

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

**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

DATE: _____

JOB DATA Please print & fill in application completely, DO NOT leave blank areas. Incomplete applications will not be considered.	
Position applying for: <input type="checkbox"/> Bus Operator <input type="checkbox"/> Van Operator <input type="checkbox"/> Office <input type="checkbox"/> Maintenance <input type="checkbox"/> Other (Specify: _____)	
Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Type of shift(s) desired: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Weekend <input type="checkbox"/> Split-shift	
Have you ever applied to or previously worked for PTM of Attleboro, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list date(s):	
Do you have any relatives or friends currently working for PTM of Attleboro, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> 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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Has your license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Do you have: Passenger End? Yes <input type="checkbox"/> No <input type="checkbox"/> Airbrakes? Yes <input type="checkbox"/> No <input type="checkbox"/> DPU? Yes <input type="checkbox"/> No <input type="checkbox"/> CPR Card? Yes <input type="checkbox"/> No <input type="checkbox"/>			

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	Job Title:	2. PREVIOUS EMPLOYER	Job Title:
Address		Address	
City	State	Zip	City
State	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		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	Job Title:	4. PREVIOUS EMPLOYER	Job Title:
Address		Address	
City	State	Zip	City
State	Zip	Telephone (with area code)	May we contact this employer? Yes No
Telephone (with area code)	May we contact this employer? Yes	Name/Title of Supervisor	
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	
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 for a DOT (Department of Transportation) covered employer 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:** _____



VOLUNTARY SELF-IDENTIFICATION FORM

PTM of Attleboro, Inc/GATRA/Veolia Transportation are equal opportunity/affirmative action employers. As such, we are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your ethnicity/race, disability and veteran status. Self-identification is voluntary and there will be no negative consequences if you elect not to disclose this information. The information obtained will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. When reported, the data will not identify any specific individual.

Regardless of whether or not you choose to self-identify, completion of this form is mandatory. If you do not wish to self-identify, please check the "decline to disclose" box.

EMPLOYEE INFORMATION (Please print legibly in blue or black ink)

Applicant Name:	
Gender:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
Position applied for:	

ETHNICITY
Are you *Hispanic or Latino* (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)?

YES NO Decline to disclose

If you checked "YES" to the question above, please do not fill out the RACE section of this form.

If you checked "NO" to the question above, please check ONE description under RACE section below.

RACE

<input type="checkbox"/>	WHITE (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
<input type="checkbox"/>	BLACK OR AFRICAN AMERICAN (Not Hispanic or Latino) A person having origins in any of the Black racial groups of Africa
<input type="checkbox"/>	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<input type="checkbox"/>	ASIAN (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
<input type="checkbox"/>	AMERICAN INDIAN OR ALASKAN NATIVE (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition
<input type="checkbox"/>	TWO OR MORE RACES (Not Hispanic or Latino) All persons who identify with more than one of the above five races
<input type="checkbox"/>	Decline to disclose

VOLUNTARY SELF-IDENTIFICATION FORM (Continued)

Applicant Name:	
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DISABILITY/VETERAN STATUS

If you have a disability or are a veteran as defined below and you would like to be included in our affirmative action program, please tell us now and/or at any time in the future.

Information you submit about your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) government officials engaged in enforcing the Americans with Disabilities Act or laws administered by the Office of Federal Contract Compliance Programs may be informed.

If you are an individual with a disability or a disabled veteran and (a) would like to request an accommodation that would enable you to successfully perform the job for which you have received an offer of employment, or other types of positions within the company; or (b) would prefer to inform the company of this information verbally, please contact the Human Resources Department.

Please check ALL that apply below:

<input type="checkbox"/>	An individual with a disability is a person who (a) has a physical or mental impairment which substantially limits one or more major life activities, (b) has a record of such an impairment; or (c) is regarded as having such an impairment.
<input type="checkbox"/>	Disabled Veteran means a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.
<input type="checkbox"/>	Recently Separated Veteran means a veteran separated during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service. Date of Discharge: ____/____/____
<input type="checkbox"/>	Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive order 12985 (61 FR 1209).
<input type="checkbox"/>	Other Protected Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense.
<input type="checkbox"/>	None of the above
<input type="checkbox"/>	Decline to disclose

Employee Signature: _____

Date: _____