



# 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)



## 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. Within the last two (2) years, have you tested positive or refused to test, on any pre-employment drug or alcohol test that was required for a position you applied for?  Yes  No

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

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

6. 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: \_\_\_\_\_

7. 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: \_\_\_\_\_

8. 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: \_\_\_\_\_

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

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

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

10a. Have you been a licensed driver for at least 3 years?  Yes  No

11. 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

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

13. 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.)

\_\_\_\_\_

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

\_\_\_\_\_

3. Check special skills or training:

- Public/Customer Relations
- Dispatch
- Bus Driving
- Journalism/ Writing

- Graphic Design
- Information Systems Mgmt.
- Training/ Teaching
- Mechanical/ Electrical

**Software**

- Keyboarding\_\_\_\_\_wpm\_\_\_\_\_
- Word Processing
- Spreadsheet \_\_\_\_\_
- Data Base \_\_\_\_\_
- Accounting
- Other \_\_\_\_\_

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

- basic  advanced
- basic  advanced
- basic  advanced
- basic  advanced
- basic  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 SELF-IDENTIFICATION FORM**

Monterey-Salinas Transit (MST) is an Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, national origin, sex, age, disability, genetic information, veteran or military status, or any other characteristic protected by state or federal law. The purpose of this Voluntary Self-Identification Form is to comply with federal record-keeping and reporting requirements. As such, we invite you to complete this survey to assist us with our anti-discrimination efforts.

The data you provide on this form will be kept confidential and used solely for analytical and reporting requirements. This form is processed and maintained separately from your Employment Application, and the information you provide will not affect any employment decision.

**Section I: APPLICANT INFORMATION**

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

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

**REFERRAL SOURCE:**

\_\_\_ Employment Office \_\_\_ Employer Bulletin Board \_\_\_ Bus Ad \_\_\_ Job Fair \_\_\_ MST Website

\_\_\_ MST Employee Employee Name: \_\_\_\_\_

\_\_\_ Online Job Posting: \_\_\_\_\_ Other: \_\_\_\_\_

**Section II: GENDER AND RACE/ETHNICITY**

**GENDER:** \_\_\_ Male \_\_\_ Female \_\_\_ I do not wish to self-identify

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

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

\_\_\_ **Asian** (non-Hispanic or Latino): 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, Philippine Islands, Thailand, or Vietnam.

\_\_\_ **Black or African American** (non-Hispanic or Latino): Having origins in any of the black racial groups of Africa.

\_\_\_ **Native Hawaiian or Other Pacific Islander** (non-Hispanic or Latino): 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** (non-Hispanic or Latino): Having origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_ **Two or More Races** (non-Hispanic or Latino): Having origins in more than one federally designated category.

\_\_\_ **I do not wish to self-identify**



**Section III: DISABILITY**

You may voluntarily self-identify as having a disability without fear of adverse treatment. Information provided will be kept confidential.

**How do I know if I have a disability?**

You are considered to have a disability if you have a physical or mental impairment that substantially limits one or more major life activities, have a record of such an impairment, or are regarded as having an impairment that is not transitory and minor. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of major bodily functions.

**Please choose one option below:**

Yes, I have a disability     No, I do not have a disability     I do not wish to self-identify

**Please do not list or name your disability.**

**Section IV: VETERAN STATUS**

Are you a veteran of the United States Military Armed Forces?

**Please choose one option below:**

Yes, I am a veteran     No, I am not a veteran     I do not wish to self-identify

**FOR AGENCY USE ONLY**

Data entered into Tracking System?