



Application For Employment Safety Sensitive Positions*

Note to Applicant: Please advise us in advance if you require accommodations to complete this application.

We are an Equal Employment Opportunity employer. We do not discriminate against any applicant or employee on the basis of race, color, sex, religion, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws.

As a matter of policy and for the safety of the communities we serve, Transit Management of Central Maryland Inc. consistently applies background checking standards to all applicants. It is essential that all information requested, including educational background, work, criminal and residential history, be completed and accurate.

Instructions: Please type or print in black or blue ink. Answer all questions, checking all boxes that apply. Answer "None" on questions that do not apply. Additional forms are available for each section if needed.

General Information				
Last Name	First Name	Middle	Date of Application:	
Present Address Street	City	County	State	ZIP
				From (mo / yr)
Telephone Number and area code: Primary()		Email Address:		If hired can you present evidence of your legal right to work in the US. YES <input type="checkbox"/> NO <input type="checkbox"/>
Social security #: <small>Required by FMCSR Part 391.21 (b)(2)</small>		Date of Birth: <small>Required by FMCSR Part 391.21 (b)(2)</small> DD / MM / YYYY		
List any other names you have used in the past 7 Years				
Name Used	City	County	State	From (mo/yr) / To (mo/yr)
				/
				/
List all addresses for the last 7 years				
Street	City	County	State	From (mo/yr) / To (mo/yr)
				/
				/
				/
Have you ever been asked to resign by an employer? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes please explain:		
What position are you applying for?		Minimum Salary / Wage requirement:		
How were you referred to our company? Banner <input type="checkbox"/> Flyer <input type="checkbox"/> On-line Ad <input type="checkbox"/> Radio/TV ad <input type="checkbox"/> Job Fair <input type="checkbox"/>				
State Employment agency <input type="checkbox"/> Community Organization <input type="checkbox"/> Other: <input type="checkbox"/> Employee referral: _____				
Have you ever worked for RTA previously? YES <input type="checkbox"/> NO <input type="checkbox"/>		Where?		When?
Have you ever applied to work for RTA previously? YES <input type="checkbox"/> NO <input type="checkbox"/>		Where?		When?
If hired when would you be able to start? DD / MM / YYYY		Are you applying for Full time <input type="checkbox"/> Part time <input type="checkbox"/>		Are you available to work Days <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/>

* Dispatchers/Supervisors, Drivers/Operators, Maintenance/Technicians, Location Management, and Utility Personnel

We are an Equal Opportunity Employer that values Diversity
note: A pre-employment drug test and criminal history check are required for employment.

EDUCATIONAL BACKGROUND				
	Name and city/state of school or college	Circle highest grade completed	Did you Graduate?	What was your Degree or Major?
High School and/or GED		9 10 11 12	YES <input type="checkbox"/> NO <input type="checkbox"/>	
College		# of years attended?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____ Major: _____
Trade, Business, or Graduate School		Degree / certificate earned:	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree: _____ Major: _____
List any other training or educational programs of note:				
List any academic honors or other special recognitions you have received:				
List any other extracurricular activities and school offices of note:				

Employment History

All employment for the past **10 YEARS** must be noted below, including jobs held while in school or while in the military. Record your present or most recent position first and go back in chronological order. Resumes may not be substituted for any information requested, but may be submitted as an addendum to the completed application. Complete all questions for each position. **Additional forms are available if needed.**

Employer Name:	Dates Employed (mo/yr)	Salary / Pay rate	
	From: / TO: /	Beginning:	Ending:
Employer Address:	Employer phone#:	Supervisor name & title:	
Position Held:	Briefly Explain your job duties & responsibilities:		
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Reason for leaving:		
Was this position covered by the Federal Motor Carrier Safety Regulations (FMCSR) or DOT? YES <input type="checkbox"/> NO <input type="checkbox"/>	List name used if different from this application:		

Employer Name:	Dates Employed (mo/yr)	Salary / Pay rate	
	From: / TO: /	Beginning:	Ending:
Employer Address:	Employer phone#:	Supervisor name & title:	
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May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Reason for leaving:		
Was this position covered by the Federal Motor Carrier Safety Regulations (FMCSR) or DOT? YES <input type="checkbox"/> NO <input type="checkbox"/>	List name used if different from this application:		

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Position Held:	Briefly Explain your job duties & responsibilities:		
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	Reason for leaving:		
Was this position covered by the Federal Motor Carrier Safety Regulations (FMCSR) or DOT? YES <input type="checkbox"/> NO <input type="checkbox"/>	List name used if different from this application:		

Please identify and explain any gaps in employment, or periods of unemployment of 30 days or longer that have occurred in the last 5 YEARS (Information is used for confirming work history. You need not be currently employed at the time of application to be eligible for hire).

Dates:		Reason:
From MO/YR	TO MO/YR	

Criminal Conviction History

We strive to provide a safe environment for our employees, the community we support, and the patrons we transport. For these reasons, ALL applicants must provide a complete adult criminal conviction record in compliance with federal, state and/or locally mandated restrictions. This includes any conviction and/or criminal charge where the final disposition is still pending. Please note that a criminal conviction history will not necessarily disqualify an applicant from employment. Factors such as age, seriousness, and nature of the violation as it relates to the applicable position shall be considered.

Date of conviction or pending charge MM/YYYY	Location of conviction or pending charge City, State	Name of Court
/		
Mark appropriate box	Nature of conviction or pending charge:	
Misdemeanor <input type="checkbox"/>		
Felony <input type="checkbox"/>		
Pending Charge <input type="checkbox"/>		

Date of conviction or pending charge MM/YYYY	Location of conviction or pending charge City, State	Name of Court
/		
Mark appropriate box	Nature of conviction or pending charge:	
Misdemeanor <input type="checkbox"/>		
Felony <input type="checkbox"/>		
Pending Charge <input type="checkbox"/>		

Date of conviction or pending charge MM/YYYY	Location of conviction or pending charge City, State	Name of Court
/		
Mark appropriate box	Nature of conviction or pending charge:	
Misdemeanor <input type="checkbox"/>		
Felony <input type="checkbox"/>		
Pending Charge <input type="checkbox"/>		

LICENSE INFORMATION

State:	License #	Class	Expiration Date	Passenger Endorsement	Air Brake Endorsement
				YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?					YES <input type="checkbox"/> NO <input type="checkbox"/>
Has a license, permit or privilege ever been suspended or revoked?					YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulations?					YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you in the past three (3) years failed or refused a DOT-Mandated drug and alcohol test(s)?					YES <input type="checkbox"/> NO <input type="checkbox"/>
IF "YES" to any of the above items please explain:					
How many years driving experience do you have?			Less than 3 years <input type="checkbox"/>	3 Years or more <input type="checkbox"/>	

DRIVING EXPERIENCE				
	Class of equipment	Dates		Approximate total number of miles
		From (mo/yr)	To (mo/yr)	
Straight Truck				
Auto or Van				
Bus				
Other				

List all states where you have held a CDL in the last five years:

List special driving courses or training you have received:

What driving awards have you received? From whom?

Have you had experience supervising children or vulnerable adults? Please explain:

Have you ever driven a bus? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, for whom?	Dates:	Salary / pay rate:
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ACCIDENT REVIEW FOR PAST 3 YEARS

	Date: (mo/yr)	Nature of accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries (other than yourself)
Last collision			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Next previous			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Next previous			YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

IMPAIRED DRIVING CONVICTIONS-DRIVING UNDER THE INFLUENCE (DUI) / DRIVING WHILE INTOXICATED (DWI)

Location	Date	Charge	Penalty

TRAFFIC CITATIONS / CONVICTIONS & FORFEITURES DURING THE PAST 3 YEARS (other than parking violations)

Location	Date	Charge	Penalty

I have had no accidents, driving convictions / citations or pending moving violations in the past 3 years. _____ (initial)

TECHNICIAN / MECHANIC APPLICANTS ONLY

Type of experience	Length of experience	Type of experience	Length of experience
Engine tune-up: Diesel		Air Brakes / Steering	
Engine tune-up: Gas		Brakes / Steering	
Clutch & Transmission Truck		Lubrication	
Inspection License Class		Tire repair	
Electrical System		Do you own your own shop tools? YES <input type="checkbox"/> NO <input type="checkbox"/>	

List Current ASE Certifications:

Describe your diagnostic experience:

List any other skills which are relevant for the position:

APPLICANT'S STATEMENT AND RELEASE

I certify that all statements made on this Application for Employment and in any subsequently executed questionnaire or employment document are true and correct. I understand that any material falsifications or omissions on this application, or on any pre-employment documents, may result in termination of my candidacy or any subsequent employment.

If an employee relationship is established, I understand that such employment is terminable at will at any time, for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for any specific duration. In addition, I understand that no one is authorized to make oral exceptions to this policy, and written exceptions are permitted only when they are signed by the General Manager of Transit Management of Central Maryland Inc, or the company designee.

I authorize the Company and its representatives to conduct background evaluations and obtain information including but not limited to, criminal history checks from federal, state or local authorities, the Department of Transportation (DOT), and/or the Federal Transportation Agency (FTA).

I hereby expressly authorize such inquiries and fully release and discharge the Company and consumer reporting agency, their respective affiliates, subsidiaries, directors, officers, employees, agents and attorneys thereof, and each of them, and any individual, organization, entity agency, or other source providing information to a consumer reporting agency from all claims and damages arising out of or relating to any investigation of my background for employment purposes. This release is valid for all federal, state, county and local agencies, authorities, previous employers, military services and educational institutions.

Note to Maryland Applicants: Initial: _____ **I UNDERSTAND THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.**

I acknowledge that any offer of employment is conditioned upon my taking an pre-employment substance abuse test(s) and the Company's receipt of a satisfactory results of such a test(s) and receipt of satisfactory background checks and, if necessary to determine ability to perform essential duties of the position offered, the satisfactory results of physical examination.

This certifies that this application was completed by me, and that all entries in it and information in it are true and complete to the best of my knowledge.

Applicants Name:		Date:	
Applicants signature:			

Note: This Application for Employment will be considered active for 90 calendar days.

INTERNAL USE ONLY			
(Print) Name of Company Representative	Title	Location #	Date:
		RTA 52971	
Signature of Company Representative			

APPLICANT DISPOSITION			
	A. Applicant withdrew from process		F. Failed Pre-employment test or license requirement
	B. Disclosure of a disqualifying event		G. Does not meet minimum age requirement
	C. Cannot work required hours		H. Conditional offer made
	D. Application reviewed - not selected		I. Falsification of Application
	E. Interviewed - not selected		

Additional Employment History Sheet

Employer Name:				Dates Employed (MO/YR)		Salary / Pay rate	
				From: / TO: /		Beginning:	Ending:
Employer Address:				Employer phone#		Supervisor name & title	
Position Held:				Briefly Explain your job duties & Responsibilities:			
May we contact this employer?		Reason for leaving:					
YES <input type="checkbox"/> NO <input type="checkbox"/>							
Was this position covered by the Federal Motor Carrier Safety Regulations (FMCSR) or DOT?				YES <input type="checkbox"/> NO <input type="checkbox"/>		List name used if different from this application:	
Employer Name:				Dates Employed (MO/YR)		Salary / Pay rate	
				From: / TO: /		Beginning:	Ending:
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May we contact this employer?		Reason for leaving:					
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May we contact this employer?		Reason for leaving:					
YES <input type="checkbox"/> NO <input type="checkbox"/>							
Was this position covered by the Federal Motor Carrier Safety Regulations (FMCSR) or DOT?				YES <input type="checkbox"/> NO <input type="checkbox"/>		List name used if different from this application:	