



Pupil Transportation Safety Institute
EMPLOYMENT APPLICATION
 AN EQUAL OPPORTUNITY EMPLOYER

Application Date: _____

Personal Information (PLEASE PRINT CLEARLY)

Last Name		First Name	Middle	Social Security Number
Home Address:				
Street		City		State Zip
Home Phone	Mobile Phone		Email	
Position(s) Applying For:			Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>
			Date Available: _____	

Education

Type of School	Name and Address of School	Course of Study	No. of Years Completed	Graduated (check one)	
High School	Name: Address:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
College	Name: Address:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Graduate	Name: Address:			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (Specify)	Name: Address:			Yes <input type="checkbox"/>	No <input type="checkbox"/>

U.S. Military Service

Branch of Service:	Technical Specialization:	Rank Attained:
Did you receive an honorable discharge? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no, please explain: _____		

Background

Have you ever, in the past 10 years, been discharged from employment by any company/organization for which you have worked? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(Proof of citizenship or immigration status will be required upon employment.)</small>

We are an Equal Opportunity Employer

We consider applicants without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Required for All Office Positions

Do you have any office experience? Yes No

Check all that apply: Filing Dictaphone Bookkeeping Typing Speed _____wpm IBM (compatibles) Word Processing
 Telephone Skills Macintosh/Apple Warehouse 10-Key Calculator Data Entry Stockroom

Employment History

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities.

1	Employer	Dates Employed To: From:	Position(s) Held
Street Address			Telephone Number
City		State	Zip
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

2	Employer	Dates Employed To: From:	Position(s) Held
Street Address			Telephone Number
City		State	Zip
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

3	Employer	Dates Employed To: From:	Position(s) Held
Street Address			Telephone Number
City		State	Zip
Reason(s) for Leaving			May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>