



The Atlanta Peach Roll Pedal Tours

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Date of Birth: ____ / ____ / ____ AGE: _____

Date Available: _____ Phone _____ Desired Hourly Rate: \$ _____

Position Applied for: _____

EMAIL: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Past Employment & Driving References

Please list three professional references

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Driving Experience

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay Rate: \$ _____ Ending Pay Rate: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay Rate: \$ _____ Ending Pay Rate: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

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Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Pay Rate: \$ _____ Ending Pay Rate: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Accident Record – For the past three (3) years: (attach sheet if more space needed)

Date of Accident	Nature of Accidents (Head on, rear end, etc)	Location of Accident (City, State)	# of people injured/ # of Fatalities	Did you receive a ticket or citation?

Traffic Convictions – For the last three (3) years (not parking tickets)

DATE	LOCATION (City, State)	Charge	Penalty

Drivers License (List each drivers license held in the past three (3) years:

STATE	LICENSE Number	TYPE	ENDORSEMENTS	EXPIRATION DATE

Has your driver's license, permit, or privilege ever been suspended or revoked? ___ Yes ___ No

Have you ever been denied a license, permit, or privilege to operate a vehicle? ___ Yes ___ No

Give details to any questions above answered "yes": _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

