

EMPLOYMENT APPLICATION

Your Social Security Number -----

Equal Employment Opportunity Policy

It is the policy of the MTA to provide equal opportunity to all its employees and applicants for employment in all terms, privileges, and conditions of employment without regard to race, color, creed, sexual orientation, marital status, age, religion, national origin, disability, or political affiliation.

Instructions

Please fill out completely. Also, please complete the insert sheet. Omissions may result in an application being rejected. False, erroneous, or misleading answers or statements may be cause for rejection of application or discharge from MTA service. Resumes cannot be substituted in place of this application.

Position Applied For: _____
A separate application is required for each classification or position for which application is filed.

Name: (please print) _____
 LAST **FIRST** **MIDDLE**

Address: _____
 Number and Street or R.F.D.

_____ City State Zip Code

Home Phone: () - _____ Work Phone: () - _____ Social Security Number: _____
(Enter in above box) ↑

A

EDUCATION:

1. Did you graduate from high school or have you obtained a GED? (Circle one) YES NO
2. If "NO", circle the highest grade completed: 8 9 10 11 12
3. Circle the highest level of college successfully completed: No College

Some college

Associate Degree

Bachelor's Degree

Masters Degree

Ph.D.

Other (Explain) _____

4. Major(s): _____

TRAINING: Please list any trade or technical courses or instruction you may have completed:

TRADE OR TECHNICAL SCHOOL NAME & ADDRESS	COURSE TITLE	COMPLETED? (Yes or No)	CERTIFICATE AWARDED (TITLE & DATE)

(Circle One)	FOR HRD USE ONLY-- DO NOT WRITE IN THIS SPACE		
Certified	Class Code: _____	Reason Not Certified _____	
Not Certified			
Reviewed by: _____		Entered into HRIS by: _____	
Initials / Date		Initials / Date	

B**EMPLOYMENT HISTORY**

Please list all experience, including armed forces, different jobs within the same organization, pertinent volunteer work, and part-time employment. Report your most recent work experience first. Please note that all statements and all references are subject to investigation and verification. All appointments are subject to satisfactory reference investigation. If more space is required, you may attach additional work history continuation sheets to this application.

DATE: (MONTH/YEAR) FROM: TO:	TOTAL YEARS: MONTHS:	SUPERVISOR'S NAME:	TELEPHONE NUMBER:
COMPANY NAME:			
ADDRESS/CITY/STATE:			
JOB TITLE/SPECIFIC DUTIES:			
			SALARY: Yr./Hr.
NUMBER OF HOURS WORKED PER WEEK:	NUMBER OF PERSONS SUPERVISED:	REASON FOR LEAVING:	

DATE: (MONTH/YEAR) FROM: TO:	TOTAL YEARS: MONTHS:	SUPERVISOR'S NAME:	TELEPHONE NUMBER:
COMPANY NAME:			
ADDRESS/CITY/STATE:			
JOB TITLE/ SPECIFIC DUTIES:			
			SALARY \$ Yr./Hr.
NUMBER OF HOURS WORKED PER WEEK:	NUMBER OF PERSONS SUPERVISED:	REASON FOR LEAVING:	

DATE: (MONTH/YEAR) FROM: TO:	TOTAL YEARS: MONTHS:	SUPERVISOR'S NAME:	TELEPHONE NUMBER:
COMPANY NAME:			
ADDRESS/CITY/STATE:			
JOB TITLE/ SPECIFIC DUTIES:			
			SALARY \$ Yr./Hr.
NUMBER OF HOURS WORKED PER WEEK:	NUMBER OF PERSONS SUPERVISED:	REASON FOR LEAVING:	

(NOTE: IF MORE SPACE IS REQUIRED, YOU MAY ATTACH WORK HISTORY CONTINUATION SHEETS TO THIS APPLICATION.)



HRD APPLICATION
INSERT SHEET

Your Social Security Number

PLEASE PROVIDE THE FOLLOWING INFORMATION
FOR HUMAN RESOURCES DIVISION USE ONLY
(Information provided on this page will only be used by authorized personnel.)

Name: _____ Birthdate: _____
(please print) Last First Middle MM/DD/YY

Date _____ Position Applied For _____

A. Are you a U.S. Citizen? (Circle One) YES NO

B. EDUCATION: Name of High School: _____

Address: _____

Year Graduated or Received GED _____ OR Highest Grade Completed (please circle) 8 9 10 11

MOST RECENT COLLEGE/UNIVERSITY ATTENDED

NEXT MOST RECENT COLLEGE/ UNIVERSITY ATTENDED

Name of College/University		Name of College/University	
Address		Address	
Dates Attended From	To	Dates Attended From	To
Major		Major	
Number of Credit Hours Completed	Degree Title & Year Received	Number of Credit Hours Completed	Degree Title & Year Received

IF MORE SPACE IS NEEDED TO PRESENT ADDITIONAL COLLEGE/UNIVERSITY INFORMATION, USE THE BACK OF THIS PAGE.

C. DRIVING LICENSE INFORMATION

Applicants for a position requiring a driver's license must provide the following information.

Do you have a valid driver's license? (Circle one) YES NO

Issued by the State of _____ Expiration Date _____

License Number _____ Class _____ Birthdate _____

Are there any moving traffic violations pending against you? (Circle one): YES NO

Are there any restrictions or endorsements on your license? (Circle one): YES NO

If yes to either question, please explain _____

Applicants are requested to voluntarily provide this information for statistical purposes only; however, failure to do so will not affect your chances for employment.

1. Gender

Male

Female

2. Social Security Number

_____ - _____ - _____

3. Race/Ethnic Identification

<input type="checkbox"/>	White (Non-Hispanic)	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American
<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	Other

4. Date _____

Employment History (continued)

DATE: (MONTH/YEAR) FROM: TO:	TOTAL YEARS: MONTHS:	SUPERVISOR'S NAME:	TELEPHONE NUMBER:
COMPANY NAME:			
ADDRESS/CITY/STATE:			
JOB TITLE/ SPECIFIC DUTIES:			
		SALARY \$:	Yr./Hr.
NUMBER OF HOURS WORKED PER WEEK:	NUMBER OF PERSONS SUPERVISED:	REASON FOR LEAVING:	

DATE: (MONTH/YEAR) FROM: TO:	TOTAL YEARS: MONTHS:	SUPERVISOR'S NAME:	TELEPHONE NUMBER:
COMPANY NAME:			
ADDRESS/CITY/STATE:			
JOB TITLE/ SPECIFIC DUTIES:			
		SALARY \$:	Yr./Hr.
NUMBER OF HOURS WORKED PER WEEK:	NUMBER OF PERSONS SUPERVISED:	REASON FOR LEAVING:	

C **ADDITIONAL SKILLS/ QUALIFICATIONS:** Please list any additional information that may help the MTA evaluate your qualifications for the position applied for, (e.g. special skills, computer skills and programs, licenses, etc.)

D **PREVIOUS MTA APPLICATIONS OR EMPLOYMENT:** Have you previously applied for an MTA position or been employed by the MTA? (Circle one) YES NO

Position: _____ Dates: _____

E **DRIVER'S LICENSE INFORMATION:** If you are applying for a position that requires a Driver's License, you must answer the questions at Section B of the Insert Sheet (page 5).

F **Application Information (Continuation)** Please refer to any continuations by Section letter and/or number.

Complete and sign on the reverse. →

G CRIMINAL AND/OR CIVIL COURT RECORD (Please write yes or no in response to questions.)

Have you ever been convicted for other than minor traffic violations, fined or imprisoned, or placed on probation? _____ Is any case which has been filed against you currently pending? _____ If answer to either question is yes, please explain fully below. (A conviction is NOT an automatic disqualification for employment.)

H DISMISSALS AND/OR FORCED RESIGNATIONS (Please write yes or no in response to questions.)

Have you ever been dismissed from any position? _____ Have you ever been forced to resign from any position? _____ If your answer to either question is yes, please explain below.

I HOW DID YOU LEARN ABOUT THIS POSITION?

_____ Advertisement (what paper?): _____

_____ MTA Bulletin Board _____ Other (Please specify): _____

SPECIAL NOTES

If you are offered an appointment to a position in the Mass Transit Administration, you may be required to take a medical examination and drug test.

The Amalgamated Transit Union, AFL-CIO, Local 1300; the Office and Professional Employees International Union, Local No. 2, AFL-CIO; and the American Federation of State, County, and Municipal Employees, Council # 67, Local No. 1859 represent employees filling certain jobs within the MTA. If you are selected to fill a job covered by a Collective Bargaining Agreement with one of these unions, you are required to become a union member at the completion of your first 30-day period of employment.

"Under Maryland law an employer may not require or demand any applicant for employment or an employee to submit to or take a polygraph, lie detector, or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100." This provision does not apply to applicants for law enforcement officer positions pursuant to Article 100, Section 95, (a) (3) (Annotated Code of Maryland).

CERTIFICATION

(Please read the following, date, and sign as appropriate)

I certify that all information contained on this application to include the HRD Application Insert and the Work History Continuation Sheets is true and complete to the best of my knowledge and belief.

I authorize the Mass Transit Administration to contact all sources necessary to verify this information.

I understand that any erroneous, misleading or fraudulent information is sufficient grounds for withdrawal of an offer of employment or immediate discharge.

Signature of Applicant

Date Signed