



Employment Application

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, color, sexual orientation, national origin, gender, disability, religion, age, or other protected classifications

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a resume, but all questions must be answered.

Personal Data			
Name (Last, First, Middle):			
Street Address and/or Mailing Address		City	State
Home Telephone Number		Cellular Telephone Number	
Email Address			
Date you can start work		Salary Desired	
Position Information <i>(Check all that apply)</i>			
Position(s) applying for:			
Hours: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evenings <input type="checkbox"/>	Weekends <input type="checkbox"/> Holidays <input type="checkbox"/>	Will you drive/report to work in winter conditions? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you authorized to work in the U.S. on an unrestricted basis? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have a valid Commercial Driver's License (CDL)? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you have a Passenger Endorsement? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when and what position?			
Are you aware that all EPTA employees are subject to Drug & Alcohol Testing? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Education <i>Please list any education or training you feel relates to the position(s) applied for that would help you perform the work, such as schools, colleges, degrees, vocational or rechnical programs, and military training</i>			
	School Name	Degree	Address/City/State
School			
School			
Other			
Other			

Special Skills *List any special skills or experience that you feel would help you in the position that you are applying for*

References *Please list three profession references not related to you, with full name, contact number, and relationship*

Name	Contact Number	Relationship

May we contact your listed references? Yes No

Previous Employment *Start with your present or most recent employment and work back*

Job #1

Company		Address	Phone
Job Title		Supervisor	
From	To	Reason for leaving	

May we contact your previous supervisor for a reference? Yes No

Job #2

Company		Address	Phone
Job Title		Supervisor	
From	To	Reason for leaving	

May we contact your previous supervisor for a reference? Yes No

Job #3

Company		Address	Phone
Job Title		Supervisor	
From	To	Reason for leaving	

May we contact your previous supervisor for a reference? Yes No

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.

Signature

Date