APPLICATION FOR EMPLOYMENT

Palmer Bus Service Inc.

Today's Date: _____

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. Consistent with the Americans With Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION (please print)

Social Security Number: _____ - _____ - _____

Name: _____ _____ _____
Last First Middle Initial

Present Address: _____
Street/P.O. Box City State ZIP Code

Permanent Address: _____
Street/P.O. Box City State ZIP Code

Telephone Number: _____ Message Number: _____

Are you 18 years or older? ☐ Yes, ☐ No

Position applying for: _____ Date you can start: _____

Wage Desired: $ _____ per _____

Are you currently employed? ☐ Yes, ☐ No If so, may we contact your present employer? ☐ Yes, ☐ No

Have you applied to this company before? ☐ Yes, ☐ No If so, where and when?

Do you have a High School diploma or G.E.D.? ☐ Yes, ☐ No If not, highest grade completed: _____

Special Training or Education Beyond High School		
Name of School & Location	***Course of Study***	***Type of Degree, Certificate or Occupational License***

MILITARY SERVICE RECORD

Are you a veteran? ☐ Yes, ☐ No	Branch:	Dates of Service: From: _____ (mm/yy) To: _____ (mm/yy)

What type of education, training and work experience did you receive in the military?

EMPLOYMENT HISTORY

Indicate below all work experience beginning with your current or most recent position. (This section must be completed even if a resume is attached).

EMPLOYER: _____ TELEPHONE NUMBER: ( ) _____-_____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

JOB TITLE: _____ FROM: _____ TO: _____
mm/yy mm/yy

SUPERVISOR: _____ REASON FOR LEAVING: _____

SUMMARIZE YOUR JOB DUTIES:

_____

_____

_____. MAY WE CONTACT THIS EMPLOYER? ☐ Yes, ☐ No

EMPLOYER: _____ TELEPHONE NUMBER: ( ) _____-_____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

JOB TITLE: _____ FROM: _____ TO: _____
mm/yy mm/yy

SUPERVISOR: _____ REASON FOR LEAVING: _____

SUMMARIZE YOUR JOB DUTIES:

_____

_____

_____. MAY WE CONTACT THIS EMPLOYER? ☐ Yes, ☐ No

EMPLOYER: _____ TELEPHONE NUMBER ( ) _____-_____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

JOB TITLE: _____ FROM: _____ TO: _____
mm/yy mm/yy

SUPERVISOR: _____ REASON FOR LEAVING: _____

SUMMARIZE YOUR JOB DUTIES:

_____

_____

_____. MAY WE CONTACT THIS EMPLOYER? ☐ Yes, ☐ No

REFERENCES

NAME	*RELATIONSHIP*	*CITY & STATE*	*PHONE NUMBER*

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

Signature: _____ *Date:* _____