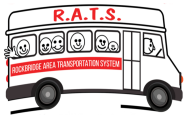

Employment Application

Rockbridge Area Transportation System, Inc.
712 N. Main St., Lexington, VA 24450
540-463-3346
director@rockbridgetransportation.org

Applicant Information

Full Name: _____ D.O.B: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: $ _____

Position Applied for: _____

Are you a citizen of the United States? ☐ YES ☐ NO If no, are you authorized to work in the US? ☐ YES ☐ NO

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

Are you able to bend, twist, and reach? ☐ YES ☐ NO If no, explain: _____

Have you ever been convicted of a felony? ☐ YES ☐ NO If yes, provide date(s) and conviction type(s): _____

_____

Education

Highest Level of Education: _____ Did you graduate? ☐ YES ☐ NO

From: _____ To: _____ Degree: _____

Driving Record

Do you have a Driver's License? ☐ YES ☐ NO

What is your means of transportation to work? _____

Driver's License Number _____ State of Issue _____ ☐ Class D/Operator ☐ Commercial ☐ Chauffeur

Expiration Date _____

Have you had any accidents during the past three years? ☐ YES ☐ NO How many? _____

Have you had any moving violations during the past three years? ☐ YES ☐ NO How many? _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

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

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. We are an equal opportunity employer. A fee of 85.00 will be deducted from my first paycheck if hired, and returned after three months of continuous employment.

Signature: _____ Date: _____

Printed Name: _____