

C1

**SUWANNEE VALLEY TRANSIT AUTHORITY
1907 VOYLES STREET
LIVE AOK, FLORIDA 32064**

EMPLOYMENT APPLICATION

APPLICATION FOR THE POSITION OF: DIRECTOR OF OPERATIONS

DATE: 2011-09-30

PERSONAL INFORMATION

NAME: STEELE, W. Bill

ADDRESS: [REDACTED]

HOME TELEPHONE: [REDACTED]

PERMANENT ADDRESS (if different from above) SAME

DO YOU HAVE A VALID FLORIDA DRIVER'S LICENSE YES

DO YOU HAVE A VALID FLORIDA CDL? NO

ARE YOU OR HAVE BEEN REQUIRED TO REGISTER AS A SEX OFFENDER: NO

ARE YOU OR HAVE BEEN REQUIRED TO REGISTER WITH THE STATE FOR ABUSE OF A CHILD, THE
ELDERLY OR THE HANDICAP? NO

HAVE YOU BEEN CONVICTED FOR VIOLATION OF ANY STATUTE LISTED IN THE "AFFIDAVIT OF GOOD
MORAL CHARACTER"? (If yes, please explain.) NO

HAVE YOU BEEN CONVICTED FOR ANY DRIVING OFFENSES? (If so please explain) NO

DO YOU HAVE ANY PHYSICAL HANDICAP, DISEASE OR DISABILITY THAT WOULD NEED TO BE
CONSIDERED IN ASSIGNING YOU WORK? (If yes, please explain) NO

12

REFERENCESPERSONAL INFORMATION

NAME [REDACTED]

ADDRESS [REDACTED]

OCCUPATION / COMPANY First Great Conn

YEARS KNOWN 20⁷

I HEREBY CERTIFY THAT ALL STATEMENTS IN HERE ARE TRUE TO THE BEST OF MY KNOWLEDGE

SIGNATURE Wm. H. H. DATE 1 DEC 2011

SPACE TO ADD EXPLANATIONS: