Martha's Vineyard Transit Authority

Facilities Application for Employment

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application		Email Address		.	
Name				DOB:	
Last		First	М		
Current Address					
	Street			City	
-	State	Zip	Cell		How Long?
Previous Addres	ses:				
Street		City		ST/Zip	How Long?
Do you have the	legal righ	nt to work in th	ne United States?		
Have you worke	d for this	company befo	ore? If so,	when?	to
Previous position	า				
Reason for leavi	ng				
Are you currently	y employe	ed?l	f not, how long si	nce last emplo	oyment?
Education: Plea	se circle	# of years con	npleted		
Н	igh Scho	ol 1 2 3	4 Col	llege 1 2	3 4
Last School Atte	nded:				
			ou possess that m		
Who/What refer	ed you?_				
	describe	d in attached	e to perform the figob description]?		e job for which you

Employment History

List employers beginning with the most recent

*Attach additional sheet if more room is needed to describe list of job duties

**You must supply at least one (1) employment reference

<u> </u>						
Employer Name:	Position Held:					
Address:						
City	ST	ZIP				
Contact Person:	Phone:					
Dates employed:						
Reason for Leaving:						
*List of Job Duties:						
PLEASE INCLUDE NAME & CONTACT	INFO FOR REI	FERENCES				
Employer Name:	Position Held:					
Address:						
City	ST	ZIP				
Contact Person:	Phone:					
Dates employed:						
Reason for Leaving:						
*List of Job Duties:						
Additional Experience / Maintenance Background – Describe						
To be read and signed by the Applicant: This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the VTA.						
Applicant's Signature		Date				

The VTA is an Equal Opportunity/Affirmative Action Employer

We do not unlawfully discriminate on the basis of race, color, sex, age, religion, creed, national origin, citizenship status, ancestry, marital or domestic or civil union status, familial status, affectional or sexual orientation, gender identity or expression, disability, military eligibility or veteran status.

Last Name:	First Name:	Middle Initial:			
requirements for the a order to comply with the identify their gender and voluntary and refusal treatment. The informat used in accordance with and regulations, inclusions.	ertain governmental record dministration of civil rights nese laws, VTA invites applied race or ethnicity. Submission obtained will not subject on obtained will be kept conthat the provision of applicable uding those that require ted to the federal governme cific individual.	laws and regulations. In licants to voluntarily selfsion of this information is ect you to any adverse infidential and may only be le laws, executive orders the information to be			
RACE/ETHNICITY Please check one of t Group/Race with which	the descriptions below corregou most identify.	esponding to the Ethnic			
	no (A person of Cuban, Mex American, or other Spanish				
person having origins in	n or Alaskan Native (Not Histany of the original peoples of tral America), and who mains	of North or South			
original peoples of the F Subcontinent, including	nic or Latino) (A person having ar East, Southeast Asia, or the forexample Cambodia, Chitan, the Philippine Islands, Ti	the Indian ina, India, Japan,			
	American (Not Hispanic or the black racial groups of Afr	, · •			
<u></u>	or other Pacific Islander (In group of the people Islands)	•			
White (Not Hispanic or Latino) (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)					
Two or more races (Not Hispanic or Latino)					
GENDER:	Female Male				
If you do not wish to furnis	sh this information, please ch	neck this box.			