

Massachusetts Bay Transportation Authority

Application for Employment

IMPORTANT! PLEASE READ: As of February 28, 2014, the MBTA is only accepting hard-copy, paper applications from those who are unable to apply using our online application process. To search and apply for jobs online, please visit our career opportunities page at http://www.mbta.com/about_the_mbta/career_opps/

Directions:

1. As of February 28, 2014, this application must be accompanied by a copy of the job posting for which you are applying. Applications that are submitted without a job posting will be disregarded. To obtain a copy of the job posting, visit http://www.mbta.com/about_the_mbta/career_opps/, click on the Job Openings link, click on the specific job for which you are applying to on the bottom of the page, click on “Print Job Information” and print.
2. You must complete the supplemental questionnaire (if applicable) at the end of the printed job posting before submitting this application.
3. Conditions of application for employment are stated at the end of this form. Please read those conditions carefully before you sign this application.
4. Each section of this application must be completed in full even if accompanied by a resume.
5. Submitting a resume along with this application is strongly recommended.
6. Assistance with completing this form is available upon request.
7. Please type or print all responses clearly and accurately.
8. An application must be completed for each position to which an applicant applies.

Job Title Applying for: _____ Job Number _____

Personal Information

Full Name	Last	First	Middle
Mailing Address	Street	Apt #	City, State Zip 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.

What is your highest level of education? (please select one)

- Less than HS Graduate
 HS Graduate or Equivalent
 Some College
 Technical School
 2-Year College Degree
 Bachelor's Level Degree
 Some Graduate School
 Master's Level Degree
 Doctorate (Academic)
 Doctorate (Professional)
 Post-Doctorate

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			
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: _____

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

Referral Source

Please provide specific source where appropriate.

- Walk In
- MBTA Website
- LinkedIn
- Printed Advertisement
- Community/State Agency
- Internet Job Board _____
- Job Posting _____
- MBTA Employee _____
- College Recruiting _____
- Job Fair _____
- Other _____

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

Revised 03/2014

Applicant/Employee Voluntary Self Identification Form

The MBTA believes that all persons are entitled to equal employment opportunities and does not discriminate against its applicants or employees because of race, sex, religious creed, national origin, ancestry, sexual orientation, genetic information, disability, veteran status, age, or any other protected group status. The MBTA is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations.

To comply with these laws and regulations, the MBTA invites you to voluntarily self-identify your sex, race, and ethnicity. Submission of this information is strictly voluntary, and refusal to provide it will not subject you to any adverse treatment. The information provided on this form will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, this data will not identify any specific individual.

Name _____ Date _____
Last First Middle

Address _____
Number and Street

City County State Zip Code

Employee Badge Number (if applicable): _____ Sex: Male Female

Federal Race & Ethnicity Categories (Please select only one category):

- American Indian or Alaska Native** - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander** - All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- Black (not of Hispanic origin)** - All persons having origins in any of the black racial groups of Africa.
- Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- White (not of Hispanic origin)** - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- I prefer not to answer.

I have been given the opportunity to participate in the voluntary self-identification process:

Signature: _____ Date: _____

Voluntary Self-Identification:

As an equal opportunity employer, the Authority complies with all relevant government regulations and affirmative action responsibilities. The information you provide is being requested on a voluntary basis, will be kept confidential, will not subject you to any adverse treatment, will not be used in any manner inconsistent with the law, and will be used solely for government reporting purposes.

Submission of information about your disability or veteran status is completely voluntary.

You may decline to provide this information.

Name _____ Date _____
Last First Middle

Address _____
Number and Street

City County State Zip Code

Employee Badge Number (if applicable): _____ Sex: Male Female

If you choose to self identify your status as an individual with a disability or a veteran, the Authority may contact you for additional information and/or documentation.

Are you a Veteran? Yes No

If you indicated that you are a Veteran, please check all that apply:

- Veteran of the Vietnam Era:** A veteran who served in the Republic of Vietnam 2/28/61-5/7/75 or 8/5/64-5/7/75, in all other cases AND: (i) Served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was released with other than a dishonorable discharge; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service? connected disability.
- VEVRAA Recently Separated Veteran:** Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.
- JVA Recently Separated Veteran:** A veteran 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.
- Disabled Veteran:** (i) 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 Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service connected disability.
- Special Disabled Veteran:** A veteran meeting the conditions described above for a Disabled Veteran AND 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 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 Section 38 U.S.C. 3106 to have a serious employment handicap.
- Armed Forces Service Medal Veteran:** 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 Fed. Reg. 1209) at <http://www.opm.gov/veterans/html/vgmedal2.asp>
- Other Protected Veteran:** Veterans 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.
- Other Veteran:** Not listed in the above categories
- I prefer not to answer

