

# Application for Employment



**Macon-Bibb County Transit Authority**  
2737 Broadway  
Macon, GA 31206  
Office: (478) 621-7121 Fax: (478) 621-7112

## PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS		

Position being applied for: \_\_\_\_\_

### Where did you hear about this position or MTA?

On-Line Employment (Indeed, Dept. of Labor)     MTA Website/Facebook     Friend/Relative

Have you worked for MTA before?  No  Yes    When \_\_\_\_\_

Do any of your friends or relatives work here?  No  Yes

Are you currently employed?  No  Yes    May we contact your employer?  No  Yes

Are you eligible to work in the U.S.?  No  Yes

Have you ever been terminated or asked to resign by an employer?  No  Yes

Date you can start \_\_\_\_\_ Hourly rate/salary desired \_\_\_\_\_

Can you work any shift?  YES  NO explain \_\_\_\_\_

Can you work overtime?  YES  NO    Can you work Saturdays?  YES  NO

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? *(Only answer if you have been given the requirements of the job for which you are applying)*

YES     NO

Do you have reliable transportation to and from work?     YES     NO

## EDUCATION, TRAINING & REFERENCES

Education	School Name and Location	No. of Years Attended	Degree Received	Subjects Studied/Major
High School				
College/University				
Trade, Business or Correspondence School				

## SPECIALIZED TRAINING

Do you have any of the following:

- CDL License
- Passenger Endorsement
- Airbrakes Endorsement
- ASE Certification
- Other:
- Computers
- Camera/Video Equipment
- Office Machines (Fax, Postage, Copier)

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## REFERENCES

Please list two work references (one supervisor, one co-worker is acceptable) and one personal reference not related to you.

Name \_\_\_\_\_ Company/Title \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Name \_\_\_\_\_ Company/Title \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

Name/How long acquainted \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

## WORK HISTORY

**Most recent employer** \_\_\_\_\_ **Job Title/Position** \_\_\_\_\_

Company contact \_\_\_\_\_ Phone number \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Email address \_\_\_\_\_

**#2 employer** \_\_\_\_\_ **Job Title/Position** \_\_\_\_\_

Company contact \_\_\_\_\_ Phone number \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Email address \_\_\_\_\_

**#3 employer** \_\_\_\_\_ **Job Title/Position** \_\_\_\_\_

Company contact \_\_\_\_\_ Phone number \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Email address \_\_\_\_\_

**#4 employer** \_\_\_\_\_ **Job Title/Position** \_\_\_\_\_

Company contact \_\_\_\_\_ Phone number \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Email address \_\_\_\_\_

*WE ARE AN EQUAL OPPORTUNITY EMPLOYER*

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation, or omission of fact on this application (or any other accompanying documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

