

# Cape Girardeau County Transit Authority 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.

All applicants must meet and	are subject to Fede	ral Motor Carrier Safet	y Administration Gui	delines.
Date: (For Driver position: <u>Missouri – r</u>	5.5.5		Dispatcher	Other  ORS ENDORSEMENT)
PERSONAL INFORMATION:				
Legal Name: First		Last		Middle Initial
e u	8	¥	F a	* - v
Address: Street	w	City	State	Zip Code
Social Security #:		Date of E	Birth:	
Home Telephone:		Email address:		
Drivers License Number:			State:	
Are you at least 21 years old?	Yes	☐ No		
Cape Girardeau County Transit Authority all employees to work legally in the Unite employment eligibility by completing For Girardeau County Transit Authority does	ed States. If you accept emp m I-9 and presenting accep	ployment with Cape Girardeau table documents from the list o	County Transit Authority, you n the back of that form withi	will be required to demonstrate n three (3) days of hire. Cape
Are you legally eligible for em	ployment in the Un	ited States: Yes	No	
United States Visa status, if ap	oplicable:			
Have you ever been convicted	l of any crime, inclu	ding any sex-related cr	ime or child abuse?:	☐Yes ☐No
Have you failed or refused a D	OT pre-employmen	t test in the past 2 yea	rs?: Yes No	
Employment status desired:	Full Time	Part Time  Temp	oorary	
What days/hours are you avai	lable to work?		ş.	

If hired, when could you start: \_\_\_\_\_

## **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:	Employe	r:		
	Address:				
	Duties:				
	Dates of Employment (month/year) From:		To:_		
	Starting Salary:Ending Salary:		Full Time	Part Time	Temporary
	Supervisor:	Phone #:			
	May we contact?				
renera - X - drygginge entrada	Reason for Leaving:				
2.	Job Title:	Employe	r:		
	Address:				
	Duties:				,
	Dates of Employment (month/year) From:		To:_		
	Starting Salary:Ending Salary:		☐ Full Time	Part Time	Temporary
	Supervisor:	Phone #:			
	May we contact?				
	May we contact?			,	
3.	. – –				
3.	Reason for Leaving:	Employe			
3.	Reason for Leaving: Job Title:	Employe			
3.	Reason for Leaving:  Job Title:  Address:	Employe			
3.	Reason for Leaving:  Job Title:  Address:	Employe			
3.	Reason for Leaving:  Job Title:  Address:  Duties:	Employe	To:_		
3.	Reason for Leaving:  Job Title:  Address:  Duties:  Dates of Employment (month/year) From:	Employe	To:_	☐Part Time	
3.	Reason for Leaving:  Job Title:  Address:  Duties:  Dates of Employment (month/year) From:  Starting Salary:Ending Salary:	Employe	To:_	☐Part Time	

# **EDUCATION**

HIGH SCHOOL Name:		Address:	
Dates Attended From:	To:	Did you graduate:	
Degree Received/Subject	s Studied:		
COLLEGE/UNIVERSITY/GR	ADUATE SCHOOL/TECH !	SCHOOL/OTHER	
Name:		Address:	
Dates Attended From:	To:	Did you graduate:	
Degree Received/Subjects	s Studied:		
Special courses, training o	or experience acquired, ir	ncluding military experience:	
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	10	•	. ,
PROFESSIONAL REFI	ERENCE:		
_Name	Address	Occupation	Phone Number
PERSONAL REFEREN	CE:		
Name	Address	Occupation	Phone Number
	representations or omissi	plication are true and correct to the ions of facts in this application are gment.	The state of the s
		ntions and policies of the company.  y terminate my employment relatio	
I hereby acknowledge that	: I have read and fully und	derstand the forgoing and seek emp	ployment under these conditions.
Signature of Applicant		Date	

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## **SEX, RACE and ETHNIC GROUP INDENTIFICATION FORM**

### Detach from application and turn in separately.

The Federal Government requires that an employer maintain records on the race, sex and ethnic group of its applicants. In order to comply with these requirements, Cape Girardeau County Transit Authority requests that you supply the information sought below. The information is for record keeping purposes only and will not in any way affect any employment decisions. This questionnaire will be kept separate from your application. You are <u>not</u> required to answer any of the questions. Choosing not to answer will have no effect on employment decisions.

Name:	Date:				
Position applying for: (circle one) Drive	r Dispatcher Other				
Gender: (circle one) Male	Female				
Ethnic Group (check the one that be	st applies to you)				
I do not wish to answer					
American Indian (including Alaskar	Natives)				
Asian (including Pacific Islanders)	,				
Black or African American					
Native Hawaiian or Other Pacific Is	lander				
White	latidei				
Two or more races (Please list:					
	ican, Puerto Rican, Cuban, Central or South				
American, or other Spanish origin or cultur	re)				
Military Status					
None	Veteran				
Active Reserve	Disabled Veteran				
Inactive Reserve	I do not wish to answer				
Disability Status					
Disabilities include, but are not limited to: Blindness	, Deafness, Cancer, Diabetes, Epilepsy, Autism, Cerebral palsy,				
	ar disorder, Major depression, Multiple sclerosis (MS), Missing				
	s disorder (PTSD), Obsessive compulsive disorder, Impairments				
requiring the use of a wheelchair, Intellectual disabil  Yes, I have a disability	I do not wish to answer				
No, I do not have a disability	I do not wish to answer				
No, I do not have a disability					

In conformity with applicable laws, Cape Girardeau County Transit Authority is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, sex, age, marital status, national origin, or disability.

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