



# EMPLOYMENT APPLICATION

## Maryland Transit Administration

William Donald Schaefer Tower  
6 Saint Paul Street, 5<sup>th</sup> Floor  
Baltimore, Maryland 21202-1614

Today's Date: \_\_\_/\_\_\_/\_\_\_  
(mm dd yy)

**FOR HUMAN RESOURCE DEPARTMENT USE ONLY – DO NOT WRITE IN THIS SPACE**

(Circle One) Certified Not Certified-Reason Code: \_\_\_\_\_  
Reviewed by Initials/Date: \_\_\_\_\_/\_\_\_\_\_ Date Entered in SIGMA: Initials/Date: \_\_\_\_\_/\_\_\_\_\_

### **INSTRUCTIONS TO APPLICANT::**

Please **PRINT** and **FILL OUT** completely. Illegible information or omissions may result in an application being rejected. False, erroneous, or misleading answers or statements may be cause for rejection of application or discharge from MTA service. Resumes cannot be substituted in place of this application.

**(NOTE: If more space is required to present additional information for any section below, please attach.)**

Position Applied for: \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(A separate application is required for each classification or position for which application is filed.)

Applicant's Name: \_\_\_\_\_  
Last Name First Name Middle Name

Address: \_\_\_\_\_  
Number and Street or R.F.D.

City State Zip Code

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_ Other Names Used: (i.e., Maiden Name, etc.) \_\_\_\_\_

### **A. EDUCATION, SKILLS AND QUALIFICATIONS**

#### **1. High School or GED Education:**

Did you graduate from high school or have you obtained a GED? (Circle One) YES NO If YES, provide the following information:

High School's Name: \_\_\_\_\_

High School's Address: \_\_\_\_\_

Year of Graduation or Received GED: \_\_\_\_\_ If you answered NO, circle the highest grade completed: 8 9 10 11 12

#### **2. College/University Education:** List most recent college education below.

Name of College/University: \_\_\_\_\_ Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Title: \_\_\_\_\_

Number of Credit Hours Completed: \_\_\_\_\_ Year Degree was Received: \_\_\_\_\_

#### **3. Training:** List any trade and technical courses, or instruction you have completed.

<u>Trade or Technical School's Name and Address</u>	<u>Course Title</u>	<u>Completed? (YES or NO)</u>	<u>Certificate Awarded Title</u>	<u>Date</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### **4. Additional Skills and Qualifications:** To help the MTA evaluate your qualifications for this position, please list any additional information (e.g. special skills, computer skills and programs, licenses, etc.), and the level of proficiency (e.g. basic, intermediate or advanced).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Foreign Languages: Please list all foreign languages you can speak, and the skill level for each (e.g. basic, intermediate or advanced).

\_\_\_\_\_  
\_\_\_\_\_

**B. EMPLOYMENT HISTORY**

Beginning with the most recent history, please list all experience, including armed forces, different jobs within the same organization, pertinent volunteer work, and part-time employment. Report your most recent work experience first. Please note that all statements and all references are subject to investigation and verification. All appointments are subject to satisfactory reference investigation.

1. Company Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Date: From \_\_\_\_\_ To \_\_\_\_\_ Total: Years \_\_\_\_\_ Months \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(mm/yy) (mm/yy)

Address/City/State: \_\_\_\_\_

Job Title and Specific Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary: \_\_\_\_\_ Year or Hour (Circle One) Number of Hours Worked Per Week: \_\_\_\_\_ Number of Persons Supervised: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

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2. Company Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Date: From \_\_\_\_\_ To \_\_\_\_\_ Total: Years \_\_\_\_\_ Months \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(mm/yy) (mm/yy)

Address/City/State: \_\_\_\_\_

Job Title and Specific Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary: \_\_\_\_\_ Year or Hour (Circle One) Number of Hours Worked Per Week: \_\_\_\_\_ Number of Persons Supervised: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

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3. Company Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Date: From \_\_\_\_\_ To \_\_\_\_\_ Total: Years \_\_\_\_\_ Months \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
(mm/yy) (mm/yy)

Address/City/State: \_\_\_\_\_

Job Title and Specific Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary: \_\_\_\_\_ Year or Hour (Circle One) Number of Hours Worked Per Week: \_\_\_\_\_ Number of Persons Supervised: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**C. RELATIVES EMPLOYED BY THE MTA OR MDOT MODAL:**

If you have any relatives employed at the MTA or another MDOT modal/agency, please provide the requested information below.  
Note: A relative is defined as husband, wife, brother, sister, mother, father, grandparent, cousin; and in-law or step relatives as previously defined.

Relative's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Modal/Agency: \_\_\_\_\_  
(Last Name, First Name)

Relative's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Modal/Agency: \_\_\_\_\_  
(Last Name, First Name)

**D. PREVIOUS MTA or MDOT EMPLOYMENT:**

Have you previously applied for a MTA or another MDOT modal/agency position, or have you been previously employed by either? \_\_\_\_\_  
If YES, provide information:

Date	to	From	Department	Position	Date
_____	to	_____	_____	_____	_____
_____	to	_____	_____	_____	_____

**E. DRIVING LICENSE INFORMATION:** Applicants for a position requiring a driver's license must provide the information below.

Complete the following information if you have a VALID driver's license:

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ License Class: \_\_\_\_\_ Issued by State of: \_\_\_\_\_  
(mm/dd/yy)

Are there any moving violations pending against you? (Circle One) YES NO

Are there any restrictions or endorsements on your license? (Circle One) YES NO If you answer YES to either question, please explain:

Complete the following information if you have a CURRENT CDL:

CDL Endorsements: \_\_\_\_\_ CDL Expiration Date: \_\_\_\_\_ CDL Class: \_\_\_\_\_ CDL Restrictions: \_\_\_\_\_

**F. DISMISSALS AND/OR FORCED RESIGNATIONS** Please write YES or NO in response to the following questions.

Have you ever been dismissed from any position or asked to resign? \_\_\_\_\_ If answering YES to either question, please explain.

**CERTIFICATION**

(Please read the following statement, sign, and date as appropriate.)

I certify that all information contained on this application and attachments is true and complete to the best of my knowledge and belief. I authorize the Maryland Transit Administration to contact all sources necessary to verify this information. **I understand that any erroneous, misleading, or fraudulent information is sufficient grounds for withdrawal of an offer of employment or immediate discharge.**

Signature of Applicant: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**BLANK SECTION**

**SPECIAL NOTES**

- 1) You must be legally authorized to work in the United States under the Immigration and Reform Control Act of 1986.
- 2) "Under Maryland law an employer may not require or demand any applicant for employment or an employee to submit to or take a polygraph lie detector, or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100." This provision does not apply to applicants for law enforcement officer positions pursuant to Article 100, Section 95, (a) (3) (Annotated Code of Maryland).
- 3) If you are offered an appointment to a position in the Maryland Transit Administration, you may be required to take a medical examination and drug and alcohol test.
- 4) The Amalgamated Transit Union, AFL-CIO, Local 1300, the Office and Professional Employees International Union, Local No. 2, AFL-CIO, the American Federation of State, County, and Municipal Employees, Council #67, and Local No. 1859 represent employees filling certain jobs within the MTA. If you are selected to fill a job covered by a Collective Bargaining Agreement with one of these unions, you are required to become a union member at the completion of your first 30-day period of employment.
- 5) The Maryland Transit Administration may inquire into the criminal record or criminal history of an applicant for employment after the applicant has been provided an opportunity for an interview. (See § C of the statute.)
- 6) The MTA Employment Application should identify those positions which prior criminal convictions may prohibit employment. (See §D of the statute.) Bus Operator; not exclusive.
- 7) How did you learn about this position?

\_\_\_ MTA Bulletin Board    \_\_\_ Advertisement (What Paper?)    \_\_\_ Other - Please Specify: \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY POLICY**

MTA does not discriminate based on age, ancestry, color, creed, gender identity or expression, genetic information, marital status, mental or physical disability, national origin, race, religion affiliation, belief or opinion, sex, or sexual orientation. Reasonable accommodations for persons with disabilities will be provided as requested. Equal Opportunity Employer.

=====APPLICANT DO NOT TEAR OFF=====

**VOLUNTARY INFORMATION**

Applicants are requested to *VOLUNTARILY* provide this information for statistical purposes only; however, failure to do so will not affect your chances for employment.

Date: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female      Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Race/Ethnic Identification:

\_\_\_ White (Non-Hispanic)      \_\_\_ Hispanic      \_\_\_ Asian/Pacific Islander  
\_\_\_ African American      \_\_\_ Native American      \_\_\_ Other: \_\_\_\_\_

Do you have a physical disability and/or a behavioral/mental illness? If YES, please describe:

\_\_\_\_\_

\_\_\_\_\_