

# Suwannee Valley Transit Authority

1907 Voyles St., SW Live Oak, FL 32064

Phone: (386) 362-5332

Fax: (386) 219-0157



## Job Application

Date: \_\_\_\_\_

### Personal Information

Last		First		MI	Last 4 Digits SS# XXX-XX - _____		Email		
Street Address			City	ST	Zip	Home Phone		Mobile Phone	
How long have you lived at the above address? Yrs: ____ Mos: ____				Date of Birth: _____					
SVTA is a Drug Free Workplace. Are you willing to submit to a pre-employment drug screening? (Check One) Yes No				Are you a US citizen? Yes No					
Have you been convicted of a felony or been incarcerated in connection with a felony? (Circle One) Yes No				If yes, please explain:					
Have you ever served in the Military? (Circle One) Yes No			Which Branch?		Are you a Veteran of a foreign war? (Circle one) Yes No				
What position are you applying for?				Drivers License Number:		State:		CDL? (CheckOne) Yes No	
Salary Desired:		Date Available:		If you do not have a CDL, are you willing to persue one? Check Here Yes No		Class:		Endorsements:	

### Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, ST, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From To	From To	From To
Position/Job Title			
Pay			
Reason for Leaving			
May We Contact	Yes No	Yes No	Yes No

This agency does not discriminate against any individual for any reason, including age, race, gender, religion, national origin, sex, disability, protected veteran's status, marital status, sexual orientation, or any other protected status.

**Education**

	Name/Location	Last Year Completed				Degree	Major or Emphasis
		9th	10th	11th	12th		
High School							
College/University		1	2	3	4		
Trade School							
Other							

**Personal References (Do not include family members)**

	Reference 1	Reference 2	Reference 3
Name			
Address			
City, ST, ZIP			
Telephone			
Length of Time Known			

List any applicable special skills, training or proficiencies.

Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.	Signature	Date
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