



Trolley/Driver Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: _____ Cell: _____

Email: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Do you possess a valid CDL driver's license with a P endorsement? YES NO Do you possess a medical card? YES NO

Driver's License number: _____ State of Issue: _____ Expiration Date: _____

Are there any hours, shifts, or days that you cannot work? YES NO
If yes, please explain: _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

References

Have you ever been dismissed or asked to resign from a position? YES NO

If yes, explain: _____

Please list three professional references. (If you are not a current town employee)

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Current/Previous Employment

Company: _____ Phone: _____
Address: _____
Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your current/previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____
Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____
Address: _____
Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Disclaimer and Signature

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as it may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that unless otherwise defined by applicable laws, any employment relationship with the Town of Braselton is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood that an "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Town of Braselton.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Town of Braselton.

Signature: _____ Date: _____

FOR OFFICE USE ONLY Do not fill out

Arrange interview? YES NO

Remarks:

