

FIRST CAPITAL TROLLEY

Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.			
Position Applied for	Circle all applicable	Driver Full Time	Driver Part Time	Office Full Time	Office Part Time
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you related to any employee at First Capital Trolley?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who?		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?		
Do you have a valid Drivers License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what class?	Additional Endorsements	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain		

EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous employee for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

ADDITIONAL INFORMATION

List any moving violations in the last 7 years?

What qualifications or skills do you have which would help you perform your duties?

Any other information which would need to be discussed before employment? (Day/Hours unable to work, weight lift limits, limited physical movement etc.)

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize you to communicate with those listed (former employers, individuals).

I understand and acknowledge that if I am hired in any safety-sensitive position with First Capital Trolley. I will be required to participate in pre-employment and random drug & alcohol testing in accordance with the Federal Transit Administration regulations and the Drug Free Workplace Act of 1998.

EEO/ADA Statement: First Capital Trolley does not discriminate on the basis of religion, sex, age, race, national origin or political affiliation, mental disability in it's hiring or employment practices.

Signature _____ Date _____

By completion of this application for First Capital Trolley this does not guarantee employment