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**APPLICATION FOR EMPLOYMENT**

**Date:**

***PERSONAL INFORMATION***

**Name**

Last First M

**Phone**#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**

Street City State Zip

**Position Desired:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***EMPLOYMENT HISTORY: Circle Yes or No***

Have you ever applied here previously? Yes No

Have you ever worked here before? Yes No

Do any of your relatives work here? Yes No

If yes, give date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, give date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, give date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you employed now? Yes No If so, may we contact your present employer: Yes No Are you available to work (Circle if applicable) Full-time Part-time Temporary

If hired, when can you start work? \_\_\_\_\_\_\_\_\_\_\_\_

Have you been convicted of a felony? Yes No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been suspended or fired from any position? Yes No If yes, please explain below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EDUCATION**  **INFORMATION** | **SCHOOL NAME & LOCATION** | **YEARS**  **ATTENDED** | **GRADUATED**  **(YES/NO)** | **DEGREE**  **RECEIVED** |
| **HIGH SCHOOL** |  |  |  |  |
| **COLLEGE** |  |  |  |  |
| **OTHER** |  |  |  |  |

## OFFICE SKILLS

TYPING WPM PC Software Experience

## BUS DRIVER

DRIVERS LICENSE# STATE ISSUED \_

CLASS OF LICENSE \_ ENDORSEMENTS---------------- EXPIRATION DATE RESTRICTIONS ***GENERAL EDUCATION INFORMATION***

|  |
| --- |
| Subjects of Special Study/Research Work or Special Training/Skill |
|  |
|  |
|  |
| Military Service Rank |

***PRESENT* & *FORMER EMPLOYERS*** {List below the last four employers, staring with the last one first)

|  |  |  |  |
| --- | --- | --- | --- |
| MONTH/YR WORKED | NAME & ADDRESS OF EMPLOYER | LAST SALARY POSITION | REASON FOR LEAVING &  MANAGER NAME & NUMBER |
| From |  | Salary | Reason |
|  |
| To | Position | Manager/Phone # |
|  |
| From |  | Salary | Reason |
|  |
| To | Position | Manager/phone# |
|  |
| From |  | Salary | Reason |
|  |
| To | Position | Manager/Phone # |
|  |
| From |  | Salary | Reason |
|  |
| To | Position | Manager/Phone # |

COMMENTS: (Include explanation if any, in gaps of employment). If you need additional space, please continue a separate sheet of paper.

|  |
| --- |
|  |
|  |
|  |

May we contact the employers listed above: YES or NO (Please circle one)

If **NOT** indicated which one(s) you do not want us to contact" \_

# REFERENCES

Please give the names and information of three people NOT related to you, who you have known for at least one year.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I NAME II ADDRESS / PHONE # I | | | EMPLOYER/ TITLE | YEARS KNOWN |
|  |  |
|  |  |  | |
|  |  |  | |  |
|  |  |  | |
|  |  |  | |  |
|  |  |  | |

# AUTHOR/ZATION AND UNDERSTANDING

I certify that the information given in this application and related documentation is true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize the investigation of all statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws. Delta Area Transit Authority is an equal opportunity employer and complies with all laws prohibiting discrimination because of race, color, age, sex, national origin, religion, citizenship, disability, height, weight, and marital status.

SIGNATURE DATE

Interviewer: Date:

DO NOT WRITE BELOW THIS LINE \_

NEATNESS \_ CHARACTER \_ PERSONALITY \_ ABILITY KNOWLEDGE \_ COMMENTS \_ HIRED POSITION START DATE \_

Use this space to share any additional comments or information you believe would be helpful for us to consider while reviewing your application.