SOUTHCoast Transit Management, Inc

Application for Employment

Note to Applicant: Please advise us in advance if you require an accommodation to complete this application.

We are an Equal Employment Opportunity employer. We do not discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age, disability, or any other consideration made unlawful by applicable federal, state, or local laws.

As a matter of policy and for the safety of the communities we serve, we consistently apply background checking standards to all applicants. It is essential that all information requested, including educational background, work, criminal and residential history, be complete and accurate.

Instructions: Please type or print in black or blue ink. Answer all questions, checking all boxes that apply. Answer "none" on questions that do not apply. Additional forms are available for each section if needed.

GENERAL INFORMATION

Last Name	**First**	**Middle**	**Date of Application:** / /
Present Address: Street	City	County State Zip	**From? (mo/ yr)**
Telephone Number and Area Code: Primary ( ) Secondary ( )	**Email address:**		**If hired, can you present evidence of your legal right to work in the US?** ☐ Yes ☐ No

List any other names that you have used in the past 7 years

Name Used	City	County	State	From / To

List all addresses for the past 7 years

Street	City	County	State	From (mo/yr)	To (mo/yr)

Have you ever been fired or asked to resign by an employer? ☐ Yes ☐ No	**If yes, explain:**		
What position are you applying for?	**Minimum salary / wage requirement:**		
How were you referred to our company?	☐ Banner ☐ Flyer ☐ Print Ad ☐ On-line Ad ☐ Radio/TV Ad ☐ State Employment Agency ☐ Job Fair ☐ Community Organization ☐ Employee referral-Name: ☐ Other		
Have you ever worked for our company in the past? ☐ Yes ☐ No	**Where?**	**When?**	
Have you applied to our company in the past? ☐ Yes ☐ No	**Where?**	**When?**	
If hired, what date are you available to start work? / /	**Are you seeking employment in** Fall River ☐ New Bedford ☐ Fall River or New Bedford ☐	**Are you applying for:** ☐ Full-time ☐ Part-time	**Are you able to work:** ☐ Days ☐ Evenings ☐ Weekends

We are an Equal Opportunity Employer that values diversity

Note: A pre-employment drug test and criminal history check are required for employment

EDUCATIONAL BACKGROUND

	Name and city/state of school or college	Circle highest grade completed	Did you graduate?	What was your degree and major?
Elementary and Junior High / Middle School		1 2 3 4 5 6 7 8		
High School and/or G.E.D.		9 10 11 12	☐ Yes ☐ No	
College		1 2 3 4	☐ Yes ☐ No	Degree ____________ Major ____________
Trade, Business, Correspondence or Graduate School		Degree / Certificate earned:	☐ Yes ☐ No	Degree ____________ Major ____________
List any other training or educational programs of note:				
List any academic honors or other special recognition you have received:				
List any extracurricular activities and school offices of note:				

EMPLOYMENT HISTORY

All employment for the past 10 years must be noted below, including jobs held while in school or while in the military. Record your present or most recent position first and go back in chronological order. Resumes may not be substituted for any information requested, but may be submitted as an addendum to the completed application. Complete all questions for each position.

* **Massachusetts applicants** may include any verified work performed on a volunteer basis.

Employer name:	**Dates employed (mo/yr):**		**Salary / pay rate:**	
	From: /	To: /	Beginning:	Ending:
Employer address:		**Employer phone #:**	**Supervisor's name & title:**	
Position(s) held:	**Briefly explain your job duties & responsibilities including supervisory experience:**			
May we contact this employer?	**Reason for leaving:**			
☐ Yes ☐ No				

Employer name:	**Dates employed (mo/yr):**		**Salary / pay rate:**	
	From: /	To: /	Beginning:	Ending:
Employer address:		**Employer phone #:**	**Supervisor's name & title:**	
Position(s) held:	**Briefly explain your job duties & responsibilities including supervisory experience:**			
May we contact this employer?	**Reason for leaving:**			
☐ Yes ☐ No				

Employer name:	**Dates employed (mo/yr):**		**Salary / pay rate:**	
	From: /	To: /	Beginning:	Ending:
Employer address:		**Employer phone #:**	**Supervisor's name & title:**	
Position(s) held:	**Briefly explain your job duties & responsibilities including supervisory experience:**			
May we contact this employer?	**Reason for leaving:**			
☐ Yes ☐ No				

IDENTIFY AND EXPLAIN ANY EMPLOYMENT GAPS, OR PERIODS OF UNEMPLOYMENT OF 30 DAYS OR LONGER THAT HAVE OCCURRED IN THE PAST 5 YEARS (Information is used for confirming work history. You need not be currently employed at the time of application to be eligible for hire)		
Dates:		**Reason:**
From:	**To:**	

ADMINISTRATIVE SUPPORT APPLICANTS ONLY				
Type of experience	**Length of experience**		**Type of experience**	**Length of experience**
AP / AR			**Microsoft Excel**	
Multi-line phone system			**Microsoft Word**	
Typing / keyboarding		**WPM:**	**Microsoft Outlook**	
10-key calculator		**Accuracy:**	**Microsoft PowerPoint**	
List any other skills which are relevant for the position you seek:				

COMPUTER EXPERIENCE		
Software & Hardware (PC or platforms)	**Length of experience**	**Skill level (beginner, moderate, expert)**

ADDITIONAL QUALIFICATIONS
Briefly describe any other relevant qualifications

APPLICANT'S STATEMENT AND RELEASE

I certify that all statements made on this Application for Employment and in any subsequently executed questionnaire or employment document are true and correct. I understand that any material falsifications or omissions made on this application, or on any pre-employment document, may result in termination of my candidacy or any subsequent employment.

If an employee relationship is established, I understand that such employment is terminable at will at any time, for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for any specific duration. In addition, I understand that no one is authorized to make oral exceptions to this policy, and written exceptions are permitted only when they are signed by the President of the Company or his or her designee.

I authorize the Company and its representatives to conduct background evaluations and obtain information including but not limited to, criminal history checks from federal, state or local authorities, the Department of Transportation (DOT) and/or the Federal Transportation Administration (FTA).

I hereby expressly authorize such inquiries and fully release and discharge the Company and consumer reporting agency, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity, agency, or other source providing information to a consumer reporting agency from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

***Note to Maryland Applicants:** Initial _____ **I UNDERSTAND THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING $100.**

***Note to Massachusetts' Applicants:** Initial: _____ I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

***Note to New York Applicants:** Initial: **_____**I have received a printed copy of the New York Correction Law; Article 23-A.

I acknowledge that any offer of employment is conditioned upon my taking a drug screen and the Company's receipt of satisfactory results of such a test and receipt of satisfactory background checks and, if necessary to determine ability to perform essential duties of the position offered, the satisfactory results of physical examination.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Name:		**Date:**	
Applicant Signature:			

Note: This Application for Employment will be considered active for 90 calendar days.

INTERNAL USE ONLY			
Individual receiving & reviewing application:	Title:	Your location #:	Date:

APPLICANT DISPOSITION:			
☐	A. Applicant withdrew from process	☐	H. Conditional offer made
☐	B. Disclosure of a disqualifying event	☐	I. Falsification of application
☐	C. Cannot work required hours	☐	J. Failed reference / previous employment check
☐	D. Application reviewed—not selected	☐	K. Failed pre-employment drug test / DOT physical
☐	E. Interviewed—not selected	☐	L. Failed MVR check
☐	F. Failed pre-employment test or license requirement	☐	M. Failed criminal background check
☐	G. Does not meet minimum age requirement	☐	N. Does not meet the minimum education requirement