

STUDENT TRANSPORTATION LOGISTICS

EMPLOYMENT APPLICATION

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.		
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Driver License Number:	State Issued:	Expiration Date:	
Car Insurance Policy Number:	Tag Number:	Vehicle Identification Number:	

What is your place of birth:

High School		Address	
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/> Degree
College		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree Associate's
		<input type="checkbox"/>	<input type="checkbox"/>
Other		Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/> Degree

PREVIOUS EMPLOYMENT		
Company	Phone	
Address	Supervisor	
Job Title	Starting Salary	Ending Salary

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Responsibilities		
PREVIOUS EMPLOYMENT		
From	To	Reason for Leaving
May we contact your previous supervisor		for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>
Company		Phone
Address		Supervisor
Job Title		Starting Salary Ending Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor		for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>
Company		Phone
Address		Supervisor
Job Title		Starting Salary Ending Salary
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor		for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>

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REFERENCES	
Please list two professional references.	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

DISCLAIMER AND SIGNATURE	
<p>"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.</p> <p>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.</p> <p>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.</p> <p>This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American with Disabilities Act (ADA) and other relevant federal and state laws."</p>	
Signature	Date