



PEACHTREE CITY
Cart Tours

TOUR GUIDE APPLICATION

PERSONAL INFORMATION

FULL NAME: _____ **DATE:** _____
First Middle Last

ADDRESS: _____
Street Address Apt/Suite

City State Zip Code

E-MAIL: _____ **PHONE:** _____

SOCIAL SECURITY NUMBER (SSN): ____ - ____ - ____

DATE AVAILABLE: _____

POSITION APPLIED FOR: _____

PLEASE LIST YOUR AVAILABILITY TO WORK, SPECIFICALLY WHAT DAYS AND TIMES YOU WOULD BE AVAILABLE TO BE PUT ON THE SCHEDULE.

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S? YES NO*

DO YOU HAVE A VALID GA DRIVERS LICENSE?

LICENSE NUMBER: _____

HOW MANY YEAR EXPERIENCE DRIVING DO YOU HAVE? _____

DO YOU HAVE A CLEAN DRIVING RECORD: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

***IF YES, PLEASE EXPLAIN:** _____

DO YOU OWN AN ELECTRIC GOLF CART THAT IS A 2015 OR NEWER AND IN GOOD CONDITION WITH SEATBELTS, CURRENT REGISTRATION WITH LIABILITY INSURANCE?

YES* NO

IF SO, HOW MANY SEATS DO YOU HAVE? _____

EDUCATION

HOW MANY YEARS OF EXPERIENCE DO YOU HAVE DRIVING THE MULTI-USE PATHS OF PEACHTREE CITY? _____

DO YOU KNOW ANY HISTORICAL FACTS ABOUT PEACHTREE CITY?

PREVIOUS EMPLOYMENT

EMPLOYER 1: _____

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____

Street Address

Apt/Suite

City

State

Zip Code

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER 2: _____

Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS: _____

Street Address

Apt/Suite

City

State

Zip Code

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

