



Massachusetts Bay Transportation Authority

Application for Employment

Directions:

1. Conditions of application for employment are stated at the end of this form. Please read those conditions carefully before you sign this application.
2. Each section of this application must be completed in full even if accompanied by a resume.
3. Submitting a resume along with this application is strongly recommended.
4. Assistance with completing this form is available upon request.
5. Please type or print all responses clearly and accurately.
6. An application must be completed for each position to which an applicant applies.

Position Applying for: _____ Posting Number _____

Contact Information

Full Name	Last	First	Middle	Social Security Number
Mailing Address	Street	Apt #	City, State	Postal Code
Home Phone		Other Phone	E-Mail Address	

Current/Prior MBTA Employment

Are you currently employed by the MBTA? Yes No
 Have you ever been employed by the MBTA? Yes No
 If yes, reason for leaving: _____
 If yes to either question above, please complete below.

Position	From -To (Month/Year)	Employee ID	Supervisor

Immediate Family Working in Massachusetts Government

Please disclose any immediate family members, including those related to your immediate family by marriage, who are employed by the Commonwealth of Massachusetts. You are required to complete the information below. "Immediate family" is defined as a spouse, child, parent, and sibling; and the spouse's child, parent and sibling. Include those employed in all branches of state government: judicial, legislative, executive, higher education, state authorities and the Massachusetts Bay Transportation Authority; and those employed as regular or contract employees, or elected officials. This "sunshine disclosure" is intended to ensure that the citizens of our Commonwealth have full confidence in their government and its hiring process. The disclosure will not be used to exclude any qualified applicant seeking a position within the Massachusetts Bay Transportation Authority from receiving full consideration based on the merits of his/her credentials and the requirements of the job. Attach additional pages if needed.

Name of Relative	Relationship	Title of Relative's Job	State Agency

Availability & Eligibility

Can you work all days, including weekends? Yes No
 Can you work all shifts? Yes No
 If no to either question above, please state when you are not available: _____
 Are you at least 18 years of age? Yes No
 Are you legally eligible to work in the United States, and can you submit verification of your legal right to work in the United States upon being offered a position? Yes No

Education & Skills

Name of School	City & State	Degree	Major/Minor	Did you Graduate?

Please list any additional education or training relevant to this position:

Please list other skills, including computer or language skills, that are relevant to this position.

Employment History

- Please begin with your most recent employment and continue with all past employment.
- Employment History section must be completed in full even if a résumé is submitted.
- Applicants may include any verifiable work performed on a volunteer basis.

1	Employer	Position Held	From Month/Year	To Month/Year
Employer Address		Job Duties	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Concurrent with another position	
Supervisor's Name				
Phone Number				
Does this position include supervisory responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for leaving				

2	Employer	Position Held	From Month/Year	To Month/Year
Employer Address		Job Duties	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Concurrent with another position	
Supervisor's Name				
Phone Number				
Does this position include supervisory responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for leaving				

3	Employer	Position Held	From Month/Year	To Month/Year
Employer Address		Job Duties	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Concurrent with another position	
Supervisor's Name				
Phone Number				
Does this position include supervisory responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for leaving				

4	Employer	Position Held	From Month/Year	To Month/Year
Employer Address		Job Duties	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Concurrent with another position	
Supervisor's Name				
Phone Number				
Does this position include supervisory responsibilities? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for leaving				

PLEASE READ: It is part of the MBTA's selection process to contact your former employers for employment-related reference information. We will **not** contact your **current** employer at this time unless you authorize us to do so below. However, if you refuse to authorize the MBTA to contact your **former** employers, you will be disqualified from the selection process.

I hereby authorize my former employers to release employment-related information to the MBTA

Signed _____ Please initial if we may contact your current employer _____

Driver's License Information

Do you have a valid Driver's License? Yes No

If yes, please provide the following information:

State: _____ Class: _____

License Number: _____ Endorsements: _____

Professional References

List at least three people not related to you who can comment on your work performance.

Name	Address	Occupation	Telephone Number	Years Acquainted

Criminal Convictions

- An applicant for employment with a sealed record on file with the commissioner of probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may also answer “no record” with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of juvenile delinquency or as a child in need of services that did not result in a transfer of the matter for criminal prosecution.
- A conviction record will not necessarily be a bar to employment. However, if in the sole opinion of the Authority, the nature of the crime or the candidate's overall criminal record raises concern for public safety and/or may have a potentially negative impact on the Authority's business and/or operating interests, the candidate will not be considered for employment.

1. Have you ever been convicted of a felony? Yes No
2. Have you been convicted of a misdemeanor within the past five years (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)?
 Yes No
3. Have you completed a period of incarceration within the past five years for any misdemeanor (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)?
 Yes No
4. If the answer to question number 3 above is “yes” please state whether you were convicted more than five years ago for any offense (other than a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace)? Yes No

- I understand that, if I am applying for a “safety sensitive” position, the MBTA shall obtain and evaluate my criminal conviction records through an authorized state, federal or private criminal inquiry system. I hereby authorize the MBTA to review the findings provided by an authorized state, federal, or private conviction information provider if the MBTA deems it necessary for the verification of information listed or not listed in the Criminal Convictions section of this application. An additional release form for the specific criminal conviction inquiry source will be provided as part of the application process.
- I further understand that if I conceal, omit, or lie about any information related to my criminal history, even if that information would not preclude me from employment, I may be disqualified from consideration or terminated by the MBTA.

Signature _____

Date _____

Referral Source

Please provide specific source where appropriate.

- | | |
|--|---|
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Advertisement _____ |
| <input type="checkbox"/> Job Posting | <input type="checkbox"/> Community/State Agency _____ |
| <input type="checkbox"/> MBTA Website | <input type="checkbox"/> College Recruiting _____ |
| <input type="checkbox"/> MBTA Job Line | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> MBTA Employee | |

Notification & Agreement

All of the information that I have provided on this application is accurate to the best of my knowledge. I authorize the Massachusetts Bay Transportation Authority to make inquiries to determine my suitability for employment. In signing this application, I understand that my previous and present employers may be asked for information relative to my employment record with them. Further, in connection with this employment application, I understand that the Authority may request information regarding my financial condition, police record and other information which may be considered relevant from any source whether named or un-named by me. I also understand that the Authority reserves the right at any point in the selection process to request updated information regarding my financial condition, police record and other information which may be considered relevant from any source whether named or un-named by me. I hereby release from all liability or damage those individuals who provide such information.

It is the policy of the company to afford equal opportunity to all employees and applicants without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, pregnancy, sexual orientation, ancestry, or genetic information; and to afford equal opportunities to disabled veterans of the Vietnam era and to individuals with a disability or any other characteristics protected by Federal, State or Local Law.

I fully understand and agree that any section left incomplete on this application; any false, inaccurate and/or misleading statements made by me on this application or by my failure to answer any applicable questions on the application; any false, misleading, or inaccurate information contained on certificates, documents, or other papers which may accompany this application (i.e. misrepresentation of prior employment, education, or training); or any false, misleading or inaccurate information provided during the entire selection process will be sufficient cause for my application being rejected or for my discharge from the Authority at any time after employment.

Please recheck your application and make sure that all questions are answered correctly prior to signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Signature of Applicant _____ Date _____

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.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Voluntary Self Identification

This data is for periodic state and federal government reporting and will be kept confidential. Submission of Self Identification information is voluntary and refusal to provide this information will not subject the applicant to any adverse treatment

Name: _____

Address: _____

Telephone: _____

Gender: Male Race: White American Indian/Alaskan Native
 Female Black Asian/Pacific Islander
 Hispanic Other (Please Specify)

The self-identifications below are an indication to the Authority that you would like to apply for a protected class status. The submission of additional information to the Authority will be necessary to receive a protected class status. Refusal to provide such information will not subject the applicant/employee to any adverse treatment and the option to self identify at a later date is available. If you chose to self identify as disabled, as a veteran of the Vietnam Era or as a special disabled veteran, you will be contacted by the Authority for additional information and/or documentation if appropriate.

The term “**individual with a disability**” means any person who (1) has a physical or mental impairment that "substantially limits" one or more of such person's major life activities; (2) has a record of such impairment; or (3) is regarded as having such an impairment. An individual is “substantially limited” in the major life activity of working if he/she is likely to have difficulty in securing, retaining, or advancing in employment. Depending on the extent, duration, nature and impact of the impairment, a person with a condition that is temporarily disabling may or may not meet the definition of a “disabled individual” under the Americans with Disabilities Act (ADA) or under state law.

I am self-identifying as disabled.

The term “**Veteran of the Vietnam Era**” means a person who (1) served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred: (a) In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (b) Between August 5, 1964, and May 7, 1975, in all other cases; or (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed (a) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (b) between August 5, 1964, and May 7, 1975, in all other cases.

I am self identifying as a Vietnam Era Veteran.
 I would like to receive information on the certification process.
 I am already certified at a Vietnam Era Veteran. Certification Number _____

The term “**Special Disabled Veteran**” means a veteran 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 federal Department of Veterans Affairs for a disability: A) rated at 30 percent or more; or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment disability. Serious employment disability means a significant impairment of a veteran's ability to prepare for, obtain, or retain employment consistent with such veteran's abilities, aptitudes and interests. A Special Disabled Veteran also means a person who was discharged or released from active duty because of a service-connected disability. Additionally, a qualified Special Disabled Veteran means a special disabled veteran who satisfies the requisite skill, experience, education and other job-related requirements of the employment position such veteran desires, and who, with or without reasonable accommodation, can perform the essential functions of such position.

I am self identifying as a Special Disabled Veteran.
 I would like to receive information on the certification process.
 I am already certified at a Special Disabled Veteran. Certification Number _____