

# Cape Ann Transit Management Company, Inc.

## Application for Employment

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

(Location), is an Equal Employment Opportunity employer. (Location) does 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, (Location) consistently applies background checking standards to all applicants. It is essential that all information requested, including educational background, work, 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)                        |
| Email address:   |  |   |                   | If hired, can you present evidence of your legal right to work in the US? Yes No |              |                                      |
| Telephone Number and Area Code: Primary ( ) Secondary ( )                |  |   |                   |  |              |                                      |
| 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? (Circle one) |  | If yes, explain:  |                   |  |              |                                      |
| Yes No   |  |   |                   |  |              |                                      |
| What position are you applying for?                                      |  | Minimum salary / wage requirement:  |                   |  |              |                                      |
| What company are you applying to?(Circle one)                            |  | (Location)  |                   |  |              |                                      |
| How were you referred to our company?                                    |  | Banner Flyer Print Ad On-line Ad Radio/TV Ad State Employment Agency Job Fair |                   |  |              |                                      |
|  |  | Employee referral: _____  |                   |  | Other: _____ |                                      |
| Have you ever worked for (TMOM)?   |  | Where?  |                   |  | When?        |                                      |
|  |  |   |                   |  |              |                                      |
| Have you ever applied to (TMOM)?   |  | Where?  |                   |  | When?        |                                      |
|  |  |   |                   |  |              |                                      |
| If hired, what date are you available to start work?                     |  | Are you applying for:<br>Full-time Part-time                                  |                   | Are you able to work:<br>Days Evenings Weekends                                  |              | Previous Military Service:<br>Yes No |
| EDUCATIONAL BACKGROUND   |  |   |                   |  |              |                                      |
|  | Name and city/state of school or college | Circle highest grade  | Did you graduate? | What was your degree and major?  |              |                                      |
| High School and/or G.E.D.  |  | 9 10 11 12  | Yes No            |  |              |                                      |
| College  |  | 1 2 3 4   | Yes No            | Degree _____<br>Major _____  |              |                                      |
| Trade, Business, Correspondence or Graduate School                       |  | Degree / Certificate earned:  | Yes No            | Degree _____<br>Major _____  |              |                                      |
| List any other training or educational programs of note:                 |  |   |                   |  |              |                                      |
| List any extracurricular activities and school offices to note:          |  |   |                   |  |              |                                      |

**EMPLOYMENT HISTORY**

All employment for the past five (5) 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 from today's date. Any gaps in employment greater than 30 days must be explained. You do not need to be currently employed to be eligible for hire.

\*Massachusetts applicants may include any verified work performed on a volunteer basis. They need not include organizational names that would indicate possible membership in a protected class

|                                      |  |   |                          |                                       |         |
|--------------------------------------|--|---|--------------------------|---------------------------------------|---------|
| <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>  |                          |                                       |         |
| Yes      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>  |                          |                                       |         |
| Yes      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>  |                          |                                       |         |
| 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 / key-boarding   | WPM:                 | Microsoft Outlook    |                      |
| 10-key calculator   | Accuracy:            | Microsoft PowerPoint |                      |
| List any other skills which are relevant for the position you seek: |                      |                      |                      |

**OTHER COMPUTER EXPERIENCE**

| Software & Hardware (PC or platforms) | Length of Experience | Skill level (beginner, moderate, expert) |
|---------------------------------------|----------------------|--|
|                                       |                      |  |
|                                       |                      |  |
|                                       |                      |  |

**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 documents 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 this 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.

The Company will consider for employment qualified applicants with criminal history in a manner consistent with San Francisco Police Code Art. 49, §§ 4901-4920.

**\*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.

I acknowledge that any offer of employment is conditioned upon my taking an employment substance abuse test(s) and the Company's receipt of satisfactory results of such a test(s) 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.**

**INTERNAL USE ONLY**

|  |               |                         |              |
|--|---------------|-------------------------|--------------|
| <b>(Print) Name of General Manager</b> | <b>Title:</b> | <b>Your location #:</b> | <b>Date:</b> |
|  |               |                         |              |
| <b>Signature of General Manager:</b>   |               |                         |              |
|  |               |                         |              |

**APPLICANT DISPOSITION:**

|   |   |
|---|---|
| <input type="checkbox"/> A. Applicant withdrew from process     | <input type="checkbox"/> F. Failed pre-employment test or license requirement |
| <input type="checkbox"/> B. Disclosure of a disqualifying event | <input type="checkbox"/> G. Does not meet minimum age requirement             |
| <input type="checkbox"/> C. Cannot work required hours          | <input type="checkbox"/> H. Conditional offer made                            |
| <input type="checkbox"/> D. Application reviewed—not selected   | <input type="checkbox"/> I. Falsification of Application                      |
| <input type="checkbox"/> E. Interviewed—not selected            |   |