

# APPLICATION FOR EMPLOYMENT

**PTM of Cape Cod, Inc.**

**Date:** \_\_\_\_\_

| JOB DATA (Please fill in application completely, <b>DO NOT</b> leave blank areas. Incomplete applications will not be considered.)   |                 |  |   |
|--|-----------------|--|---|
| Position applying for: <input type="checkbox"/> Bus Operator: Specify _____ <input type="checkbox"/> Maintenance: Specify _____ <input type="checkbox"/> Office: Specify _____<br>Public Transit services operate on a published schedule. Are you able to work any hours/days that may be available to you? ___Yes ___No (If "No" please explain any limitations to your availability: _____) |                 |  |   |
| PERSONAL DATA  |                 |  |   |
| Name: Last   | First           | Middle                                       | Social Security Number<br>_ _ _ / _ _ _ / _ _ _ _ _   |
| Address: Street  | City            | State  | Zip   |
|  |                 |  | Telephone Number: ( _ _ _ ) _ _ _ - _ _ _ _ _<br><input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other <input type="checkbox"/> Unlisted |
| Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>   |                 | State  | Class   |
| Drivers License Number   |                 | Exp. Date                                    | CDL Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Endorsements   |                 |  |   |
| Driving Experience and Qualifications:   |                 |  |   |
| Accident Review for Past 5 Years:  |                 |  |   |
| Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details.  |                 |  |   |
| When?  | Where?          | Charge                                       | Sentence  |
| Can you perform all job functions listed on the Job Description for the job for which you are applying?  |                 |  |   |
| Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain   |                 |  |   |
| All applicants who are offered employment must provide documents, which establish their identity and employment eligibility for authorization to work in the U.S.  |                 |  |   |
| U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> If No, do you have the legal right to work in the U.S.? Please Explain:  |                 |  |   |
| How were you referred to our company?  |                 | Have you applied or worked here before?      |   |
|  |                 | If so, give details and dates of employment: |   |
| EDUCATION  |                 |  |   |
|  |                 | Dates Attended                               |   |
| Name and Location  | Course of Study | From _____<br>To _____                       |   |
| High School  |                 |  |   |
| College  |                 |  |   |
| Trade School Training  |                 |  |   |

**AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER**

| <b>EMPLOYMENT HISTORY</b> (List all employment starting with most recent continuing at least <b>10</b> years.<br>Please explain periods of 6 months or more between employment) |  |                                      |  |
|---|--|--------------------------------------|--|
| May we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |                                      |  |
| <b>1.</b>   |  | <b>2.</b>                            |  |
| Present or Last Employer  | Job Title:   | Previous Employer                    | Job Title:   |
| Address   | Name of Supervisor   | Address                              | Name of Supervisor   |
| City            State            Zip  | Date Started<br>Mo ____ Yr ____            Date Left<br>Mo ____ Yr ____                      | City            State            Zip | Date Started<br>Mo ____ Yr ____            Date Left<br>Mo ____ Yr ____                      |
| Telephone   | Starting Pay                      Ending Pay<br>\$ ____ Per ____            \$ ____ Per ____ | Telephone                            | Starting Pay                      Ending Pay<br>\$ ____ Per ____            \$ ____ Per ____ |
| Work Performed:   |  | Work Performed:                      |  |
|   |  |                                      |  |
|   |  |                                      |  |
|   |  |                                      |  |
|   |  |                                      |  |
| Reason for Leaving  |  | Reason for Leaving                   |  |
|   |  |                                      |  |
|   |  |                                      |  |
| <b>3.</b>   |  | <b>4.</b>                            |  |
| Previous Employer   | Job Title:   | Previous Employer                    | Job Title:   |
| Address   | Name of Supervisor   | Address                              | Name of Supervisor   |
| City            State            Zip  | Date Started<br>Mo ____ Yr ____            Date Left<br>Mo ____ Yr ____                      | City            State            Zip | Date Started<br>Mo ____ Yr ____            Date Left<br>Mo ____ Yr ____                      |
| Telephone   | Starting Pay                      Ending Pay<br>\$ ____ Per ____            \$ ____ Per ____ | Telephone                            | Starting Pay                      Ending Pay<br>\$ ____ Per ____            \$ ____ Per ____ |
| Work Performed:   |  | Work Performed:                      |  |
|   |  |                                      |  |
|   |  |                                      |  |
|   |  |                                      |  |
|   |  |                                      |  |
| Reason for Leaving  |  | Reason for Leaving                   |  |
|   |  |                                      |  |
|   |  |                                      |  |
|   |  |                                      |  |

| REFERENCES  | MILITARY SERVICE                |         |       |  |  |  |  |  |  |  |  |  |  |
|---|---------------------------------|---------|-------|--|--|--|--|--|--|--|--|--|--|
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">Name and Occupation</td> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">Address</td> <td style="width: 33%; border-bottom: 1px solid black; padding: 2px;">Phone</td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="border-bottom: 1px solid black; height: 20px;"></td> <td></td> <td></td> </tr> </table>   | Name and Occupation             | Address | Phone |  |  |  |  |  |  |  |  |  | <p>Have you ever served on active duty in the U.S. Armed Forces?    Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Dates:    From _____ To _____    Branch: _____</p> <p>Honorable Discharge? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Primary Duties:</p> <p>Are you currently on Reserve Status in the Armed Forces?    Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| Name and Occupation   | Address                         | Phone   |       |  |  |  |  |  |  |  |  |  |  |
|   |                                 |         |       |  |  |  |  |  |  |  |  |  |  |
|   |                                 |         |       |  |  |  |  |  |  |  |  |  |  |
|   |                                 |         |       |  |  |  |  |  |  |  |  |  |  |
| <b>ACKNOWLEDGEMENT – Please read the following, initial and sign below</b>  |                                 |         |       |  |  |  |  |  |  |  |  |  |  |
| <p>I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between PTM Of Cape Cod, Inc. and myself for either employment or for any other benefit. I understand that employment with PTM of Cape Cod, Inc. is considered to be "At-Will" employment. As such, I understand that my employment with the company is not for a specified term and is at the mutual consent of the company and myself. Accordingly, either the company or I may terminate the employment relationship at will, with or without cause, at any time, with or without notice. I understand that no one, other than the President of PTM Of Cape Cod, Inc. whether manager, supervisor or representative has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.</p> <p style="text-align: right;">_____ Initial</p> |                                 |         |       |  |  |  |  |  |  |  |  |  |  |
| <p>I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I authorize PTM of Cape Cod, Inc. to investigate all statements contained in the application. I understand and agree that any false statements, misrepresentations, or omissions of facts appearing on this application or any other employment form or medical information/examination form will result in immediate dismissal or removal of my application from consideration. I authorize PTM of Cape Cod, Inc. to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience releasing all parties from any liability arising there from.</p> <p style="text-align: right;">_____ Initial</p>  |                                 |         |       |  |  |  |  |  |  |  |  |  |  |
| <p>I understand that any offer of employment will be conditional upon my successful completion of a physical examination, substance abuse test and Criminal Record Check(Cori). I understand that failure to take or pass a physical examination and substance abuse test at any time during my employment may be sufficient cause for dismissal from the company. I further agree to submit to physical examination, including a substance abuse test when requested by management. I understand that continued substance abuse testing during the course of my employment is condition of continued employment. I further agree to abide by the existing rules of the company and any rules and regulations as may become effective during my employment.</p> <p style="text-align: right;">_____ Initial</p>   |                                 |         |       |  |  |  |  |  |  |  |  |  |  |
| <p>_____</p> <p><b>SIGNATURE</b></p>  | <p>_____</p> <p><b>DATE</b></p> |         |       |  |  |  |  |  |  |  |  |  |  |



| EMPLOYMENT HISTORY (continued)       |  |                                      |  |
|--------------------------------------|--|--------------------------------------|--|
| <b>5.</b>                            |  | <b>6.</b>                            |  |
| Previous Employer                    | Job Title:   | Previous Employer                    | Job Title:   |
| Address                              | Name of Supervisor   | Address                              | Name of Supervisor   |
| City            State            Zip | Date Started<br>Mo ____ Yr ____            Date Left<br>Mo ____ Yr ____                      | City            State            Zip | Date Started<br>Mo ____ Yr ____            Date Left<br>Mo ____ Yr ____                      |
| Telephone                            | Starting Pay                      Ending Pay<br>\$ ____ Per ____            \$ ____ Per ____ | Telephone                            | Starting Pay                      Ending Pay<br>\$ ____ Per ____            \$ ____ Per ____ |
| Work Performed:                      |  | Work Performed:                      |  |
|                                      |  |                                      |  |
| Reason for Leaving                   |  | Reason for Leaving                   |  |
|                                      |  |                                      |  |
| <b>7.</b>                            |  | <b>8.</b>                            |  |
| Previous Employer                    | Job Title:   | Previous Employer                    | Job Title:   |
| Address                              | Name of Supervisor   | Address                              | Name of Supervisor   |
| City            State            Zip | Date Started<br>Mo ____ Yr ____            Date Left<br>Mo ____ Yr ____                      | City            State            Zip | Date Started<br>Mo ____ Yr ____            Date Left<br>Mo ____ Yr ____                      |
| Telephone                            | Starting Pay                      Ending Pay<br>\$ ____ Per ____            \$ ____ Per ____ | Telephone                            | Starting Pay                      Ending Pay<br>\$ ____ Per ____            \$ ____ Per ____ |
| Work Performed:                      |  | Work Performed:                      |  |
|                                      |  |                                      |  |
| Reason for Leaving                   |  | Reason for Leaving                   |  |
|                                      |  |                                      |  |