



## Application for Employment

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MART is an EQUAL OPPORTUNITY EMPLOYER-Employees of the Montachusett Regional Transit Authority (MART) and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, sex, religion, ancestry, genetic information, age as defined by law, disability, national origin, sexual orientation, as defined by law, or military or veteran status.

**INSTRUCTIONS:** PLEASE COMPLETE THIS APPLICATION IN FULL. (Fillable form)

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DATE: Click or tap to enter a date.

REFERRAL SOURCE: Click here to enter text.

LEGAL NAME: Click here to enter text.

PREFERRED NAME: Click or tap here to enter text.

EMAIL ADDRESS: Click here to enter text.

TELEPHONE#: Click here to enter text.      OTHER PHONE#: Click here to enter text.

POSITION FOR WHICH YOU ARE APPLYING: Click here to enter text.

HAVE YOU WORKED OR APPLIED AT MART PREVIOUSLY?   Yes      No

IF SO, WHEN AND FOR WHAT POSITION? Click or tap here to enter text.

DO YOU HAVE ANY RELATIVES OR FRIENDS WHO CURRENTLY WORK FOR MART?  
Yes      No

IF SO, WHO? Click or tap here to enter text.

EXPECTED PAY RATE (OR RANGE): Click here to enter text.

DATE YOU ARE AVAILABLE TO START WORK: Click here to enter text.

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?   Yes      No

ARE YOU CURRENTLY RECEIVING A PENSION OR RETIREMENT ALLOWANCE FORM THE COMMONWEALTH OF MASSACHUSETTS, OR FROM ANY COUNTY, CITY, TOWN, DISTRICT OR AUTHORITY ?

Yes No

DO YOU HAVE A VALID DRIVER'S LICENSE? Yes No

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING FOR, WITH OR WITHOUT REASONABLE ACCOMMODATION? Yes No

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

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**EMPLOYMENT HISTORY (MOST RECENT FIRST)**

1. DATES EMPLOYED: [Click here to enter a date.](#) TO: [Click here to enter a date.](#)

EMPLOYER: [Click here to enter text.](#)

ADDRESS: [Click here to enter text.](#)

TELEPHONE#: [Click here to enter text.](#)

POSITION: [Click here to enter text.](#)

SUPERVISOR NAME/TITLE: [Click here to enter text.](#)

JOB SUMMARY: [Click here to enter text.](#)

REASON FOR LEAVING: [Click here to enter text.](#)

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2. DATES EMPLOYED: [Click here to enter a date.](#) TO: [Click here to enter a date.](#)

EMPLOYER: [Click here to enter text.](#)

ADDRESS: [Click here to enter text.](#)

TELEPHONE#: [Click here to enter text.](#)

POSITION: [Click here to enter text.](#)

SUPERVISOR NAME/TITLE: [Click here to enter text.](#)

JOB SUMMARY: [Click here to enter text.](#)

REASON FOR LEAVING: [Click here to enter text.](#)

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3. DATES EMPLOYED: [Click here to enter a date.](#) TO: [Click here to enter a date.](#)

EMPLOYER: [Click here to enter text.](#)



ADDRESS: Click here to enter text.

TELEPHONE#: Click here to enter text.

POSITION: Click here to enter text.

SUPERVISOR NAME/TITLE: Click here to enter text.

JOB SUMMARY: Click here to enter text.

REASON FOR LEAVING: Click here to enter text.

**EDUCATIONAL BACKGROUND (LIST SCHOOL NAME, COURSE OF STUDY, AND YEARS COMPLETED)**

HIGH SCHOOL NAME/GED: Click here to enter text. # OF YEARS COMPLETED: Click here to enter text.

COLLEGE NAME: Click here to enter text. DEGREE: Click here to enter text.

# OF YEARS COMPLETED): Click here to enter text.

TECHNICAL TRAINING: Click here to enter text. CERTIFICATION: Click here to enter text.

COMPLETED: Yes No

PLEASE LIST ALL OTHER SKILLS/TRAINING: Click here to enter text.

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**PROFESSIONAL REFERENCES**

1. NAME: Click here to enter text. RELATIONSHIP TO YOU: Click here to enter text.

TELEPHONE #: Click here to enter text. # OF YEARS KNOWN: Click here to enter text.

2. NAME: NAME: Click here to enter text. RELATIONSHIP TO YOU: Click here to enter text.

TELEPHONE #: Click here to enter text. # OF YEARS KNOWN: Click here to enter text.

3. NAME: Click here to enter text. RELATIONSHIP TO YOU: Click here to enter text.

TELEPHONE #: Click here to enter text. # OF YEARS KNOWN: Click here to enter text.

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**Disclosure of Relation(s) to State Employee(s)**

Required under Massachusetts General Laws, Chapter 268A, Sec. 6B

Please list all names, your relationship and the Name of the State Agency of any/all state employees who are related to you: spouse, parent, child, sibling or the spouse of the candidate’s parent, child, or sibling.

NOTE: For purposes of this disclosure, a “state employee” is a person holding a paid or unpaid office position, employment, or membership in a Massachusetts state agency. For purposes of this disclosure a “state agency” in any department of Massachusetts state government, including any department or agency within the executive, legislative or judicial branch, and all councils thereof and thereunder, and any division board, bureau, commission, institution, tribunal or other instrumentality within such department or agency and any independent state authority, commission, instrumentality, or agency, but NOT INCLUDING an agency of a county, city, or town.

<b><u>Names of Relatives</u></b>	<b><u>Relationship to Applicant</u></b>	<b><u>Name of State Agency</u></b>
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[Click here to enter text.](#)

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I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

SIGNATURE: [Click here to enter text.](#)

DATE: [Click or tap to enter a date.](#)