ACCESS TO JOBS TRANSPORTATION PROGRAM APPLICATION

Please print clearly. ***Complete ALL questions or the application cannot be processed.***

NAME_____
First Middle Initial Last

ADDRESS_____

PHONE NUMBER__(_____)_____CELL PHONE__(_____)_____

E-MAIL ADDRESS_____

NAMES AND AGES OF DEPENDENTS (spouse, children under age 18 in your household for whom you are the parent or legal guardian AND/OR children under age 18 who do not live with you and for whom you are court ordered to pay child support) _____

YOUR INCOME $_____ **Check one:** ____ hourly ____weekly ____ bi-weekly ____ monthly ____ annually

FAMILY INCOME (income of all family members i.e. spouse, mother father) living under the same roof
Family Member _____ Income $_____ **Check one:** __hourly __weekly __bi-weekly __monthly __ annually
Family Member _____ Income $_____ **Check one:** __hourly __weekly __bi-weekly __monthly __ annually

JOB INFORMATION

NAME OF COMPANY _____

ADDRESS (where you will be taken to work)_____

NAME OF CONTACT PERSON_____

CONTACT PERSON'S TITLE_____

PHONE NUMBER_____

IF THIS JOB IS THROUGH A TEMP AGENCY, WHICH ONE? _____

HOW MANY HOURS A WEEK DO YOU WORK? _____

WHAT HOURS OF THE DAY DO YOU WORK? _____

I hereby authorize _____ to furnish any information they may have concerning me
Name of Company
which they have on record or otherwise. I voluntarily and knowingly release _____
Name of Company
and all individuals connected therewith, from all liability whatsoever incurred in furnishing such information.

APPLICANT'S SIGNATURE _____**DATE** _____

APPLICATION CAN BE MAILED TO: OSHKOSH TRANSIT SYSTEM OR FAXED TO (920) 232-5343
926 DEMPSEY TR
OSHKOSH WI 54902

THERE WILL BE A $3.00 ADMINISTRATIVE FEE FOR THE CARD.
IF YOU HAVE ANY QUESTIONS, PLEASE CALL (920) 232-5340

NOTE: Falsifying information on this document represents fraud and may result in prosecution.

For office use only:

_____
Name of Person Reviewing Form Date

Employment Verified With_____

Card issued? _____ Yes _____ Yes w/stipulation _____No