

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 a	nd are subject to Federal Moto	or Carrier Safety	Administration Gu	idelines.	
	Position applying for:	☐ Driver	☐ Dispatche	 -	
(For Driver position: Missouri	 must have a CLASS-E or higher. 	. Other states – mi	ust have a CHAUFFE	<u>URS ENDORSEMENT)</u>	
PERSONAL INFORMATION:					
Legal Name: First	e: First Last			Middle Initial	
Address: Street	City		State	Zip Code	
Social Security #:	Date of Birth:				
Home Telephone:	En	nail address:			
Drivers License Number: State:					
Are you at least 21 years ol	ld? Yes	No			
all employees to work legally in the U employment eligibility by completing	ority complies with the provisions of the In Inited States. If you accept employment w Form I-9 and presenting acceptable docu loes not discriminate in hiring or firing bas	with Cape Girardeau Co Iments from the list on t	unty Transit Authority, yo he back of that form wit	ou will be required to demonstrate hin three (3) days of hire. Cape	
Are you legally eligible for	employment in the United Sta	tes: Yes N	lo		
United States Visa status, if	f applicable:				
Have you ever been convic	ted of any crime, including an	y sex-related crin	ne or child abuse?	: □Yes □No	
Have you failed or refused	a DOT pre-employment test ir	n the past 2 years	?: Yes No		
Employment status desired	d: Full Time Part T	ime 🔲 Tempo	orary		
What days/hours are you a	vailable to work?				
If hired, when could you sta	art:				

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:	Employer:
	Address:	
	Duties:	
	Dates of Employment (month/year) From:	To:
	Starting Salary:Ending Salary:	Full Time Part Time Temporary
	Supervisor:	_ Phone #:
	May we contact?	
	Reason for Leaving:	
2.	Job Title:	Employer:
	Address:	
	Duties:	
	Dates of Employment (month/year) From:	To:
	Starting Salary:Ending Salary:	Full Time Part Time Temporary
	Supervisor:	Phone #:
	May we contact?	
	Reason for Leaving:	
3.	Job Title:	Employer:
	Address:	
	Dates of Employment (month/year) From:	To:
	Starting Salary:Ending Salary:	Full Time Part Time Temporary
	Supervisor:	Phone #:
	May we contact?	
	Reason for Leaving:	

EDUCATION

HIGH SCHOOL Name:		Address:		
Dates Attended From: _	To:	Did you graduate:		
Degree Received/Subjec	ts Studied:		·	
COLLEGE/UNIVERSITY/G	RADUATE SCHOOL/TECH	SCHOOL/OTHER		
Name:		Address:		
Dates Attended From:	To:	Did you graduate:		
Degree Received/Subjec	ts Studied:			
Special courses, training	or experience acquired, i	including military experience:		
PROFESSIONAL REI	-ERENCE: Address	Occupation	Phone Number	
_Name PERSONAL REFERE		Occupation	Phone Number	
PERSONAL REFERE	NCE.			
_ Name	Address	Occupation	Phone Number	
I understand that any mi		pplication are true and correct to the sions of facts in this application are grown.		
		lations and policies of the company. ay terminate my employment relation		
I hereby acknowledge th	at I have read and fully u	nderstand the forgoing and seek emp	loyment under these conditions.	
Signature of Applicant		 Date		