

# Lee Ogle Transportation System EMPLOYMENT APPLICATION

*We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Are you eligible to work in the United States?  Yes  No

Are you a veteran of the U.S. Military service?  Yes  No Honorable Discharge  Yes  No

Have you applied here before?  Yes  No When? \_\_\_\_\_ Position applied for? \_\_\_\_\_

Can you perform the essential functions of the position for which you are applying?  Yes  No  
If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question). \_\_\_\_\_

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)  Yes  No

Have you ever been terminated from employment or asked to resign by an employer?  Yes  No  
If yes, please provide company names and details \_\_\_\_\_

Date you are available to start \_\_\_\_\_  Full time  Part time  Temporary  Other \_\_\_\_\_

**For Drivers only: Driver's License #** \_\_\_\_\_ **State** \_\_\_\_\_ **Expiration** \_\_\_\_\_

**EMPLOYMENT EXPERIENCE:** Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin.

If you need more space to write explanations, please attach an additional sheet

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_

Job Title/Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_  
Job Title/Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Supervisors' Name \_\_\_\_\_  
Job Title/Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

**EDUCATION:**

High School/GED [ ] Yes [ ] No / Colleges Attended:	# Years	Degree
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any special qualifications for this job:  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** Give the name of three persons not related to you, whom you have known for at least one year.

Name	Telephone #	Address	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised 1/21/22