

SUSSEX COUNTY REGIONAL TRANSPORTATION COOPERATIVE

APPLICATION

**POSITION:** \_\_\_\_\_ Secretarial \_\_\_\_\_ Bus Driver  
\_\_\_\_\_ Bus Aide License #: \_\_\_\_\_  
\_\_\_\_\_ Van Driver \_\_\_\_\_ Other

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**EDUCATION:**

High School: \_\_\_\_\_ Graduated: Yes / No

College, Trade School, Specialized Training:

\_\_\_\_\_ Number of years \_\_\_\_\_

**PRIOR EMPLOYMENT RECORD: (List last Employer first)**

**Name of Employer** \_\_\_\_\_ **Address** \_\_\_\_\_

Job Description \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ **Address** \_\_\_\_\_

Job Description \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**Name of Employer** \_\_\_\_\_ **Address** \_\_\_\_\_

Job Description \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**REFERENCES:**

Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Name \_\_\_\_\_ Telephone# \_\_\_\_\_

RESUME ATTACHED \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_