

## EXTERNAL APPLICATION

### Perry County Transit

212 S. Main St. PO Box 311

New Lexington, OH 43764

Phone: (740) 342-3551

Cheryl P. Boley, Director

POSITION:

*Please submit one application per position to the address indicated on the job posting announcement.*

***You must submit a résumé in addition to completing this application.***

**PLEASE TYPE OR PRINT IN INK**

NAME: (Last, First, Middle)

ADDRESS: (Street, City, State, ZIP Code)

HOME PHONE:

CELL or ALTERNATE PHONE:

E-MAIL ADDRESS:

### EDUCATION

HIGH SCHOOL NAME:

LOCATION: (City, State)

DID YOU GRADUATE? Yes No

CHECK YEAR COMPLETED: 9 10 11 12

OBTAINED GED? Yes No

SCHOOL NAME (College/University):

LOCATION: (City, State)

CHECK YEAR COMPLETED:

1 2 3 4 5 6

DID YOU GRADUATE?

Yes No

MAJOR:

DEGREE RECEIVED:

NUMBER OF QUARTER/SEMESTER HOURS  
COMPLETED:

SCHOOL NAME (College/University):

LOCATION: (City, State)

CHECK YEAR COMPLETED:

1 2 3 4 5 6

DID YOU GRADUATE?

Yes No

MAJOR:

DEGREE RECEIVED:

NUMBER OF QUARTER/SEMESTER HOURS  
COMPLETED:

SCHOOL NAME (College/University):

LOCATION: (City, State)

CHECK YEAR COMPLETED:

1 2 3 4 5 6

DID YOU GRADUATE?

Yes No

MAJOR:

DEGREE RECEIVED:

NUMBER OF QUARTER/SEMESTER HOURS  
COMPLETED:

Continued on Next Page

## EMPLOYMENT HISTORY

Please list your work experience beginning with your most recent employment.

<b>Dates:</b> From: _____ To: _____	<b>EMPLOYER:</b> _____	<b>POSITION TITLE:</b> _____
<b>PHONE NUMBER:</b> _____	<b>SUPERVISOR:</b> _____	
<b>HOURS PER WEEK:</b> _____	<b>SALARY:</b> _____	<b>MAY WE CONTACT THIS EMPLOYER:</b> YES _____ NO _____
<b>DUTIES:</b> _____ _____		
<b>REASON FOR LEAVING:</b> _____		
<b>Dates:</b> From: _____ To: _____	<b>EMPLOYER:</b> _____	<b>POSITION TITLE:</b> _____
<b>PHONE NUMBER:</b> _____	<b>SUPERVISOR:</b> _____	
<b>HOURS PER WEEK:</b> _____	<b>SALARY:</b> _____	<b>MAY WE CONTACT THIS EMPLOYER:</b> YES _____ NO _____
<b>DUTIES:</b> _____ _____		
<b>REASON FOR LEAVING:</b> _____		
<b>Dates:</b> From: _____ To: _____	<b>EMPLOYER:</b> _____	<b>POSITION TITLE:</b> _____
<b>PHONE NUMBER:</b> _____	<b>SUPERVISOR:</b> _____	
<b>HOURS PER WEEK:</b> _____	<b>SALARY:</b> _____	<b>MAY WE CONTACT THIS EMPLOYER:</b> YES _____ NO _____
<b>DUTIES:</b> _____ _____		
<b>REASON FOR LEAVING:</b> _____		
<b>Dates:</b> From: _____ To: _____	<b>EMPLOYER:</b> _____	<b>POSITION TITLE:</b> _____
<b>PHONE NUMBER:</b> _____	<b>SUPERVISOR:</b> _____	
<b>HOURS PER WEEK:</b> _____	<b>SALARY:</b> _____	<b>MAY WE CONTACT THIS EMPLOYER:</b> YES _____ NO _____
<b>DUTIES:</b> _____ _____		

REASON FOR LEAVING:

Continued on Next Page

## SKILLS & CERTIFICATES

OFFICE SKILLS:

COMPUTER SKILLS:

OTHER SKILLS:

SPECIALIZED TRAINING:

ADDITIONAL CERTIFICATES:

*The purpose of questions 1-6 is to obtain information relevant to employment with Perry JFS.*

*Responses to these questions are required.*

1. Please indicate your county of residence.

2. **Summary of Qualifications** - In the area below, briefly describe the experience, education, training and other factors that qualify you for the position for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for this position. *If you need additional space, attach an extra sheet to this application.*

3. Please list below the specific course work areas at the high school level or beyond relevant to the position for which you are applying. Also indicate the number of courses you have successfully completed in each area. *Note: You may be required to submit a transcript.*

4. Have you ever been convicted of a felony? (A felony conviction may not automatically exclude you from consideration.)

\_\_\_\_\_ Yes \_\_\_\_\_ No

5. If you answered Yes to the previous question, please give date(s) of conviction(s) and explain.

6. If previously employed in a safety sensitive position, did you fail, test positive, or refuse, a DOT drug and alcohol test in the last 24 months? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable

7. If you answered Yes to the previous question, please give date(s) and explain.

8. How did you learn about this potential employment opportunity?

## CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Revised 5/21/15*