

# APPLICATION FOR EMPLOYMENT

## STATE/LOCAL MANDATED RESTRICTIONS

### MINIMUM HIRING STANDARDS SAFETY SENSITIVE POSITIONS

Thank you for your interest in employment with SCTM. SCTM is an Equal Opportunity Employer that welcomes your application.

If an offer of employment is made to you, it will be contingent upon satisfactory results obtained from a pre-employment background review. This review includes but may not be limited to:

- Motor Vehicle Record(s)
- Criminal History
- Drug Testing
- Federal Transportation Administration (FTA) / Department of Transportation (DOT) required physical examination(s)
- Prior Employment History

**Please note that any falsification or omissions in information provided on any pre-employment document may result in disqualification from the hiring process.**

*What follows is general employment criteria considered by SCTM for all Safety Sensitive Positions.*

#### General

- High School Diploma or Equivalent
- At least 21 years of age. This requirement does not apply to select maintenance technician positions

#### Employment and Background

- Verification of the last seven (7) years of residency
- Verification of employment history
- Explanation for any gap in employment exceeding thirty (30) calendar days

#### Motor Vehicle Record

- A valid driver's license in the state in which you reside
- A minimum of three (3) years of driving experience.
- No more than two (2) moving violations within the past thirty-six (36) months
- No more than (2) accidents (verified by corresponding violation or points associated with accident) within the past thirty-six (36) months
- The ability to obtain a Commercial Drivers License (CDL) as required by the position

#### Criminal Conviction History\*\*

*Criminal conviction(s) involving one of the following may potentially disqualify you from employment opportunities with SCTM:*

- Any crime against a child or vulnerable adult (i.e. disabled, elderly or infirmed)
- Kidnapping / Abduction
- Murder / Manslaughter / Attempted Murder / Vehicular Homicide
- The possession, manufacture, cultivation, use or distribution of illegal substances or associated paraphernalia
- The unlawful use, possession, distribution, disposal or alteration of a firearm or weapon
- Any act of violence upon another individual
- Theft, dishonesty
- Any offense of a sexual or indecent nature including but not limited to the unlawful possession of publications and images, and/or downloading of such images for the managing and assessing of any website containing unlawful sexual content
- Driving Under the Influence (DUI) or Driving While Intoxicated (DWI)

#### Drug Testing

- Applicants must pass a pre-employment drug screen

#### FTA and DOT Requirements

- The ability to pass an FTA/DOT mandated physical examination or an approved state-specific physical for non-DOT driving positions
- The willingness to comply with FTA/DOT substance abuse regulations and testing requirements outlined in CFR 665 and CFR part 40

\*Safety Sensitive Positions include; dispatchers, drivers/operators, maintenance technicians, field management/supervisors, and utility personnel

*Please note that in some instances Additional Minimum Hiring Standards may be required due to State and/or Federal regulations.*



## Application for Employment Safety Sensitive Positions\*

**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, SCTM consistently applies 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:<br>/ /  |              |  |
| Present Address: Street  | City  | County        | State  | Zip          | From (mo/ yr)  |
| Telephone Number and Area Code:<br>Primary ( )                                 |       | Secondary ( ) | Email address:   |              | If hired, can you present evidence of your legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Security #:<br><i>To Be Provided during Background Check Processing</i> |       |               | Date of Birth:<br><i>To Be Provided during Background Check Processing</i> |              |  |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |   | If yes, explain:   |   |       |  |
| What position are you applying for?  |   | Minimum salary / wage requirement:   |   |       |  |
| How were you referred to our company?  | <input type="checkbox"/> Banner <input type="checkbox"/> Flyer <input type="checkbox"/> Print Ad <input type="checkbox"/> On-line Ad <input type="checkbox"/> Radio/TV Ad <input type="checkbox"/> State Employment Agency <input type="checkbox"/> Job Fair<br><input type="checkbox"/> Community Organization <input type="checkbox"/> Employee referral-Name: <input type="checkbox"/> Other |  |   |       |  |
| Have you ever worked for our company previously? <input type="checkbox"/> Yes <input type="checkbox"/> No            | Where?  |  |   | When? |  |
| Have you ever applied to our company before? <input type="checkbox"/> Yes <input type="checkbox"/> No                | Where?  |  |   | When? |  |
| If hired, what date are you available to start work? / /   | Are you seeking employment in<br>Fall River <input type="checkbox"/> New Bedford <input type="checkbox"/><br>Fall River or New Bedford <input type="checkbox"/>   | Are you applying for:<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | Are you able to work:<br><input type="checkbox"/> Days <input type="checkbox"/> Evenings<br><input type="checkbox"/> Weekends |       |  |

\*Dispatchers, Drivers/Operators, Maintenance/Technicians, Location Management/Supervisors, and Utility Personnel

**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<br>5 6 7 8             |   |                                 |
| High School and/or G.E.D.  |  | 9 10 11 12                     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                 |
| College  |  | 1 2 3 4                        | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Degree _____<br>Major _____     |
| Trade, Business, Correspondence or Graduate School                       |  | Degree / Certificate earned:   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Degree _____<br>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 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.

|  |   |       |  |         |
|--|---|-------|--|---------|
| <b>Employer name:</b>  | <b>Dates employed (mo/yr):</b>  |       | <b>Salary / pay rate:</b>                                |         |
|  | From: /   | To: / | Beginning:   | Ending: |
| <b>Employer address:</b>   | <b>Employer phone #:</b>  |       | <b>Supervisor's name &amp; title:</b>                    |         |
|  |   |       |  |         |
| <b>Position(s) held:</b>   | <b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b> |       |  |         |
|  |   |       |  |         |
| <b>May we contact this employer?</b>   | <b>Reason for leaving:</b>  |       |  |         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |   |       |  |         |
| <b>Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)?</b> |   |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>Employer name:</b>  | <b>Dates employed (mo/yr):</b>  |       | <b>Salary / pay rate:</b>                                |         |
|  | From: /   | To: / | Beginning:   | Ending: |
| <b>Employer address:</b>   | <b>Employer phone #:</b>  |       | <b>Supervisor's name &amp; title:</b>                    |         |
|  |   |       |  |         |
| <b>Position(s) held:</b>   | <b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b> |       |  |         |
|  |   |       |  |         |
| <b>May we contact this employer?</b>   | <b>Reason for leaving:</b>  |       |  |         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |   |       |  |         |
| <b>Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)?</b> |   |       | <input type="checkbox"/> Yes <input type="checkbox"/> No |         |
| <b>Employer name:</b>  | <b>Dates employed (mo/yr):</b>  |       | <b>Salary / pay rate:</b>                                |         |
|  | From: /   | To: / | Beginning:   | Ending: |
| <b>Employer address:</b>   | <b>Employer phone #:</b>  |       | <b>Supervisor's name &amp; title:</b>                    |         |
|  |   |       |  |         |
| <b>Position(s) held:</b>   | <b>Briefly explain your job duties &amp; responsibilities including supervisory experience:</b> |       |  |         |
|  |   |       |  |         |
| <b>May we contact this employer?</b>   | <b>Reason for leaving:</b>  |       |  |         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                     |   |       |  |         |
| <b>Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)?</b> |   |       | <input type="checkbox"/> Yes <input type="checkbox"/> 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: |         |
|        |     |         |
|        |     |         |
|        |     |         |
|        |     |         |

**LICENSE INFORMATION**

| State  | License # | Type  | Expiration date  |
|--|-----------|---|--|
|  |           |   |  |
| A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?                |           |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| B. Has any license, permit or privilege ever been suspended or revoked?                                |           |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| C. Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulation? |           |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| D. Have you in the past three (3) years failed or refused a DOT-mandated pre-employment test(s)?       |           |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "YES" to any of the above, explain:   |           |   |  |
|  |           |   |  |
|  |           |   |  |
| How many years of driving experience do you have?  |           | <input type="checkbox"/> Less than 3 years <input type="checkbox"/> 3 years or more |  |

**DRIVING EXPERIENCE**

| Class of equipment  | Type of equipment (van, tank, flat, etc.)    | Dates  |    | Approximate total number of miles |
|---|--|--------|----|-----------------------------------|
|   |  | From   | To |                                   |
| Straight Truck  |  |        |    |                                   |
| Auto or Van   |  |        |    |                                   |
| Bus   |  |        |    |                                   |
| Other _____   |  |        |    |                                   |
| List all states where you have held a CDL in the last five years:                       |  |        |    |                                   |
| List special driving courses or training you have received:                             |  |        |    |                                   |
| What driving awards have you received? From whom?                                       |  |        |    |                                   |
| Have you had experience supervising children or vulnerable adults? Explain:             |  |        |    |                                   |
| Have you ever driven a bus?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, for what company or school district? | Dates: |    | Salary / pay rate:                |
|   |  |        |    |                                   |

**ACCIDENT REVIEW FOR PAST 3 YEARS**

|                | Date | Nature of accident (head-on, rear-end, upset, etc.) | Fatalities | Injuries (other than yourself) |
|----------------|------|---|------------|--------------------------------|
| Last collision |      |   |            |                                |
| Next previous  |      |   |            |                                |
| Next previous  |      |   |            |                                |

**IMPAIRED DRIVING CONVICTIONS—DRIVING UNDER THE INFLUENCE (DUI) / DRIVING WHILE INTOXICATED (DWI)**

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

**TRAFFIC CITATIONS / CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)**

| Location | Date | Charge | Penalty |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |
|          |      |        |         |

**TECHNICIAN / MECHANIC APPLICANTS ONLY**

| Type of experience  | Length of experience | Type of experience              | Length of experience                                     |
|---|----------------------|---------------------------------|--|
| Engine tune-up; Diesel  |                      | Air Brakes / Steering           |  |
| Engine tune-up; Gas   |                      | Brakes / Steering               |  |
| Electrical Systems  |                      | Lubrication                     |  |
| Clutch & Transmission-Truck   |                      | Tire repair                     |  |
| Inspection License Class  |                      | Do you own your own shop tools? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List current ASE's:   |                      |                                 |  |
| Describe your diagnostic experience:                                |                      |                                 |  |
| List any other skills which are relevant for the position you seek: |                      |                                 |  |

**ADDITIONAL QUALIFICATIONS**

Briefly describe any other relevant qualifications

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**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.

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.

|                             |  |              |  |
|-----------------------------|--|--------------|--|
| <b>Applicant Name:</b>      |  | <b>Date:</b> |  |
| <b>Applicant Signature:</b> |  |              |  |

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.**

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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 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.

|  |
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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.

|                             |  |              |  |
|-----------------------------|--|--------------|--|
| <b>Applicant Name:</b>      |  | <b>Date:</b> |  |
| <b>Applicant Signature:</b> |  |              |  |

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

# Voluntary Disclosure Form

Date \_\_\_\_\_

Regulations of the Equal Employment Opportunity Commission (EEOC) and the Office of Federal Contract Compliance Programs (OFCCP) require employers to compile data regarding the nature and makeup of their work forces in order to further the goals of Title VII of the Civil Rights act of 1964 as amended. Your responses to the following questions will help us comply with this requirement.

**Completion of this questionnaire is entirely voluntary.** Should you opt to complete the questionnaire, your response will be used solely for the purposes of preparing reports required by the EEOC. Your response will be kept confidential, and will play no part in our evaluation of your suitability for employment, employment performance or status. The completed questionnaire will be kept separate from your application, and any subsequent personnel file.

We appreciate your assistance.

Position applied for (indicate only one position per form): \_\_\_\_\_

Last 4 digits of Social Security Number: XXX-XX- \_\_\_\_\_

### SEX (check one)

Male (M)       Female (F)

### GROUP STATUS (check one)

1.  Hispanic or Latino (Cuban, Mexican Puerto Rican, South or Central American or other Spanish culture or origin regardless of race)
2.  White (Not Hispanic or Latino)
3.  Black or African American (Not Hispanic or Latino)
4.  Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
5.  Asian (Not Hispanic or Latino)
6.  American Indian or Alaska Native (Not Hispanic or Latino)
7.  Two or More Races (Not Hispanic or Latino)

### FOR OFFICE USE ONLY

Company Job Title \_\_\_\_\_

EEO Group Status:       1       2       3       4       5       6       7

EEO Job Group:       1       2       3       4       5       6       7       8       9       10

Location/Department Name \_\_\_\_\_

Location Code \_\_\_\_\_

*Job Group Key:* 1. Exec / Sr. Mgrs. 2. First/Mid Level Mgrs. 3. Professionals 4. Technicians (requiring post secondary education). 5. Sales Workers 6. Admin. Support Workers 7. Craft Workers (includes mechanics) 8. Operatives (includes bus drivers) 9. Laborers & Helpers 10. Service Workers

