BOWIE COUNTY TRANSPORTATION DEPT. APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin.

						Date	. / /
Employment Desire	ed						
Position BUS DRIVER		u Can Start	Do you have a	CDL?	Type of Employment Full-time ☐ Substitute ☐ Part-time ☐ Temporary ☐		stitute 🗌
Are you employed Now? YES	NO 🗆	If so, ma	ay we contact yo	ur employer?			
Have you ever applied to this compa	Where?	Where?			When?		
YES □ NO □]						
Personal Information	on						
Last Name	ne	Middle Name					
Address (Number, Street, City, State	, ZIP Code)						
Social Security Number	Home ⁻	Home Telephone Number		Referred By			
Education			Na af Vasas Oass	اماماما	D'IV. Onderte		
High School Attended and Location				No. of Years Com	pleted	Did You Graduate?	
College Attended and Location		No. of Years Com	pleted	Did You Graduate?	Degree		
Trade, Business or Correspondence	on	No. of Years Completed					
Camaral							
General Special Courses or Training							
							-
Experience/Skills Related to the Posi	ition for Which Yo	ou Are Apply	ying				

Name of Employe	er		Address	Number, Street, City,	State, ZIP Code)			
Phone	Type of Bu	Type of Business		Department	Your Position			
Duties	 				1			
Name and Position	on of Immediate Sup	ervisor						
	Day, Month, Year)		y, Month, Year)					
Reason for Leavi								
Name of Employ	or.		Addross	Number Street City	State ZID Code)			
Name of Employer			Address	Address (Number, Street, City, State, ZIP Code)				
Phone Duties	Type of Bi	Type of Business		Department	Your Position			
Name and Position	on of Immediate Sup	pervisor						
	Day, Month, Year)		y, Month, Year)					
Reason for Leavi		Date Left (Da	y, Month, Tear,					
	_							
Name of Employ	er		Address	Number, Street, City,	State, ZIP Code)			
Phone	Type of Bu	ısiness	·	Department	Your Position			
Duties								
Name and Position	on of Immediate Sup	ervisor						
Date Employed (Day, Month, Year) Date Left (Day, N		y, Month, Year)	1					
Reason for Leavi	ing	-1		1	,			
Experience/Skills	related to the Posit	on for Which Yo	ou Are Applying					
Other E	xperience							
In this section, lis Name of Employ	• • •	not listed above		ectly relates to the job (Number, Street, City,	for which you are now applying].		
Phone		Type of Pusinger		Department	Your Position			
Duties	Type of Bo	Type of Business		Бераппенс	Todi i osidori			
Duties								
Name and Position	on of Immediate Sup	pervisor						
	Day, Month, Year)		y, Month, Year)	<u> </u>				
Reason for Leavi		Date Left (Day	y, monun, rear					
Neason IOI Leavi	iliy							
I certify that the	information provided	I is true and corr	ect	Signature				

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Employment History /List Present