



# EMPLOYMENT APPLICATION

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Bay State Transit Services considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, BSTS complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. Bay State Transit Services also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans With Disabilities Act and applicable state and local laws. We invite all disabled individuals who need assistance in the application or employment process to advise the Human Resource Office of that need and suggest the kind of accommodation that would be appropriate.

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Current Address:  
Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Referred by: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Are you willing to work overtime as necessary?  Yes  No Date you can start: \_\_\_\_\_

Is there anything that would prevent you from performing in a reasonable and safe manner the activities involved in the position for which you have applied?  
 Yes  No If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime?\*  Yes  No If yes, state nature of offense, when, where, and disposition. \_\_\_\_\_

\*A conviction record will not necessarily be a bar to employment. This information will be used only for job-related purposes and only to the extent permitted by applicable law.

Federal laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization upon employment. Are you authorized to work for all employers in the United States on a full-time basis, or only for your current employer?  All employers  Current employer only

## RECORD OF EDUCATION

Name and School Address	Number of Years Attended	Major/Minor	Received Degree		Type of Degree
			Yes/No		
_____	/	/	/	/	
_____	/	/	/	/	
_____	/	/	/	/	
_____	/	/	/	/	

**PRIOR WORK HISTORY** (List in order, last or current employer first.) Account for any gaps in your employment.

(1) Company Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_

Describe in detail the work you performed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(2) Company Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_

Describe in detail the work you performed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(3) Company Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_

Describe in detail the work you performed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(4) Company Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_

Describe in detail the work you performed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(5) Company Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Employed From: \_\_\_\_\_ To \_\_\_\_\_

Position: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_ Last Wage: \_\_\_\_\_

Describe in detail the work you performed. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE RECORD**

Have you ever served in the U.S. Armed Forces? [ ] Yes [ ] No List duties in the Service, including special training that is relevant to the position for which you have applied. \_\_\_\_\_

**LANGUAGES**

	SPEAK			READ			WRITE		
	Fluently	Good	Fair	Fluently	Good	Fair	Fluently	Good	Fair
_____	/	/	/	/	/	/	/	/	/
_____	/	/	/	/	/	/	/	/	/
_____	/	/	/	/	/	/	/	/	/

**PROFESSIONAL LICENSE/CERTIFICATION OR REGISTRATION DATA**

License Number \_\_\_\_\_ Type \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
License Number \_\_\_\_\_ Type \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
License Number \_\_\_\_\_ Type \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
License Number \_\_\_\_\_ Type \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

**SPECIFIC SKILLS AND EXPERIENCE:**

<u>DATES PERFORMED</u>		<u>DESCRIPTION OF SKILLS AND EXPERIENCE</u>	<u>WHERE DID YOU OBTAIN EXPERIENCE</u>
<u>FROM</u>	<u>TO</u>		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**PREEMPLOYMENT STATEMENT** *(Please read carefully and sign the statement below)*

I understand and agree that:

I certify that all statements made on this application for employment are true and correct to the best of my knowledge and belief, and I understand that any misrepresentation or omission of material facts on the application or during any interviews, may be justification of refusal of employment, or, if employed, termination from Bay States Transit Services employ.

I hereby apply for employment with this Company and I authorize this Company to conduct a background investigation and agree to cooperate in such investigation; to verify any of the statements made; to solicit information desired in connection with this application, including matters of opinion relating to character, ability, and past conduct. I authorize each individual and organization named above to release such information; and release from all liability or responsibility all persons, companies or organizations supplying such information.

Any offer of employment I may receive from BST is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to BST.

I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of BST. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to BST.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. (i.e., valid driver's license and social security card)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# EMPLOYMENT APPLICATION



## APPLICANT EEO DATA FORM

Federal and State agencies periodically require that we supply them with information regarding the sex, race, disability and veteran status of our applicants. Therefore we are requesting that you provide us with the following information so we can meet these reporting requirements. This information is considered Company Confidential and will only be used for reporting purposes. Your completion of this form is strictly voluntary.

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Job Title of Position: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Sex  Male  Female

- Ethnic Status
- White (Not of Hispanic origin.) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
  - Black (Not of Hispanic origin.) All persons having origins in any of the Black racial groups of Africa.
  - Hispanic All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
  - Asian/Pacific Islander All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands and Samoa.
  - American Indian/ Alaskan Native All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

We invite all special disabled veterans, veterans of the Vietnam era, and disabled individuals who believe they are covered by the Rehabilitation Act of 1973, and who wish to benefit under our Affirmative Action Program, to identify themselves. This information is voluntary, and will be kept confidential. Disclosure or refusal to provide it will not subject you to any adverse treatment, and it will only be used in accordance with the Acts and the regulations.

- Special Disabled Veteran (A) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veteran's Affairs for the disability i. Rated at 30% or more or ii. Rated at 10 or 20% in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment handicap, or (B) a person who was discharged or released from active duty because of a service-connected disability.
- Vietnam Era Veteran A veteran, any part of whose active military, naval or air service was during the period August 5, 1964, through May 7, 1975, who i. Served on active duty for a period of more than 180 days and was discharged or released therefrom the other than a dishonorable discharge, or ii. was discharged or released from active duty because of a service-connected disability.

### Disabled

- Yes We encourage our disabled applicants to discuss with the Human Resources department any accommodations which would enable them to perform their job more efficiently and safely. Additionally, disabled employees should discuss with their supervisor any special methods, skills and procedures which would qualify them for positions that they might not otherwise be able to do because of their disability.
- No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature

Date