

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 Desired

Position BUS DRIVER	Date You Can Start	Do you have a CDL?	Type of Employment Full-time <input type="checkbox"/> Substitute <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
Are you employed Now? YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, may we contact your employer?	
Have you ever applied to this company before? YES <input type="checkbox"/> NO <input type="checkbox"/>		Where?	When?

Personal Information

Last Name	First Name	Middle Name
Address (Number, Street, City, State, ZIP Code)		
Social Security Number	Home Telephone Number	Referred By

Education

High School Attended and Location	No. of Years Completed	Did You Graduate?	
College Attended and Location	No. of Years Completed	Did You Graduate?	Degree
Trade, Business or Correspondence School Attended and Location	No. of Years Completed	Did You Graduate?	

General

Special Courses or Training
Experience/Skills Related to the Position for Which You Are Applying

Employment History (List Present or Most Recent Positions First)

Name of Employer		Address (Number, Street, City, State, ZIP Code)	
Phone	Type of Business	Department	Your Position
Duties			

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)		
Reason for Leaving			

Name of Employer		Address (Number, Street, City, State, ZIP Code)	
Phone	Type of Business	Department	Your Position
Duties			

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)		
Reason for Leaving			

Name of Employer		Address (Number, Street, City, State, ZIP Code)	
Phone	Type of Business	Department	Your Position
Duties			

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)		
Reason for Leaving			

Experience/Skills related to the Position for Which You Are Applying

Other Experience

In this section, list any job experience not listed above that most directly relates to the job for which you are now applying.

Name of Employer		Address (Number, Street, City, State, ZIP Code)	
Phone	Type of Business	Department	Your Position
Duties			

Name and Position of Immediate Supervisor

Date Employed (Day, Month, Year)	Date Left (Day, Month, Year)		
Reason for Leaving			

I certify that the information provided is true and correct
Signature _____