

Blacksburg Transit Operator Information Form

New Hire _____ Update _____ Effective Date _____

FULL NAME _____ Employee Number _____

Operator's CDL License # _____ Expiration Date _____

Date of Birth _____

Local Address _____

Permanent Address _____

Current/Permanent Phone _____

Work/Cell Phone _____

E-Mail Address _____

EMERGENCY CONTACT #1 _____

Relationship _____

Address _____

Phone _____

EMERGENCY CONTACT #2 _____

*(*2 emergency contacts are required*)*

Relationship _____

Address _____

Phone _____

Contact Human Resources or Operations Support Supervisor for information updates