

ASSISTANCE TRAVEL & TRANSPORT INC.
An Equal Opportunity Employer
Application for Employment

Pre-employment Requirements:

- ❖ Drug & Alcohol Testing
- ❖ Physical Health Examination
- ❖ 7-year Driving Report from DMV
- ❖ Criminal Background Report
- ❖ PVH Permit (Charlotte)

Date of Application _____

Personal Information:

Full Name _____ Date of Birth _____

Last First MI

Social Security Number _____ Driver License Number _____ State _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Cell Phone # _____ Email _____

Emergency Contact Person _____ Telephone _____ Relationship _____

Employment Desired:

Position applied for: 1. _____ 2. _____

Location: Durham Charlotte If under 25, please indicate current age _____

Date you can begin: _____ Salary Desired: _____

Employment Sought: Full Time Part Time

Can you submit verification of your legal right to work in the United States? Yes No

Education:

High School _____ Location _____ Graduate? Yes No

College _____ Location _____ Graduate? Yes No

If yes, Major? _____

List Other Education or Skills:

Have you ever been convicted of or plead guilty to a crime? Yes No

Have you ever been employed as a driver for Durham County Public Schools and/or Charlotte-Mecklenburg Public Schools? Yes No

Why are you interested in becoming employed with Assistance Travel? _____

Do you know anyone that is currently employed with Assistance Travel? Yes, who? _____ No

How did you hear about us and/or the position? _____

Employment History - List your work experience for the past three years beginning with your most recent job held

Date: From _____ To _____

Name of Employer _____ Address _____

Phone Number _____ Your Position _____ Salary _____

Responsibilities _____

Reason for Leaving (be specific) _____

Supervisor's Name _____ May we contact him/her Yes No

Date: From _____ To _____

Name of Employer _____ Address _____

Phone Number _____ Your Position _____ Salary _____

Responsibilities _____

Reason for Leaving (be specific) _____

Supervisor's Name _____ May we contact him/her Yes No

Date: From _____ To _____

Name of Employer _____ Address _____

Phone Number _____ Your Position _____ Salary _____

Responsibilities _____

Reason for Leaving (be specific) _____

Supervisor's Name _____ May we contact him/her Yes No

References — Please list two references other than relatives or previous employers.

Name	Address	Telephone No.	Years Acquainted

Signature

Date