



Chattanooga Area Regional Transportation Authority

1617 Wilcox Boulevard
Chattanooga, TN 37406

Employment Application

APPLICANT INFORMATION

Full Name: _____ Date: _____

Last

First

M.I.

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: _____

Date Available: _____

Desired Salary: _____

Position Applied for: _____

Are you authorized to work in the U.S.?

YES

NO

☐☐

Have you ever worked for this company?

YES

NO

☐☐

If yes, when? _____

Have you ever been convicted of a felony?

YES

NO

☐☐

If yes, explain: _____

Can you work all shifts?

YES

NO

☐☐

If no, explain: _____

Can you work weekends and/or holidays?

YES

NO

☐☐

If no, explain: _____

EDUCATION

High School: _____ Address: _____

Did you graduate?

YES

NO

☐☐

Degree: _____

College: _____ Address: _____

Did you graduate?

YES

NO

☐☐

Degree: _____

Other: _____ Address: _____

Did you graduate?

YES

NO

☐☐

Degree: _____

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

Date	Nature of Accident	Fatalities	Injuries

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Date	Location	Charge	Penalty

QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes _____ No _____

B. Has any license, permit, or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH A STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	

PREVIOUS EMPLOYMENT

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a
reference? YES ☐ NO ☐

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES
☐

NO
☐

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?

YES
☐

NO
☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Candidate Voluntary Self-Identification Form

Chattanooga Area Regional Transportation Authority (CARTA) **Confidential – For Reporting & Compliance Purposes Only**

Completion of this form is **voluntary** and will not affect your application or consideration for employment. This information is used solely to comply with federal and state equal opportunity laws and reporting requirements.

CANDIDATE INFORMATION

Full Name: _____

Position Applied For: _____

Date of Application: ____ / ____ / ____ Date Completed: ____ / ____ / ____

SEX AND GENDER IDENTITY (Check all that apply)

☐ Male

☐ Female

☐ Non-Binary

☐ Transgender

☐ Prefer to self-describe: _____

☐ Prefer not to answer

RACE/ETHNICITY (*Select one or more*)

- ☐ Hispanic or Latino
- ☐ White (Not Hispanic or Latino)
- ☐ Black or African American (Not Hispanic or Latino)
- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- ☐ Asian (Not Hispanic or Latino)
- ☐ American Indian or Alaska Native (Not Hispanic or Latino)
- ☐ Two or More Races (Not Hispanic or Latino)
- ☐ Prefer not to answer

DISABILITY STATUS (*Defined by the Americans with Disabilities Act*)

- ☐ Yes, I have a disability (or have had one in the past)
- ☐ No, I do not have a disability
- ☐ I do not wish to answer

A "disability" is a physical or mental impairment that substantially limits one or more major life activities, or a history or record of such an impairment.

PROTECTED VETERAN STATUS (*Defined under VEVRAA*)

- ☐ I identify as one or more of the classifications of protected veteran below
- ☐ I am not a protected veteran
- ☐ I do not wish to answer

Protected Veteran Categories:

- Disabled Veteran
- Recently Separated Veteran (within the past 3 years)
- Active-Duty Wartime or Campaign Badge Veteran
- Armed Forces Service Medal Veteran

This form is confidential and will not be used in the hiring decision process.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____