



Transit Connection, Inc.
11 A Street
Edgartown, MA 02539
508.693.9440
www.VineyardTransit.com



Dear Applicant,

Thank you for considering Transit Connection, Inc. (TCI) for employment. As the operations contractor for the Martha's Vineyard Transit Authority (VTA), we employ CDL vehicle operators, dispatchers, and vehicle fueler/washers. **Federal regulations require that all first time applicants for a CDL must provide proof of US Citizenship OR proof of Lawful Permanent Residency within the United States. Additionally, applicants with a DUI conviction are no longer permitted to apply for a Commercial Learner's Permit.**

Please complete and sign each form as requested.

- ☐ **Application for Employment**
- ☐ **Voluntary Self-Identification**
- ☐ **Criminal Offender Record Information (CORI) Request Form**
 - We are required by law to check your criminal record.
- ☐ **Background Release Form**

After you submit your Application Packet, you will be asked for the following:

- ☐ **Copy of your current Driver's License.**
- ☐ **Copy of your MA Driving Record and driving records from all States you have been licensed in for the past 3 years.**

Applicants who possess a current CDL should also attach a copy of their:

- ☐ **Current Medical Examiner's Certificate.**
- ☐ **Current MA DPU Certificate (if applicable).**

As part of the application process, TCI conducts background checks, which may include but are not limited to: Social Security, criminal, past employment, educational degrees and certifications, various licenses, and motor vehicle records as required by law. **This position is subject to Pre-employment Controlled Substance Testing, as required by law.**

Again, thanks for your interest!

Transit Connection, Inc. 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.

11 A Street
Edgartown, MA 02539
508.693.9440

Position(s) Applied for ☐ Vehicle Operator ☐ Fueller/Washer ☐ Dispatcher

Primary phone #: _____ Secondary phone: _____

Email: _____ Secondary email: _____

Current Address			
	Street	City	
	State	Zip Code	Start Date

Previous Addresses				
	Street		City	
	State	Zip Code	Start Date	End Date

If hired, are you able to submit proof of your legal right to work in the United States? _____
(Proof of eligibility for employment is required under the Immigration and Reform Act of 1986)

Have you ever applied to or worked for TCI or VTA in the past? _____

Dates: From _____ To _____ Position _____

Are you related to any TCI or VTA employee? ☐ Yes ☐ No

If yes, provide name of relative (s) _____

How were you referred to TCI?

____ Self ____ Newspaper Ad ____ Current employer ____ Other (Please note): _____
 ____ Current TCI employee. If yes, please provide name of current employee: _____

Is there any reason you might not be able to perform the essential functions of the position for which you have applied (refer to position description on our website)? ☐ Yes ☐ No

If yes, explain if you wish. _____

If offered this position, when can you start work? _____

When do you have to complete work? _____

APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY

Please list your employment history, beginning with your most recent position, for the past ten (10) years. Include military experience, if applicable to the position for which you are applying. If you have worked outside the country or your former employer is no longer in business, please provide any documentation including W2s and/or 1040s to assist us in verifying that you worked in this capacity. If there are periods of time during which you were unemployed or in transition from one job to another, please indicate that.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

CURRENT / MOST RECENT EMPLOYER			
Name:		Start Date:	End Date:
Address:		Position Title:	
City:	State:	Zip:	Reason for Leaving:
Supervisor:		Phone #:	

EMPLOYER			
Name:		Start Date:	End Date:
Address:		Position Title:	
City:	State:	Zip:	Reason for Leaving:
Supervisor:		Phone #:	

EMPLOYER			
Name:		Start Date:	End Date:
Address:		Position Title:	
City:	State:	Zip:	Reason for Leaving:
Supervisor:		Phone #:	

EMPLOYER			
Name:		Start Date:	End Date:
Address:		Position Title:	
City:	State:	Zip:	Reason for Leaving:
Supervisor:		Phone #:	

EMPLOYER			
Name:		Start Date:	End Date:
Address:		Position Title:	
City:	State:	Zip:	Reason for Leaving:
Supervisor:		Phone #:	

EMPLOYER			
Name:		Start Date:	End Date:
Address:		Position Title:	
City:	State:	Zip:	Reason for Leaving:
Supervisor:		Phone #:	

EMPLOYER			
Name:		Start Date:	End Date:
Address:		Position Title:	
City:	State:	Zip:	Reason for Leaving:
Supervisor:		Phone #:	

**APPLICATION FOR EMPLOYMENT
EDUCATION****EDUCATION AND DRIVING HISTORY**

Circle Highest Grade Completed: High School: 1 2 3 4 College: 1 2 3 4

Last School Attended: _____
Name City StateHigh School Attended: _____
Name City State**DRIVING****ACCIDENT RECORD FOR PAST 5 YEARS** (attach sheet if more space is needed) If none, write "none".

DATES	NATURE OF ACCIDENT (Head-on, Rear-end, Upset, etc.)	FATALITIES (Y/N)	INJURIES (Y/N)
Last Accident: _____	_____	_____	_____
Next Previous: _____	_____	_____	_____
Next Previous: _____	_____	_____	_____

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (other than parking violations) (attach sheet if more space is needed) If none, write "none".

LOCATION	DATE	CHARGE	PENALTY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVER LICENSES HELD FOR PAST 5 YEARS

STATE	LICENSE NO.	CLASS	EXPIRATION DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ___ No ___

B. Has any license, permit or privilege ever been suspended or revoked? Yes ___ No ___

IF THE ANSWER TO EITHER A OR B BELOW IS YES, ATTACH STATEMENT PROVIDING DETAILS**DRIVING EXPERIENCE:** If none, write "none"

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, etc.)	DATE FROM:	DATE FROM:	APPROXIMATE NUMBER OF MILES DRIVEN (Total)
Straight Truck _____	_____	_____	_____	_____
Tractor and Semi _____	_____	_____	_____	_____
Motorcoach/School Bus _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

AWARDS - List all awards received (safe driving, attendance, suggestion, etc):

Award Name	Date Awarded	Reason for Award
_____	_____	_____
_____	_____	_____
_____	_____	_____

To be read and signed by the Applicant:

I understand and agree that Transit Connection, Inc. (TCI) is an at-will employer. This means that if I am employed, it is not for any specific time period or duration. I may leave the company at any time and TCI may terminate my employment at any time, for any reason, with or without notice. I understand that this employment application and any other Company documents are not contracts of employment. I further understand that any oral or written statements to the contrary may be expressly disavowed and should not be relied upon by me.

I certify that the information contained in this employment application is true, complete, and correct to the best of my knowledge. I understand that this information is important to the Company and will be used by it in considering my employment. Further, I understand that any misstatements, misrepresentations, or omissions in any of the information I have provided in this application may result in the Company's refusal to hire me or, if I have already been hired by the time the Company discovers any such misstatements, misrepresentations, or omissions, may result in my immediate termination at that time.

Applicant's Signature

Date

Please scan and email the completed application, along with copies of your Driver's License, CDL, and any other certification related to the position for which have applied to: HumanResources@vineyardtransit.com or submit in person to our office.

VOLUNTARY SELF-IDENTIFICATION**STRICTLY CONFIDENTIAL**

Last Name: _____ First Name: _____ Middle Initial: _____

Position(s) Applied for ☐ Vehicle Operator ☐ Fueler/Washer ☐ Dispatcher

Transit Connection, Inc. (TCI) is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, TCI invites applicants to voluntarily self-identify their gender and race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provision of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government. When reported, data will not identify any specific individual.

RACE/ETHNICITY

Please check one of the descriptions below corresponding to the Ethnic Group/Race with which you most identify.

_____ **Hispanic or Latino** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race).

_____ **American Indian or Alaskan Native** (Not Hispanic or Latino) (A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **Asian** (Not Hispanic or Latino) (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam)

_____ **Black or African American** (Not Hispanic or Latino) (A person having origins in any of the black racial groups of Africa)

_____ **Native Hawaiian or other Pacific Islander** (Not Hispanic or Latino) (A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific 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 furnish this information, please check this box. ☐

Transit Connection, Inc.
11 A Street
Edgartown, MA 02539
508.693.9440
www.VineyardTransit.com

CORI REQUEST FORM

Transit Connection, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for a vehicle operator position, I understand a criminal record check will be conducted for conviction and pending criminal case information only and that the results of this investigation will not necessarily disqualify me from being offered the position for which I am applying. The information below is correct to the best of my knowledge.

Applicant Signature: _____

APPLICANT: Please PRINT the following personal information:

Last Name First Name Middle name

Maiden Name or Alias (if applicable) Gender ☐ Female ☐ Male Race: _____

Date of Birth Place of Birth Social Security #

Father's last name Father's first name

Mother's last name Mother's first name Mother's maiden name

Driver's License: _____
 State DL #

ID Theft Index PIN (if applicable)

The CHSB Identity Theft index PIN is to be completed by applicants that have been issued this number. (All CORI request forms that include this # must be submitted to CHSB via email or faxed to 617.660.4614).

The above information was verified by reviewing the following form of government issued photographic identification: _____

CORI-authorized TCI employee requesting: _____

Transit Connection, Inc.
11 A Street
Edgartown, MA 02539
508.693.9440
www.VineyardTransit.com

BACKGROUND RELEASE FORM

Print Name:

First

Middle

Last

Former Name:

First

Middle

Last

**Current
Address:**

Dates - From / To (Mo/Yr)

Street

City/State/Zip

**Previous
Address**

Dates - From / To (Mo/Yr)

Street

City/State/Zip

**Previous
Address**

Dates - From / To (Mo/Yr)

Street

City/State/Zip

**Social Security
Number:**

Date of Birth:

**Telephone
Number:**

**Drivers License
No. & State:**

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Transit Connection, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge all information, verbal or written, pertaining to me, to or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth. **I authorize any former or current employer to furnish any information concerning my employment with their company and release them, and their agents, from all liability in connection with doing so.**

Signature

Date