

Application for Employment



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

MTA is an equal opportunity employer and does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or any other characteristic protected by law.

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?

Online 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? \$___/hr Part-time Full-time

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

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

Training

Specialized Training

Do you have any of the following:

<input type="checkbox"/> CDL License <input type="checkbox"/> Passenger Endorsement <input type="checkbox"/> Airbrakes Endorsement <input type="checkbox"/> ASE Certification <input type="checkbox"/> Other:	<input type="checkbox"/> Computers <input type="checkbox"/> Camera/Video Equipment <input type="checkbox"/> Office Machines (Fax, Postage, Copier)
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Work History

Most recent/current 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 _____

References

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 you have been acquainted _____

Phone number _____ Email address _____

Applicant's Statement

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 _____