

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:

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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 30<sup>th</sup> Avenue  
Building 900  
Ocala, FL 34470

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