

Administrative Use Only
Application Received

Date: _____

Time: _____

MVR Attached ()

SUNTRAN

Application for Employment
EOE/Drug Free Workplace

(PLEASE PRINT)

Name: _____ Date: _____

Address: _____

Phone Number: _____

Position Applying for: _____ Full Time: _____ Part Time: _____

When would you be able to begin work? _____

Are there any days of the week or shifts that you are unable to work?

Yes () No () If yes, please list: _____

Are you able to perform the duties of this position with or without reasonable accommodation? (See job description) Yes () No ()

Are you authorized to work in the United States on an unrestricted basis?

Yes () No ()

Have you ever been convicted of a Felony or a Misdemeanor (including DUI/DWI) which has not been nulled, expunged or sealed by a court?

Yes () No () If yes, please describe in full detail: _____

EDUCATION

Have you received a High School Diploma or GED? Yes () No ()

	School Name/ Location	Course of Study	Year Graduated	Diploma/Degree Received
College				
Trade				
Other				

Please list job related licenses, certificates, professional registrations or memberships in technical/professional associations: _____

EMPLOYMENT HISTORY

May we contact you current employer? Yes () No ()

Employer: _____ Address: _____ Phone: _____	Supervisor Name & Title	Dates Employed: To: Fr:
Summary of Duties	Reason for Leaving	Wage Start: End:

Employer: _____ Address: _____ Phone: _____	Supervisor Name & Title	Dates Employed: To: Fr:
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Employer: _____ Address: _____ Phone: _____	Supervisor Name & Title	Dates Employed: To: Fr:
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Employer: _____ Address: _____ Phone: _____	Supervisor Name & Title	Dates Employed: To: Fr:
Summary of Duties	Reason for Leaving	Wage Start: End:

Employer: _____ Address: _____ Phone: _____	Supervisor Name & Title	Dates Employed: To: Fr:
Summary of Duties	Reason for Leaving	Wage Start: End:

Please explain any gaps in your work history: _____

Have you served in the U.S. Armed Forces? Yes () No () If yes, what branch?

Dates of duty: _____ Please list any job related experience:

BUS OPERATOR AND MAINTENANCE APPLICANTS ONLY

Do you have transportation to work when the buses do not run? Yes () No ()

Do you have a valid Driver's License? Yes () No ()

Issued by what state: _____

Class: _____

Endorsements: _____

Restrictions: _____

Please list all moving violations or accident involvement in the last five years: _____

Attach a copy of current (within 10 days) Motor Vehicle Record.

Sign SunTran release for MVR Record.

APPLICANT'S STATEMENT AND SIGNATURE

I certify the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions, or misrepresentations may result in my dismissal. I authorize SunTran to make an investigation of any facts set forth in the application and release from any liability both SunTran and those who supply reference and background information.

I understand that neither this application nor an offer of employment constitutes an employment contract unless a specific document to that effect is executed between the employer and the employee in writing.

Applicants Signature: _____

Date: _____

Please return application to:

SunTran
1805 NE 30th Avenue
Building 900
Ocala, FL 34470

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