

# Martha's Vineyard Transit Authority (VTA)

## Ticket Seller

### 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: \_\_\_\_\_ Lic.: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Last First M

Current Address: \_\_\_\_\_  
Street PO Box

City St Zip For How Long ?

Email Cell Phone

Do you have the legal right to work in the United States? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since last employment? \_\_\_\_\_

Are you currently a full-time student? \_\_\_\_\_

Are you a seasonal Island resident? If so, when do you leave? \_\_\_\_\_

Do you have secure housing in place? \_\_\_\_\_

Education: Please circle # of years completed

High School 1 2 3 4

College 1 2 3 4

Last School Attended: \_\_\_\_\_

Please list your available start date for work: \_\_\_\_\_

Please list the last day you would be able to work: \_\_\_\_\_

How many hours are you looking for? \_\_\_\_\_

List any degree(s) and/or certificates you possess that may help in your work for the VTA: \_\_\_\_\_

---

---

---

---

---

Is there any reason you might be unable to perform the functions of the job for which you have applied? \_\_\_\_\_

If yes, explain if you wish: \_\_\_\_\_

---

---

---

Who referred you to this job? \_\_\_\_\_

## Employment History

List employers beginning with the most recent

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

<b>Employer Name:</b>	<b>Position Held:</b>	
Address:		
City	ST	ZIP
Contact Person:	Phone:	
Dates employed:		
Reason for Leaving:		
*List of Job Duties:		

### PLEASE INCLUDE NAME & CONTACT INFO FOR REFERENCES

<b>Employer Name:</b>	<b>Position Held:</b>	
Address:		
City	ST	ZIP
Contact Person:	Phone:	
Dates employed:		
Reason for Leaving:		
*List of Job Duties:		

This position requires an outgoing, cheery, patient personality. You must enjoy working with people and be willing to help them with their transportation needs. You must also be able to endure being outside in the sun/heat/rain/wind, etc. for eight (8) hours a day. You must also be willing to adhere to the VTA dress code: VTA shirt, VTA lightweight jacket, VTA baseball cap, plain colored shorts, skirts, pants or capris. Clothes may not have rips, stains, or holes. If this sounds good to you, please mail, fax, or drop off your application to the VTA.

### 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: \_\_\_\_\_

VTA 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, VTA 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.

☐