 APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PERSONAL INFORMATION***

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Position Desire:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Circle YES or NO**

Have you ever applied here previously? YES NO If yes, give date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever worked here before? YES NO If yes, give date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do any of your relatives work here? YES NO

Have you ever been suspended or fired from any position YES NO (If yes, give particulars) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| **EDUCATION**  **INFORMATION** | School Name  & Location | Major  Studied | Years Attended | Graduated  (Yes / No) | Degree, Diploma  or Certificate |
| High School |  |  |  |  |  |
| Technical Training |  |  |  |  |  |
| 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 # |
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| From |  | Salary | Reason |
|  |
| To | Position | Manager/Phone # |
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| From |  | Salary | Reason |
|  |
| To | Position | Manager/Phone # |
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COMMENTS: (Include explanation if any, in gaps of employment). If you need additional space please

Continue on a separate sheet of paper.

|  |
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|  |

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.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME | ADDRESS / PHONE # | EMPLOYER / TITLE | YEARS  KNOWN |
|  |  |  |  |
|  |  |  |
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***AUTHORIZATION 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 investigation of all statements contained herein and the references and employers listed above to give you any and 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 of time, 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 on the basis 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 PAGE FOR ANY OTHER COMMENTS OR STATEMENTS THAT YOU FEEL WOULD BE BENEFICAL FOR US TO KNOW, WHEN WE ARE REVIEWING YOUR APPLICATION.

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