

MST

MONTEREY-SALINAS TRANSIT

APPLICATION FOR EMPLOYMENT

One Ryan Ranch Road
Monterey, CA 93940
(831) 899-2558
Fax (831) 583-9048

MST Online: www.mst.org

“Leading, advocating, and delivering quality public transportation”

We've got a
great
thing
going.

OTHER INFORMATION

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. Have you been convicted of a crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime?

Yes No

NOTE: Do not disclose convictions related to the possession or use of marijuana more than two years ago, unless you are a CA Class B or above drivers license holder.

If yes, state when, where, and the nature of such conviction: _____

(In accordance with MST policy, this information will be reviewed for job-relatedness and time since last conviction.)

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. If the position for which you applying required the use of a vehicle, 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		Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?				

2.

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

3.

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

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:

Software

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

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Public/Customer Relations | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Keyboarding _____wpm | _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced |
| <input type="checkbox"/> Dispatch | <input type="checkbox"/> Information Systems Mgt. | <input type="checkbox"/> Word Processing | _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced |
| <input type="checkbox"/> Bus Driving | <input type="checkbox"/> Training/Teaching | <input type="checkbox"/> Spreadsheet | _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced |
| <input type="checkbox"/> Journalism/Writing | <input type="checkbox"/> Mechanical/Electrical | <input type="checkbox"/> Data Base | _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced |
| | | <input type="checkbox"/> Accounting | _____ <input type="checkbox"/> basic <input type="checkbox"/> advanced |
| | | <input type="checkbox"/> Other | _____ <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	9 10 11 12
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 it's 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