

**Professional Transit Management of Attleboro, Inc.
APPLICATION FOR EMPLOYMENT**

DATE: _____

**Mail Completed Application along with copy of Driver's License
and Driving Record to:**

PTM of Attleboro, Inc. Attn: Paulette 2 Oak Street, Taunton, MA 02780

JOB DATA Please print & fill in application completely, **DO NOT** leave blank areas. Incomplete applications will not be considered.

Position applying for: Bus Operator Van Operator Office Maintenance Other (Specify: _____)

Type of employment desired: Full-time Part-time Type of shift(s) desired: Day Evening Night Weekend Night-shift

Have you ever applied to or previously worked for PTM of Attleboro, Inc.? Yes No If yes, list date(s):

Do you have any relatives or friends currently working for PTM of Attleboro, Inc.? Yes No

If yes, state their name and relationship to you:

How were you referred to our company or how did you become aware of this opening? Date available to start work:

PERSONAL DATA

Name: Last	First	Middle	Social Security Number
			____ - ____ - ____
Address: Street	City	State/Zip	Home # (_____) _____ - _____
			Cell # (_____) _____ - _____

Can you provide original documentation of your identity and eligibility to work in the United States? Yes No

DRIVING LICENSE INFORMATION (complete only if you are applying for a safety-sensitive position)

Do you have a valid MA or RI driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unexpired License #	State	Class	Expiration Date	Valid MA or RI CDL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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List all other states where you have held a driver's license in the past 10 years:

Have you ever been denied a license or permit to operate a motor vehicle? Yes No If yes, please explain:

Has your license ever been suspended or revoked? Yes No If yes, please explain:

List Endorsements:

EMPLOYMENT HISTORY Completely list all prior employment (most recent first) during the past **10 years**, even if you submit a resume. Please include any military service.

1. PRESENT/LAST EMPLOYER				2. PREVIOUS EMPLOYER			
Job Title: _____				Job Title: _____			
Address _____				Address _____			
City _____		State _____		City _____		State _____	
Zip _____		Zip _____		Zip _____		Zip _____	
Telephone (with area code) _____		May we contact this employer? Yes No		Telephone (with area code) _____		May we contact this employer? Yes No	
Name/Title of Supervisor _____				Name/Title of Supervisor _____			
Date Started: Month _____ Year _____		Date Left: Month _____ Year _____		Date Started: Month _____ Year _____		Date Left: Month _____ Year _____	
Starting Pay \$ _____ Per _____		Ending Pay: \$ _____ Per _____		Starting Pay \$ _____ Per _____		Ending Pay: \$ _____ Per _____	
Duties/Work Performed _____				Duties/Work Performed _____			
Reason for Leaving _____				Reason for Leaving _____			
3. PREVIOUS EMPLOYER				4. PREVIOUS EMPLOYER			
Job Title: _____				Job Title: _____			
Address _____				Address _____			
City _____		State _____		City _____		State _____	
Zip _____		Zip _____		Zip _____		Zip _____	
Telephone (with area code) _____		May we contact this employer? Yes		Telephone (with area code) _____		May we contact this employer? Yes No	
Name/Title of Supervisor _____				Name/Title of Supervisor _____			
Date Started: Month _____ Year _____		Date Left: Month _____ Year _____		Date Started: Month _____ Year _____		Date Left: Month _____ Year _____	
Starting Pay \$ _____ Per _____		Ending Pay: \$ _____ Per _____		Starting Pay \$ _____ Per _____		Ending Pay: \$ _____ Per _____	
Duties/Work Performed _____				Duties/Work Performed _____			
Reason for Leaving _____				Reason for Leaving _____			

*****Please explain periods of 6 months or more between employment*****

EMPLOYMENT HISTORY (con't.)			
5. PREVIOUS EMPLOYER		Job Title:	
Address		Address	
City	State	Zip	
Telephone (with area code)	May we contact this employer?	Yes	
Name/Title of Supervisor		Name/Title of Supervisor	
Date Started: Month _____ Year _____		Date Left: Month _____ Year _____	
Starting Pay \$ _____ Per _____		Ending Pay: \$ _____ Per _____	
Duties/Work Performed		Duties/Work Performed	
Reason for Leaving		Reason for Leaving	
6. PREVIOUS EMPLOYER		Job Title:	
Address		Address	
City	State	Zip	
Telephone (with area code)	May we contact this employer?	Yes	No
Name/Title of Supervisor		Name/Title of Supervisor	
Date Started: Month _____ Year _____		Date Left: Month _____ Year _____	
Starting Pay \$ _____ Per _____		Ending Pay: \$ _____ Per _____	
Duties/Work Performed		Duties/Work Performed	
Reason for Leaving		Reason for Leaving	

*****Please explain periods of 6 months or more between employment*****

EDUCATION			
	Graduated?	Name	Type of Degree
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate/Professional School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade/Business or Driving School	<input type="checkbox"/> Yes <input type="checkbox"/> No		

ACCIDENT RECORD for PAST THREE (3) YEARS (List all vehicular accidents in which you have been involved as a driver during the past 3 years)		
Date	Description	Location

DRUG AND ALCOHOL TESTING INFORMATION	
Were you subject to Federal Motor Carrier Safety Regulations (FMCSR) while employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your job(s) designated as a safety-sensitive function in any Dept. of Transportation (DOT) regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR Part 40?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you worked for a Dept. of Transportation (DOT) regulated employer and were you covered under DOT regulated drug and alcohol testing during the past two years prior to this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACKNOWLEDGEMENT – Please read each paragraph below. If you do not understand any part of the information included in each paragraph please ask for assistance *before* signing.

All employees of PTM of Attleboro, Inc. are required to adhere to the PTMA Drug & Alcohol Policy. The information provided below is intended to be a brief summary of this policy and is not inclusive. Our complete policy is available for review upon request in our Human Resources Department. PTM of Attleboro, Inc. maintains a Drug & Alcohol Free Workplace and requires a drug screening test for employment. If I do not complete the pre-employment drug testing after being extended an offer of employment or if I test positive, refuse to test or submit an adulterated specimen, I understand I will not be considered for employment. I will be required to submit to random, post-accident and reasonable suspicion drug and alcohol testing during the course of my employment. Testing positive, refusing to test within the designated time period or submitting an adulterated specimen for any drug and alcohol screening during my employment will be considered grounds for termination.

It is understood that the laboratories, facilities, physicians, nurses and technicians contracted by PTM of Attleboro, Inc. will collect the necessary specimen(s) for the purpose of determining the presence or absence of controlled substances or alcohol. This information will only be disclosed to the appropriate PTM of Attleboro, Inc. managers. PTM of Attleboro, Inc. is responsible for maintaining the confidentiality fo all testing results.

I understand that PTM of Attleboro, Inc. abides by an employment-at-will policy except where there is a collective bargaining agreement in effect. In such circumstances, the terms of the collective bargaining contract take precedence. However, for employees not covered by a collective bargaining agreement, the following terms apply: I understand that nothing contained in this application, in the granting of an interview or conveyed during an interview is intended to create an employment contract between PTM of Attleboro, Inc. and myself, implicit or implied. Accordingly, either the company or I may terminate the employment relationship at will, with or without cause, at any time, with or without notice, for any reason. I also understand and agree that any future changes in my titles, duties, compensation, working conditions, benefits or company policies and procedures will not alter this at-will agreement. I understand that my employment with the company is not for a specified term and is at the mutual consent of the company and myself. I understand that no one, other than the President of PTM of Attleboro, Inc., whether manager, supervisor or representative, has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

If I am applying for a position as a driver, I am required to possess a current and valid driver's license and I agree to provide PTM of Attleboro, Inc. with a certified copy of my driving record. I also understand that any offer of employment is contingent upon my ability to be covered by the Company's vehicle insurance policy.

I agree to submit to a physical examination when requested by management and understand failure to take or pass a physical examination at any time during my employment may be sufficient cause for dismissal from PTM of Attleboro, Inc.

I further agree to abide by the existing rules of the company and any rules and regulations as may become effective during my employment.

I certify that I completed this application for employment and that all of the information provided herein is true. I understand that any omission, misstatement or inclusion of false information on this application or any document used to secure employment with PTM of Attleboro, Inc. shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I authorize PTM of Attleboro, Inc. (PTMA) to investigate all statements contained in this application for employment, including previous employment, experience and educational credentials. I authorize PTMA to contact my former employer(s) or any other person who can verify the information I provided on this employment application. I give my consent to my current and former employer(s) and other contacted persons to respond to any questions pertaining to the information included on the application. I release my current/former employer(s) and other persons contacted from any liability for releasing information to PTMA. I understand that any offer of employment will be conditional upon my successful completion of a physical examination, criminal background check, substance abuse test and reference check(s).

My signature below certifies that I have read & fully understand the information included on this application & agree to the terms & conditions outlined in this document.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PTM of Attleboro, Inc. is an Equal Employment Opportunity/Affirmative Action Employer

Professional Transit Management of Attleboro, Inc. Equal Employment Opportunity Data

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal employment opportunity purposes and it will not become part of your personnel record if you become employed by PTM of Attleboro, Inc.

Name _____ Phone _____
Last First Middle

Position Applied For _____

Gender:

- Male
 Female

Race/Ethnicity:

- American Indian/Alaskan Native
 Asian/Pacific Islander
 Black
 Hispanic
 White

Affirmative Action Survey

Government contractor must take affirmative action to employ and advance certain qualified individuals subject to Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1973. Completion of the following information is voluntary and will assist us in proper placement and/or reasonable accommodation, if applicable. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

- Vietnam Era Veteran
 Disabled Veteran
 Individual with a Disability

SIGNATURE: _____

DATE: _____