

COUNTY OF LEBANON TRANSIT AUTHORITY

APPLICATION FOR EMPLOYMENT

For what position or positions are you applying? _____

APPLICANT INFORMATION

Date: _____ SSN: _____

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

How long have you lived at the above address? _____

If less than 3 years, what was your previous address? _____

Do you have the legal right to work in the United States? _____

Have you worked for this company before? _____ If so, when? _____

Reason for leaving? _____

Are you now employed? _____ If not, when were you last employed? _____

How did you hear about this position? _____

What is your expected rate of pay if employed here? _____

Have you ever been charged or convicted of a crime (felony or misdemeanor)? _____

Have you ever applied for Workers Compensation benefits? _____

PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job you have applied for? _____

Are you physically capable of heavy manual work? _____

Would you be willing to take a physical examination? _____

EDUCATION

High School: _____ City and State: _____

From _____ To _____ Did you graduate? _____

College: _____ City and State: _____

From _____ To _____ Did you graduate? _____ Degree: _____

Other Schooling: _____ City and State: _____

From: _____ To: _____ did you graduate? _____ Degree: _____

DRIVING RECORD

Driver's license number: _____

State: _____ Type (A, B, or C) _____

Special endorsements (passenger, air brake, haz-mat etc.)? _____

Have you ever held a license from another state? _____ If so, where? _____

Have you ever had a license, permit, or endorsement suspended or revoked? _____

Have you ever been denied a license, permit or privilege to operate a vehicle? _____

List any van or bus driving experience if applying for a driving position:

1. _____

2. _____

3. _____

List any traffic violations (other than parking tickets) for the past 3 years:

1. _____

2. _____

3. _____

4. _____

List any vehicle accidents during the past 3 years (attach sheet if more space is needed). Give the date, location, type (head-on, rear-end etc.) and if there were any injuries or fatalities:

1. _____

2. _____

3. _____

4. _____

PREVIOUS EMPLOYMENT

Company and address: _____

Dates: _____ Supervisor's name & phone: _____

Rate of pay: _____ Duties: _____

Reason for leaving: _____

Company and address: _____

Dates: _____ Supervisor's name & phone: _____

Rate of pay: _____ Duties: _____

Reason for leaving: _____

Company and address: _____

Dates: _____ Supervisor's name & phone: _____

Rate of pay: _____ Duties: _____

Reason for leaving: _____

Company and address: _____

Dates: _____ Supervisor's name & phone: _____

Rate of pay: _____ Duties: _____

Reason for leaving: _____

REFERENCES

List 3 personal references:

1. Name: _____ Phone: _____

Address: _____

How long have you known this person? _____ Relative or friend? _____

2. Name: _____ Phone: _____

Address: _____

How long have you known this person? _____ Relative or friend? _____

3. Name: _____ Phone: _____

Address: _____

How long have you known this person? _____ Relative or friend? _____

We will contact each of your references. We may also contact your supervisor at your present job (if you are now employed) and supervisors from previous jobs. If you do *not* want us to contact present or previous supervisors, you must note that below:

Are you bilingual? _____ If so, what other language? _____

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: _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.
