



12 Olive St., Ste 1, Greenfield, MA 01301

Application for Employment

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

Franklin Regional Transit Authority is an Equal Employment Opportunity employer. Franklin Regional Transit Authority does not discriminate against an 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, Franklin Regional Transit Authority consistently applies background checking standards to all applicants. It is essential that all information requested, including educational background, work, and residential history, be complete and accurate.

Instructions: Please type or print in black or blue ink. Answer all questions, checking all boxes that apply. Answer with "No" or "Not Applicable" (N/A) on questions that do not apply. Additional forms are available for each section if needed.

Date: / /

GENERAL INFORMATION					
Last Name		First		Middle	
Present Address: Street		City	County	State	Zip
				How long? (mo/ yr)	
Telephone Number and Area Code: Primary () Secondary ()			Email address:		If hired, can you present evidence of your legal right to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No
List any other names that you have used in the past 10 years					
Name Used		City	County	State	From / To
List all addresses for the past 10 years					
Street		City	County	State	Zip
					How long? (mo/yr)

Have you ever been fired or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, explain:			
What position are you applying for?		Minimum salary / wage requirement:			
How were you referred to our company?		<input type="checkbox"/> Banner <input type="checkbox"/> Flyer <input type="checkbox"/> Print Ad <input type="checkbox"/> On-line Ad <input type="checkbox"/> Radio/TV Ad <input type="checkbox"/> State Employment Agency <input type="checkbox"/> Job Fair <input type="checkbox"/> Community Organization <input type="checkbox"/> Employee referral-Name: <input type="checkbox"/> Other			
Have you ever worked for us previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		In what capacity?		When?	
If hired, what date are you available to start work? / /		Are you applying for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Are you able to work: <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	

Equal Opportunity Employer that values diversity

IDENTIFY AND EXPLAIN ANY EMPLOYMENT GAPS, OR PERIODS OF UNEMPLOYMENT OF 30 DAYS OR LONGER		
Dates:		Reason:
From:	To:	

ADMINISTRATIVE SUPPORT APPLICANTS ONLY			
Type of experience	Length of experience	Type of experience	Length of experience
AP / AR		Microsoft Excel	
Multi-line phone system		Microsoft Word	
Typing / keyboarding	WPM:	Microsoft Outlook	
10-key calculator	Accuracy:	Microsoft PowerPoint	
List any other skills which are relevant to the position you seek:			

COMPUTER EXPERIENCE		
Software & Hardware (PC or Platforms)	Length of experience	Skill level (expert, moderate, beginner)

ADDITIONAL QUALIFICATIONS
Briefly summarize any additional qualifications you believe are important

(Continues on next page.)

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 made on this application, or on any pre-application document, may result in termination of my candidacy or any subsequent employment.

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 Administration (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.

Applicant Name:		Date:	
Applicant Signature:			

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

INTERNAL USE ONLY		
Individual receiving & reviewing application:	Title:	Date: