

# **Scott County Transit System, Inc**

#### **APPLICATION FOR EMPLOYMENT**

## An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

status, mental or physical disability unrelated to job performance or any other legally protected status.								
Date: (For Driver posit		Position applying for: - must have a CLASS-E or higher.	Driver Dispatch	her				
PERSONAL	INFORMA	TION:						
Legal Name:	First	Last		Middle Initial				
Address:	Street	City	State	Zip Code				
Social Security	Social Security #: Date of Birth:							
Home Telephone:Email address:								
Drivers License Number: State:								
Are you at leas	st 21 years old	d?						
Scott County Transit System complies with the provisions of the Immigration Reform and Control Act of 1986 with respect to the employment eligibility of all employees to work legally in the United States. If you accept employment with Scott County Transit System, you will be required to demonstrate employment eligibility by completing Form I-9 and presenting acceptable documents from the list on the back of that form within three (3) days of hire. Scott County Transit System does not discriminate in hiring or firing based upon an individual's national origin or citizenship.								
Are you legally eligible for employment in the United States:   Yes   No								
United States \	Visa status, if	applicable:						
Have you ever been convicted of any crime, including any sex-related crime or child abuse?: ☐Yes ☐No								
Have you failed or refused a DOT pre-employment test in the past 2 years?:								
Employment status desired:								
What days/hours are you available to work?								
If hired, when	could you sta	rt:						

# **EMPLOYMENT HISTORY (Most Recent First)**

Please include the last five years of employment. If more room is needed, add an additional page.

1.	Job Title:	Employer:
	Address:	
	Duties:	
	Dates of Employment (month/year) From:	To:
	Starting Salary:Ending Salary:	Full Time Part Time Temporary
	Supervisor:	_ Phone #:
	May we contact?	
	Reason for Leaving:	
2.	Job Title:	Employer:
	Address:	
	Duties:	
	Dates of Employment (month/year) From:	To:
	Starting Salary:Ending Salary:	Full Time Part Time Temporary
	Supervisor:	_ Phone #:
	May we contact?	
	Reason for Leaving:	
3.	Job Title:	Employer:
	Address:	
	Dates of Employment (month/year) From:	To:
	Starting Salary:Ending Salary:	Full Time Part Time Temporary
	Supervisor:	_ Phone #:
	May we contact?	
	Reason for Leaving:	<del></del>

### **EDUCATION**

HIGH SCHOOL Name:		Address:	
Dates Attended From:	To:	Did you graduate:	
Degree Received/Subjects	Studied:		
COLLEGE/UNIVERSITY/GRA	ADUATE SCHOOL/TECH	SCHOOL/OTHER	
Name:		Address:	
Dates Attended From:	To:	Did you graduate:	
Degree Received/Subjects	Studied:		
Special courses, training or	r experience acquired,	including military experience:	
PROFESSIONAL REFE	RENCE:		
Name	Address	Occupation	Phone Number
PERSONAL REFEREN	CE:		
Name	Address	Occupation	Phone Number
	epresentations or omis	application are true and correct to the best of ssions of facts in this application are ground by ment.	· ·
		ulations and policies of the company. I undenay terminate my employment relationship	
I hereby acknowledge that	I have read and fully u	inderstand the forgoing and seek employme	ent under these conditions.
Signature of Applicant			