

# WOODS HOLE, MARTHA'S VINEYARD & NANTUCKET STEAMSHIP AUTHORITY

### **APPLICATION FOR EMPLOYMENT**

(Please Print)

Name Last	First	First		Middle	Date:		
Name							
Street Address→							
			City^		State <sup>^</sup>	Zip^	
Mailing Address → (If different from street address)			· 				
Cell phone:	Home Phon	e:		Email:			
Position Desired:	Location Desired:		Тетр 🔙	Regular 🔲	Will you accept	temporary work?	
Have you ever been employ	ed here?		From:	To:			
Do you have a valid driver's	license?		Do you have a CDL license? Type:				
Do you have a Merchants M	ariners Credentia	ıls?	Expiration	Expiration date: Rating:			
			Expiration	Expiration date:			
Are you under 18 years of age?			Are you a	Are you authorized to work in the U.S?			
Copies of the applicable documents re	ferenced above and pro	of of autho	rization to work i	n the United State	s will be required	prior to employment.	
Do any members of your im	madiata family w	ork for t	ho Authority	? If so, w	,bo2		
I acknowledge the Authority's policy p						nt employee's immediate	
family includes the employee's spouse							
Education							
Name of School	City	St	Course of St	udy	Did you Grad.?	Degree	
						<del></del>	
Licenses, Registration or Certif	ication						
Licenses, Registration or Certification		Licenses, Registration or Certification N		r Certification No	lo. Expiration Date		
		_					
		_					
List any additional education, t	raining or qualificat	tions:					
References: List 3 people not related to you							
Name		The state of the s			ephone	Years known	
	<del>-</del>						
Military Service							
Branch of Military Service	Highest Rank/Ratin	g	Draft Classifica	ntion	Vetera	n Status	

Employment History-We intend to contact your previous employer(s) unless you indicate that you would prefer we not do so. In completing this section, you may include any verified work performed on a volunteer basis.

Employer	Address	Telephone	May we contact?
Position	Reason for leaving	From Month/Year	To Month/Year
Employer	Address	Telephone	May we contact?
Position	Reason for leaving	From Month/Year	To Month/Year
Employer	Address	Telephone	May we contact?
Position	Reason for leaving	From Month/Year	To Month/Year
Employer	Address	Telephone	May we contact?
Position	Reason for leaving	From Month/Year	To Month/Year
100-100			

The Authority's acceptance of this form does not indicate there are any positions available.

If and when I receive a conditional offer of employment from the Authority, I will consent to undergoing a medical examination solely for the purpose of determining whether, with or without reasonable accommodation, I am capable of performing the essential functions of the job for which I have received a conditional offer. Further, if and when, I receive a conditional offer of employment, I will consent to drug and alcohol testing. I realize my hiring is conditional upon satisfactory completion of the medical examination and drug and alcohol test, as well as my furnishing of any document or license requested by the Authority.

I acknowledge that unless otherwise provided by an applicable bargaining agreement, if I am hired my employment and compensation can be terminated with or without cause, and with or without notice, at any time, and for any reason, at the option of the Authority or myself. I further understand that only the General Manager of the Authority has the authority to enter into any agreement for any specified period of time, or to make any agreement contrary to the foregoing.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

#### Application must be filled out completely

In signing this application, I certify that the information I have provided is complete and accurate. I understand that any false statements or omissions in the application process will be grounds for rejection of my application, or termination of employment if I become employed.

I hereby authorize the Authority to investigate all statements contained in this application. I authorize and request that my present and former employers furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. I hereby release my present and former employers, and their agents and employees, from any and all liability for damages arising from furnishing the requested information.

Signature	Date (Month/Day/Year)		

### VOLUNTARY AFFIRMATIVE ACTION DATA

#### PLEASE NOTE: COMPLETION OF THIS FORM IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

## TO BE COMPLETED BY APPLICANT ON A VOLUNTARY BASIS. NOT FOR INTERVIEW PURPOSES. FILE SEPARATELY FROM APPLICATION.

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations which may apply, we request that you complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Applicant Information			
Applicant's name	FIRST	MIDDLE	Phone ( )
Address STREET  Sex: Male Female Position ap	CITY plied for	STATE	ZIP CODE Date
Referral Source:  Government Employment Agency Walk-in Relative Person who referred you, if applicable	School Advertisemen	nt located in	Current Employee Other
Please select one of the following Equal  Hispanic White ( Asian/Pacific Islander Black (	not of Hispanic o	rigin) 🗌 Ame	erican Indian/Alaskan Native
☐ Veteran ☐ Disable		an $oxdot$ Disable	ification Groups below: ed Vietnam Veteran & Handicapped ed Veteran & Handicapped
Other position(s) considered for Hired? No Yes Hire date			
Position hired for			
Position classification  Office and Clerical Workers  Operatives (semi-skilled)  Craft Workers (skilled)	Sales Workers Service Workers Professionals		icians ers (unskilled) ial and Managers
Additional Notes		_	Date