

## APPLICATION FOR EMPLOYMENT

It is the policy of Chatham Transit Network not to discriminate against any applicant for employment because of race, color, religion, sex, national origin, age, marital or veteran status, disability, or other legally protected status.

|                                                                                                                             |                  |                                                                                                                                                                      |                |
|-----------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Position applied for:                                                                                                       |                  | Date:                                                                                                                                                                |                |
| Name:                                                                                                                       |                  | Email Address:                                                                                                                                                       |                |
| Street Address:                                                                                                             |                  | Phone:                                                                                                                                                               |                |
| City, State, Zip                                                                                                            |                  | Alternate phone number:                                                                                                                                              |                |
| Name, address and phone number of person to notify in case of emergency:                                                    |                  |                                                                                                                                                                      |                |
| Driver's License Number:                                                                                                    |                  | May inquiry be made of your present employer regarding your character, qualifications, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: |                |
| CDL Class:                                                                                                                  |                  |                                                                                                                                                                      |                |
| Endorsement:                                                                                                                |                  | Have you ever been convicted of a felony charge?                                                                                                                     |                |
| <b>EDUCATION</b>                                                                                                            |                  | <b>HIGH SCHOOL</b>                                                                                                                                                   |                |
| Name of School:                                                                                                             |                  | Location:                                                                                                                                                            |                |
| Highest year completed:                                                                                                     |                  | Ending Date:                                                                                                                                                         |                |
| <b>EDUCATION BEYOND HIGH SCHOOL</b>                                                                                         |                  |                                                                                                                                                                      |                |
| College or University:                                                                                                      |                  | Location:                                                                                                                                                            |                |
| Number of years attended:                                                                                                   |                  | Degree:                                                                                                                                                              | Year:          |
| <b>OTHER EDUCATION</b>                                                                                                      |                  |                                                                                                                                                                      |                |
| Name:                                                                                                                       |                  | Location:                                                                                                                                                            |                |
| Dates attended:                                                                                                             |                  | Degree:                                                                                                                                                              |                |
| List fields of work for which you are licensed, registered or certified, giving dates and sources of issuance.              |                  |                                                                                                                                                                      |                |
|                                                                                                                             |                  |                                                                                                                                                                      |                |
| Describe your experience in computer software, other machines you can operate and other skills in which you are proficient. |                  |                                                                                                                                                                      |                |
| <b>PAID EMPLOYMENT RECORD</b>                                                                                               |                  |                                                                                                                                                                      |                |
| Last position:                                                                                                              | Starting Salary: |                                                                                                                                                                      | Ending Salary: |
| Name of employer:                                                                                                           |                  | Supervisor's Name:                                                                                                                                                   |                |
| Address:                                                                                                                    |                  | Telephone:                                                                                                                                                           |                |
| Dates employed:                                                                                                             |                  | Date separated:                                                                                                                                                      |                |
| Reason for leaving:                                                                                                         |                  |                                                                                                                                                                      |                |
| Duties:                                                                                                                     |                  |                                                                                                                                                                      |                |
|                                                                                                                             |                  |                                                                                                                                                                      |                |

|                     |                  |                    |
|---------------------|------------------|--------------------|
| Last position:      | Starting Salary: | Ending Salary:     |
| Name of employer:   |                  | Supervisor's Name: |
| Address:            |                  | Telephone:         |
| Dates employed:     |                  | Date separated:    |
| Reason for leaving: |                  |                    |
| Duties:             |                  |                    |
|                     |                  |                    |
|                     |                  |                    |
|                     |                  |                    |
| Last position:      | Starting Salary: | Ending Salary:     |
| Name of employer:   |                  | Supervisor's Name: |
| Address:            |                  | Telephone:         |
| Dates employed:     |                  | Date separated:    |
| Reason for leaving: |                  |                    |
| Duties:             |                  |                    |
|                     |                  |                    |
|                     |                  |                    |
|                     |                  |                    |

Please complete an Employment Continuation Sheet if you have additional paid or unpaid work experience.

REFERENCES: In listing references, list persons who are not related to you who have knowledge of your qualifications for the position for which you are applying, such as former co-workers, teachers, etc. Do not repeat names of supervisors you will list under Employment Records above.

|       |          |        |
|-------|----------|--------|
| Name: | Address: | Phone: |
| Name: | Address: | Phone: |
| Name: | Address: | Phone: |

#### Certification of Applicant

I certify that to the best of my knowledge and belief, the statements given truly represent by background and experience. In addition, I give the following Authorization to Release Information: I hereby authorize my previous employers, personal references listed and other persons or institutions shown on my application for employment to provide any information requested.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date