

MCTA

Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date _____

Last name _____ First name _____ Middle name _____

Street Address _____

City _____ State _____ ZIP _____

Telephone _____ Social Security # _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Are you looking for full-time employment? Yes No

Do you hold a valid driver's license? Yes No (Driver License Number) _____

Do you have any physical limitations? Yes No

Do you have reliable transportation to and from work other than the MCTA? Yes No

Have you ever been convicted of a felony in the last 7 years? (This will not necessarily affect your application.)
 Yes No

If yes, please describe conditions. _____

Employment Desired

Position applied for _____

How did you hear of this opening? _____

Have you ever applied for employment here? Yes No

When? _____ Where? _____

Have you ever been employed by this company? Yes No

When? _____ Where? _____

Are you presently employed? Yes No

May we contact your present employer? Yes No

Are you available for full-time work? Yes No

Are you available for part-time work? Yes No

Will you relocate? Yes No

Are you willing to travel? Yes No If yes, what percent? _____

Date you can start _____

Desired position _____

Please list applicable skills _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Post-College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

Please list any scholastic honors received and offices held in school.

Are you planning to continue your studies? Yes No

If yes, where and what courses of study?

Employment History (Start with most recent employer)

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities _____
Reason for leaving _____

Company Name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Responsibilities _____
Reason for leaving _____

Company Name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____

May we contact? Yes No

Responsibilities _____

Reason for leaving _____

References

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Emergency Contact

In case of emergency, please notify:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at the MCTA is "at will," which means that either I or the MCTA can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

The MCTA has a 90 day probationary period.

The Americans with Disabilities Act gives civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. It guarantees equal opportunity for individuals with disabilities in public accommodations, employment, transportation, State and local government services, and telecommunications

Signature _____ Date _____