



# ATA APPLICATION FOR EMPLOYMENT

Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_  
 Reasons for Leaving \_\_\_\_\_

Second Last Employer

Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
                                     Street Address                                      City                                      State                                      Zip                                      Phone  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_  
 Reasons for Leaving \_\_\_\_\_

Third Last Employer

Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
                                     Street Address                                      City                                      State                                      Zip                                      Phone  
 Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \$ \_\_\_\_\_  
 Reasons for Leaving \_\_\_\_\_  
 Explain any gaps in employment \_\_\_\_\_

\_\_\_\_\_  
 ATA Verified (Initials)

### ACCIDENT RECORD

Accident Record for past 10 years or more (include all motor vehicle accidents.)  
 List in reverse chronological order (most recent accident first, etc.); attach sheet if more space is needed

Date	Nature of Accident	Number of Fatalities	Number of Injured

### Traffic Convictions and Forfeitures of Bond or Collateral

Traffic convictions and forfeitures of bond or collateral in past 10 years (other than parking violations.)  
 List in reverse chronological order (most recent event first, etc.); attach sheet if more space is needed

Date	Location	Charge	Penalty

Have you ever been convicted of a misdemeanor or felony (excluding minor traffic violations)?    Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain below; attach sheet if more space needed.

Date	Location	Charge	Penalty

\_\_\_\_\_  
 Verified information with MVR (Initials)

## ATA APPLICATION FOR EMPLOYMENT

### MILITARY STATUS

Have you served in the U.S. Armed Forces    Yes    \_\_\_\_\_    No    \_\_\_\_\_    Branch    \_\_\_\_\_    Dates from    \_\_\_\_\_    to    \_\_\_\_\_

Rank at Discharge    \_\_\_\_\_    Date of Discharge    \_\_\_\_\_

Draft Status    \_\_\_\_\_    Reserve Status    \_\_\_\_\_

\*\*\*\*\*

### EDUCATION STATUS

Highest grade completed    High School    \_\_\_\_\_    College    \_\_\_\_\_

Last School Attended    \_\_\_\_\_

Name    \_\_\_\_\_    City    \_\_\_\_\_    State    \_\_\_\_\_

### DRIVER'S LICENSE INFORMATION

Driver's Licenses	State	License Number	Type	Expiration Date
List All Unexpired Licenses and Permits				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?    Yes    \_\_\_\_\_    No    \_\_\_\_\_
- B. Has any license, permit or privilege ever been suspended or revoked?    Yes    \_\_\_\_\_    No    \_\_\_\_\_

If the answer to either A or B is yes, please provide a statement giving details below

---



---



---



---

### EXPERIENCE AND QUALIFICATIONS

List types of vehicles or equipment operated; types and years of driving or maintenance experience; any specialized training, certifications, and awards.

---



---



---



---

**PLEASE COMPLETE ENTIRE APPLICATIONS; INCOMPLETE APPLICATIONS MAY NOT BE CONSIDERED FOR EMPLOYMENT  
PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION**

I certify that the application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. A false or dishonest answer to any question on this application will be grounds for rating me ineligible for employment with this Authority, or for dismissing me after employment. All statements on this application are subject to investigation including a police check, checks of salaries, references and former employers. All data will be considered in determining my eligibility for employment with this Authority.

I understand that I am an employee-at-will and that my employment and compensation can be terminated with or without cause, at any time, at the option of either the Authority or myself.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date