

APPLICATION FOR EMPLOYMENT

PTM of Cape Cod, Inc.

Date: _____

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

Position applying for: Bus Operator: Specify _____ Maintenance: Specify _____ Office: Specify _____
 Public Transit services operate on a published schedule. Are you able to work any hours/days that may be available to you? ___Yes ___No (If "No" please explain any limitations to your availability: _____)

PERSONAL DATA

Name: Last _____ First _____ Middle _____ Social Security Number _____

Address: Street _____ City _____ State _____ Zip _____ Telephone Number: (____) _____ - _____
 Home Office Other Unlisted

Do you have a valid driver's license? Yes No State _____ Class _____ Exp. Date _____ CDL Yes No Endorsements _____
 Drivers License Number _____

Driving Experience and Qualifications: _____

Accident Review for Past 5 Years: _____

IF APPLYING FOR AN OPERATOR OR MAINTENANCE POSITION A CURRENT MOTOR VEHICLE DRIVING RECORD WILL BE REQUIRED. DRIVING RECORDS OBTAINED FROM AN INSURER ARE NOT SUFFICIENT; ONLY A CURRENT REGISTRY OF MOTOR VEHICLES RECORD WILL BE ACCEPTED! THIS MAY BE OBTAINED FROM THE R.M.V. IN PERSON OR ON-LINE.

Can you perform all job functions listed on the Job Description for the job for which you are applying?
 Yes No If no, please explain _____

All applicants who are offered employment must provide documents, which establish their identity and employment eligibility for authorization to work in the U.S.
 U.S. Citizen Yes No If No, do you have the legal right to work in the U.S.? Please Explain: _____

How were you referred to our company? _____ Have you applied or worked here before? _____ If so, give details and dates of employment: _____

EDUCATION

Name and Location	Course of Study	Dates Attended From _____ To _____
High School		
College		
Trade School Training		

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

EMPLOYMENT HISTORY (List all employment starting with most recent continuing at least 10 years. Please explain periods of 6 months or more between employment)							
May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>							
1.				2.			
Present or Last Employer		Job Title:		Previous Employer		Job Title:	
Address		Name of Supervisor		Address		Name of Supervisor	
City	State	Zip	Date Started Mo ____ Yr ____	Date Left Mo ____ Yr ____	City	State	Zip
Telephone		Starting Pay \$ ____ Per ____		Ending Pay \$ ____ Per ____		Telephone	
Work Performed:				Work Performed:			
Reason for Leaving				Reason for Leaving			
3.				4.			
Previous Employer		Job Title:		Previous Employer		Job Title:	
Address		Name of Supervisor		Address		Name of Supervisor	
City	State	Zip	Date Started Mo ____ Yr ____	Date Left Mo ____ Yr ____	City	State	Zip
Telephone		Starting Pay \$ ____ Per ____		Ending Pay \$ ____ Per ____		Telephone	
Work Performed:				Work Performed:			
Reason for Leaving				Reason for Leaving			

REFERENCES	MILITARY SERVICE												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">Name and Occupation</td> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">Address</td> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">Phone</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td></td> <td></td> </tr> </table>	Name and Occupation	Address	Phone										<p>Have you ever served on active duty in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Dates: From _____ To _____ Branch: _____</p> <p>Honorable Discharge? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Primary Duties:</p> <p>Are you currently on Reserve Status in the Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Name and Occupation	Address	Phone											
ACKNOWLEDGEMENT – Please read the following, initial and sign below													
<p>I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between PTM Of Cape Cod, Inc. and myself for either employment or for any other benefit. I understand that employment with PTM of Cape Cod, Inc. is considered to be "At-Will" employment. As such, 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. Accordingly, either the company or I may terminate the employment relationship at will, with or without cause, at any time, with or without notice. I understand that no one, other than the President of PTM Of Cape Cod, 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.</p> <p style="text-align: right;">_____ Initial</p>													
<p>I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I authorize PTM of Cape Cod, Inc. to investigate all statements contained in the application. I understand and agree that any false statements, misrepresentations, or omissions of facts appearing on this application or any other employment form or medical information/examination form will result in immediate dismissal or removal of my application from consideration. I authorize PTM of Cape Cod, Inc. to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.</p> <p style="text-align: right;">_____ Initial</p>													
<p>I understand that any offer of employment will be conditional upon my successful completion of a physical examination, substance abuse test and Criminal Record Check(Cori). I understand that failure to take or pass a physical examination and substance abuse test at any time during my employment may be sufficient cause for dismissal from the company. I further agree to submit to physical examination, including a substance abuse test when requested by management. I understand that continued substance abuse testing during the course of my employment is condition of continued employment. I further agree to abide by the existing rules of the company and any rules and regulations as may become effective during my employment.</p> <p style="text-align: right;">_____ Initial</p>													
<p>_____</p> <p>SIGNATURE</p>	<p>_____</p> <p>DATE</p>												

EMPLOYMENT HISTORY (continued)			
5.		6.	
Previous Employer	Job Title:	Previous Employer	Job Title:
Address	Name of Supervisor	Address	Name of Supervisor
City State Zip	Date Started Mo ____ Yr ____ Date Left Mo ____ Yr ____	City State Zip	Date Started Mo ____ Yr ____ Date Left Mo ____ Yr ____
Telephone	Starting Pay Ending Pay \$ ____ Per ____ \$ ____ Per ____	Telephone	Starting Pay Ending Pay \$ ____ Per ____ \$ ____ Per ____
Work Performed:		Work Performed:	
Reason for Leaving		Reason for Leaving	
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Work Performed:		Work Performed:	
Reason for Leaving		Reason for Leaving	