all statements on this application, including work references.

I understand that no TOCONIS PERSONNEL SERVICES, INC. representative has the authority to make any oral or written offer of employment other than the General Manager/CEO. Any offer of employment made will be written and signed by the General Manager/CEO and myself.

I acknowledge that employment is conditional upon successful completion of a drug screening test, a physical examination, and an Investigative Consumer Report (background check) as part of TOCONIS PERSONNEL SERVICES, INC. pre-employment policy.

I certify that I have read, understand, and agree to the above.

Applicant's signature:

Date:

It is TOCONIS PERSONNEL SERVICES, INC. policy, as a part of the selection process, to contact your former employers for employment-related reference information. If you refuse to authorize us to contact all but your present employer, you will be disqualified from consideration for the position. Employers will be contacted only if you have met all other qualifications and you are actually being considered for employment.

I HEREBY AUTHORIZE MY FORMER EMPLOYERS TO RELEASE EMPLOYMENT-RELATED INFORMATION TO TOCONIS PERSONNEL SERVICES, INC..

Applicant's signature: _____ Date: _____



Employment Questionnaire

Voluntary Self Identification Form

Position Title (Complete Title):

TOCONIS PERSONNEL SERVICES, INC. follows the Federal Government guideline to provide statistical information about applicants and employees to demonstrate that we meet equal employment opportunity requirements. This form is used to provide each applicant with an opportunity to furnish such information <u>voluntarily</u>. The form will be kept in a confidential file separate from the application for employment.

Applicants are considered for all positions without regard to race, color, religious creed, sex, sexual orientation, national origin, age, marital status, veteran status, medical condition, physical disability, or ancestry.

RACIAL/ETHNIC ORIGIN	SEX			
(Please check only one)	Male	🗌 Fema	le	
American Indian or Alaskan Native Persons descended from the original people of North, South, and Central America and who maintain cultural and who maintain cultural identification through tribal affiliation or	AGE GROUP Under 21 40-49	□ 21-29 □ 50-59		
community recognition. Black or African American (not of Hispanic origin) All persons having origins in any of the Black racial groups of	RECRUITMENT RESEARCH (Please indicate below how you learned about the position) Newspaper (include name) Job Fair (where)			
Africa. Asian All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent. This area includes, for example, China, Japan, Korea, the Philippine	Community Organiza		Trade or Professional Journal	
Islands, Cambodia, Malaysia, Thailand, and Vietnam.	Announcement Postir	ng	Employee (Name)	
	Internet (name of websi	te)	Television	
Includes all persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.	Radio		Walk In	
Caucasian or White	Other:			
Two or More Races:				

THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY AND WILL NOT HAVE ANY EFFECT UPON YOUR APPLICATION.