

WACCAMAW REGIONAL TRANSPORTATION AUTHORITY

(dba) COAST RTA

1418 Third Avenue Conway, SC 29526 (843) 438-3022

www.coastrta.com

			INFORMATION		
Full Name:		Date:			
	Last	First	M.I		
Address:					
	Street Address		Apartment/Unit #		tment/Unit #
	City		State		Zip Code
Phone #:			Email:		
Date Availab	le:		Desired Sa	lary: \$	
Position App	lying for:				
Driver's Lice	nse #:		State:	Class:	Exp Date:
Commercial	Driver's Licen	se #:	State:	Class: _	Exp Date:
Endorsemen	ts: (Circle all t	hat apply)			
P – Bus Passe	enger		S – School	Bus	
H – Hazardo	us Material (F	lazmat)	N – Tanker	Vehicle	
T – Double/	Triple Trailers		X – Combir	nation Hazmat and	Tanker
Are you a cit	izen of the Ur	nited States? Ye	s / No If no, ar	e you authorized t	o work in the U.S? Yes / NO
Have you ev	er worked for	this company?	Yes / No If yes, w	vhen?	
Have you ev	er been convi	cted of a felony?	? Yes / No		
If yes explair	1				

		EDUCATION		
High School:		Addr	ess:	
			rate? Yes / No Diploma:	
		ess:ate? Yes / No Diploma:		
From:	to Did you graduate? Yes / No Diploma:			
		REFERENCE		
Please list three p	rofessional refere	ences.		
Full Name:			Relationship:	
Company:			Phone #:	
Address:				
Full Name:			Relationship:	
Company:			Phone #:	
Address:				
Full Name:			Relationship:	
Company:			Phone #:	
Address:				
	Previous Emp	loyment (BEGINNING WIT	H THE MOST RECENT)	
Company:			Phone:	
Address:			Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$	

Responsibilities:					
From:	to to Reason for Leaving:				
May we contact your pre	evious employer	for a reference? Yes / No			
Company:			Phone:		
Address:			Supervisor:		
Job Title:		Starting Salary: \$	Ending Salary: \$		
Responsibilities:					
From:	to	to Reason for Leaving:			
May we contact your pre	evious employer	for a reference? Yes / No			
Company:			Phone:		
Address:		Supervisor:			
Job Title:		Starting Salary: \$	Ending Salary: \$		
Responsibilities:					
From:	to	Reaso	on for Leaving:		
May we contact your pre	evious employer	for a reference? Yes / No			
		MILITARY SERVICE			
Branch:					
Rank at Discharge:					
If other than honorable,	explain:				
		DRUG AND ALCOHOL TE	STING		
Have you ever been den	ied a position or	n the basis of a positive drug	g or alcohol test? Yes / No		
employer to which you a	ipplied, but did i		drug or alcohol test administered by an transportation work covered by DOT agency		
		DISCLAIMER AND SIGNA	ATURE		
			nowledge. If this application leads to by application or interview may result in my		
Signature:			Date:		

VOLUNTARY AFFIRMATIVE ACTION RECORD

Applicants at Waccamaw Regional Transportation Authority (dba) Coast RTA are considered for all positions, and employees are treated equally during employment without regard to race, color, religion, sex, national orgin, age, marital status, veteran status, sexual orientation or disability.

As an Equal Employment Opportunity and Affirmative Action Employer, Waccamaw Regional Transportation Authority (dba) Coast RTA must comply with certain statistical record keeping and reporting requirements. This information is used solely for reporting and will be kept in a separate confidential file, separate from your application for employment.

Date	Position Applied For:				
Name:	Phone #:				
Address:					
City:		State:		Zip Code:	
Referral Source					
Advertisement	Friend	Wa	alk-in	Employment Agency	
Current Employee	Other				
Sex					
Male	Female				
Ethnicity					
American Indian	Asian	Bla	ck or Africa	an American	
Hispanic or Latino	Native Ha	awaiian or other I	Pacific Islan	nder	
White or Caucasian	Other				