



# Application for Employment

**19 Upper Ragsdale Drive, Suite 200  
Monterey, CA 93940  
(831) 264-5871  
Fax (831) 583-9048  
[www.mst.org](http://www.mst.org)**

## MONTEREY-SALINAS TRANSIT IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, religion, age, mental or physical disability, veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

POSITION APPLIED FOR: \_\_\_\_\_

DESIRED SALARY OR RANGE: \_\_\_\_\_

Please use the job title shown on the job announcement. A separate application is required for each position.

I am interested in: (check all that apply)  Part-time "Limited Duty"  Full-time

### APPLICATION INSTRUCTIONS:

1. Applications are only accepted for positions for which we are currently, actively recruiting.
2. Read application carefully and fill out completely.
3. Your driving record printout (H6) must be submitted with your completed application forms and have been issued within 30 days prior to application for employment for this position. **Do not substitute any other type of DMV printout.** Current MST employees need not submit a printout.
4. If a filing deadline is specified as part of recruitment, a completed application and appropriate DMV printout must be received by MST on, or before, the deadline in order to be considered.
5. Applications received after the deadline will be reviewed and may be placed on an eligibility list for possible future consideration.

**NOTE:** Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

### How did you hear about the availability of the position for which you are applying?

Newspaper Advertisement  Employment Agency  MST Employee: \_\_\_\_\_  
 Friend  Relative  Website  Other: \_\_\_\_\_  
*Print Name*

## PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary

1. Name: \_\_\_\_\_  
Last First Middle
2. Address: \_\_\_\_\_  
Street City State Zip
3. Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ 3. Cell Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
4. Email Address: \_\_\_\_\_

## OTHER INFORMATION

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1. Are you over 18 years of age or older?  Yes  No

If employed and under the age of 18, can you furnish a work permit?  Yes  No

2. Do you have a legal right to work in the United States?  Yes  No

If employed, you will be required to provide proof.

3. Have you applied to MST for employment in the past?  Yes  No

If yes, when? \_\_\_\_\_ Position applied for: \_\_\_\_\_

3a. Have you ever been employed by MST?  Yes  No

If yes, year separated \_\_\_\_\_, position held \_\_\_\_\_

4. Do you have any relatives currently employed by MST?  Yes  No

If yes, who? \_\_\_\_\_ What relation to you? \_\_\_\_\_

5. Have you ever used another name that we would need in order to verify your employment experience and education?

Yes  No If yes, indicate such name and the date the name changed:

\_\_\_\_\_

6. Are you currently employed?  Yes  No

If yes, may we contact your current employer at anytime?  Yes  No

You may contact my current employer, but only when: \_\_\_\_\_

7. Are you available to work: (all that apply – either as a regular schedule and/or on an as-needed basis)

Full-Time  Part-Time  Temporary  On-Call  Evenings  Weekends  Overtime

Split Shift  Other: \_\_\_\_\_

8. When would you be available to start working? \_\_\_\_\_

9. Do you have a valid driver's license?

Yes  No License #: \_\_\_\_\_ Class: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

9a. Have you been a licensed driver for at least 3 years?  Yes  No

10. Have you been given a Job Description, or have the requirements of the job been explained to you?

Yes  No Do you understand these requirements?  Yes  No

11. Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation?  Yes  No

12. Can you meet the attendance standards of MST, which requires all employees to report for work on time for all scheduled days or shifts?  Yes  No

# EMPLOYMENT EXPERIENCE

**Directions:** Begin with your present or last job. Account for all periods of time (no less than 10 years), including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

**THE FOLLOWING MUST BE COMPLETED IN DETAIL - RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.**

1.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ( )	Supervisor's Name, Title and Telephone Number ( )			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <b>Why?</b>				

2.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ( )	Supervisor's Name, Title and Telephone Number ( )			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <b>Why?</b>				

3.

Employer		Dates Employed		Key Responsibilities
		From	To	
Address				
Telephone Number ( )	Supervisor's Name, Title and Telephone Number ( )			
Job Title				
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged <b>Why?</b>				

4.	Employer	Dates Employed from ____ to ____	Address	Job Title
5.	Employer	Dates Employed from ____ to ____	Address	Job Title
6.	Employer	Dates Employed from ____ to ____	Address	Job Title
7.	Employer	Dates Employed from ____ to ____	Address	Job Title

# SPECIAL SKILLS AND TRAINING

1. Describe specialized training, apprenticeships, skills or research: *(including, supervision, employment law, etc.)*

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2. List current certifications and/or professional licenses, if any, and where registered: \_\_\_\_\_

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3. Check special skills or training:

- |  |  |
|--|--|
| <input type="checkbox"/> Public/Customer Relations | <input type="checkbox"/> Graphic Design            |
| <input type="checkbox"/> Dispatch                  | <input type="checkbox"/> Information Systems Mgmt. |
| <input type="checkbox"/> Bus Driving               | <input type="checkbox"/> Training/Teaching         |
| <input type="checkbox"/> Journalism/Writing        | <input type="checkbox"/> Mechanical/Electrical     |

Software

- |   |
|---|
| <input type="checkbox"/> Keyboarding _____wpm |
| <input type="checkbox"/> Word Processing      |
| <input type="checkbox"/> Spreadsheet          |
| <input type="checkbox"/> Data Base            |
| <input type="checkbox"/> Accounting           |
| <input type="checkbox"/> Other                |

Please List Programs: (Word, Excel, etc.)

_____	<input type="checkbox"/> basic	<input type="checkbox"/> advanced
_____	<input type="checkbox"/> basic	<input type="checkbox"/> advanced
_____	<input type="checkbox"/> basic	<input type="checkbox"/> advanced
_____	<input type="checkbox"/> basic	<input type="checkbox"/> advanced
_____	<input type="checkbox"/> basic	<input type="checkbox"/> advanced

4. Please indicate any language skills, other than English, below:

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR

## COACH OPERATOR APPLICANTS ONLY

**Please Note:** If you are not applying for Coach Operator please skip this section.

1. Have you ever been employed by MST?  Yes  No  
If yes, year separated \_\_\_\_\_, position held \_\_\_\_\_
2. Have you been a licensed driver for at least 5 years?  Yes  No
3. Do you have previous bus driving experience?  Yes  No
4. Are you willing to work over-time?  Yes  No
5. Are you willing to work on your day off?  Yes  No
6. Are you willing to report to work assignments in Monterey or Salinas, or work other assignments in Monterey County?  Yes  No
7. Are you willing to accept non-consecutive days off?  Yes  No
8. Are you available and willing to work on Saturdays and Sundays?  Yes  No
9. Are you available and willing to work Holidays?  Yes  No
10. Can you work early mornings and late evenings if required?  Yes  No
11. Are you willing to work variable shifts?  Yes  No
12. Are you willing to accept any shift?  Yes  No

# EDUCATION and TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY, AND STATE		Circle Last Year
High School		GED: <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma: <input type="checkbox"/> Yes <input type="checkbox"/> No
Community College		Major: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2
College/University		Major: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Graduate School		Major: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4
Business/Trade/Night School		Major: _____ Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 2 3 4

# EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone
			(    )
			(    )
			(    )

# CERTIFICATION

**DIRECTIONS: PLEASE READ AND INITIAL THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM**

I hereby certify that I have personally completed this application and that the answers given by me to the foregoing questions and statements are true and complete and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of MST regardless of the time that has elapsed before discovery.

\_\_\_\_\_

I authorize MST or its designated agents to contact my references and to investigate my past employment, credit history, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to MST from all liability or responsibility with respect to information supplied to MST.

\_\_\_\_\_

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy format shall be valid for one year from the date indicated next to my signature below. According to the *Fair Credit Reporting Act*, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.

\_\_\_\_\_

I understand that filing this application in no way assures me a position with MST, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the option of either MST or myself, subject to terms and conditions of any current Bargaining Agreements or Memorandums of Understanding, which apply to my employment. I further understand that no one other than the Board of Directors of MST has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

\_\_\_\_\_

If employed by MST, I agree to abide by the rules, policies and procedures of MST and subsequent rules, policies and procedures that may become effective after employment, and maintain a Class B license if it is a requirement of the position for which I am hired. I understand that my initial and continued employment may be contingent upon the successful completion of a medical examination, and such examination may include drug and alcohol screening obtained through blood and/or urine samples. I understand that MST believes strongly in a drug-free work environment and agree to abide by the drug and alcohol policies of MST during the time of my employment.

\_\_\_\_\_

I understand that, in the course of my employment, my photograph or likeness may be used for marketing or public information purposes.

\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



# VOLUNTARY APPLICANT DATA RECORD

Because Monterey-Salinas Transit (MST) is a recipient of Federal funding, we are required to comply with Public Law 88-352, Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972. As such, we invite you to complete this data survey to assist us with our anti-discrimination efforts. The Data Record is solely for periodic reporting and will be kept in a confidential file separate from your Application for Employment. The information you provide will not affect any employment decision.

*MST's policy is to ensure equal employment opportunities for all, without regard to race, color, religion, national origin, sex, age, disability, genetic information, veteran status, or any other characteristic protected by federal or state law.*

Applicant Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

### REFERRAL SOURCE:

[ ] Employment Office [ ] Employer's Bulletin Board [ ] Bus Ads [ ] Job Fair [ ] MST Website

[ ] Other \_\_\_\_\_ [ ] Online Job Posting: \_\_\_\_\_

[ ] MST Employee – Employee's name: \_\_\_\_\_

GENDER:  Male  Female

RACE/ETHNICITY: Select the one group in which you belong, identify with, or are regarded as belonging.

**American Indian or Alaska Native:** Having origins in any of the original peoples of North America (including Central America), and who maintain tribal affiliation or community attachment.

**Asian:** Having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent: e.g.: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

**Black or African American:** Having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander:** Having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Hispanic or Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**White/Caucasian:** Having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Two or More Races**