

**Edens Transit**  
 4201 Tacony Street  
 Philadelphia, PA 19124

**Application for Employment**

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

*Please Print*

Position Applied For:			Date of Application:	
How did you hear about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Other _____				
Last Name:		First Name:		Middle Name:
Address Number	Street Name	City	State	Zip Code
Telephone Number			Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with this company before?  Yes  No

Have you ever been employed with this company before? If yes, give date \_\_\_\_\_  
 Yes  No

Are you currently employed? If yes, give date \_\_\_\_\_  
 Yes  No

May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time    Part Time    Temporary

Are you currently on "layoff" status and subject to recall?  Yes  No

**Education**

	Name and Address of School	Course of Study	Years Completed	Diploma or Degree
Elementary School				
High School				
College				
Other (Please explain)				

## Employment Experience

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, gender, national origin, disabilities or other protected status.

Employer	Work Performed	Dates Employed	
Address	City	State	Zip
Telephone Number	Supervisor	From	To
Job Title	Reason for leaving	Hourly Rate / Salary	
		Starting	Final

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Telephone Number	Supervisor	From	To
Job Title	Reason for leaving	Hourly Rate / Salary	
		Starting	Final

*If you need additional space, please continue on a separate sheet of paper*

## References

1. _____	(____) _____
Name	Phone Number
2. _____	(____) _____
Name	Phone Number
3. _____	(____) _____
Name	Phone Number
4. _____	(____) _____
Name	Phone Number

***Additional Information***

***Other Qualifications***

Summarize special job-related skills and qualifications acquired from employment or other experiences. _____
_____
_____
_____
_____
_____
_____
_____

***Emergency Contact:***

In case of an emergency whom should we contact?

Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

***Please indicate your availability on each day.***

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

***Applicants Statement***

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

X \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

***We are an equal opportunity employer.***