

MILITARY SERVICE

Were you in the U.S. Armed Forces? Yes No If YES, what branch? _____

Dates of Duty: From _____ To _____ Rank at Discharge _____

Describe duties in the service including special training and / or skills acquired: _____

In case of an emergency notify:

Name _____

Address _____ Tel.# _____

PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW

I certify that the information given in this form is true and complete and I understand that misrepresentation and / or withholding of information will result in the rejection of this application or my discharge if discovered after employment begins. I authorize the Company to make inquiries regarding my history and character of prior employers, schools, etc. and hereby release employers, schools or individuals from all liability in responding to inquiries in connection with my application and release the Company from all liability with respect to such inquiries.

I understand that no verbal promises or guarantees relating to employment are binding upon the Company and that, if employed, I will be an employee "at will" and my employment may be terminated at any time with or without cause, and with or without notice at the option of either the Company or myself. I also understand that no representative of the Company, other than the General Manager, has any authority to enter any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, if I am employed, I agree to abide by the Company's policies, rules and procedures and any changes thereto.

Applicant's Signature _____ **Date** _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment of continue employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Champion City Transit Management, Inc. is an Equal Opportunity Employer

Champion City Transit Management, Inc.

**1442 Main Street
Brockton, MA 02301**

APPLICATION FOR EMPLOYMENT

For Office Use Only

Name: _____
Last First

Start Date: _____ Department: _____

Position: _____

Shift/Hours: _____

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

Date _____

PERSONAL

Telephone# _____

E-Mail _____

Name _____

Street _____ City _____

State _____ Zip _____ Length of time at present address _____

Are you under 18 years of age? Yes No Social Security No. _____

Are you authorized to work in the U.S.? Yes No

(If hired, you will be required to provide proof of eligibility to work in the U.S.)

(You may be required to present your I-151 "Green Card," I-94 Arrival - Departure Card or other immigration papers showing work authorization.)

Position Desired _____ Date able to start _____

How were you referred? _____

Are you able to work all shifts? Yes No

If NO, when are you unable to work? _____

Have you previously worked or applied for a job here? Yes No

If YES, when and for what position? _____

Do you have any relatives employed by our Company? Yes No

If YES, state name and relationship: _____

EDUCATION AND TRAINING

Dates Attended	School Name and Address	Course	Circle Last Year Completed	Did You Graduate	Diploma/Degree
From _____ High: _____ To: _____			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
From _____ Trade: _____ To: _____ Technical: _____			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
From _____ College: _____ To: _____			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
From _____ Other (Specify): _____ To: _____			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional & Technical Licenses, (for each list state & date): _____

Please describe any job-related training not mentioned above: _____

Are there any other skills, experiences, or personal characteristics which you feel particularly qualify you for the position? _____

WORK HISTORY

List present or most recent job first. You may include in your work history any work performed on a volunteer basis. Please note: The Commercial Motor Vehicle Safety Act of 1986 requires that any person applying for a job as a commercial vehicle driver must inform the prospective employer of all previous employment as the driver of a commercial vehicle for the past ten years. If applicable, please comply when listing your work history.

Name & Address of Company _____ From _____ To _____

Reason for Leaving _____

Job Title _____ Supervisor _____

Describe duties: _____

Telephone _____

Name & Address of Company _____ From _____ To _____

Reason for Leaving _____

Job Title _____ Supervisor _____

Describe duties: _____

Telephone _____

Name & Address of Company _____ From _____ To _____

Reason for Leaving _____

Job Title _____ Supervisor _____

Describe duties: _____

Telephone _____

Name & Address of Company _____ From _____ To _____

Reason for Leaving _____

Job Title _____ Supervisor _____

Describe duties: _____

Telephone _____

BUS OPERATOR APPLICANTS ONLY

If you are applying for a position as a Bus Operator, please answer the following:

Have you been employed as a driver of a commercial vehicle within the past 10 years? Yes No

Do you have a Department of Public Utilities Motor Bus License? Yes No

If YES: License No _____ Expiration Date _____

Check classification of Driver's License: A. B. C. D.

Have you held a Commercial Driver's License (CDL) for 3 consecutive years? Yes No

Has your right to operate or has your driver's license been suspended or revoked in Massachusetts during the past five years? Yes No

If YES, give details, (year, etc.): _____