



DATE: \_\_\_\_\_

JOB DATA							
Please print & fill in application completely, <b>DO NOT</b> leave blank areas. Incomplete applications will not be considered.							
Position applying for:	Wheelchair Van Operator	Ambulatory Driver	Other (Specify: _____)				
Type of employment desired:	Full-time	Part-time	Type of shift(s) desired:	Day	Evening	Weekend	On-Call
Have you ever applied to or previously worked for MRC Transportation LLC?	Yes	No	If yes, list date(s):				
Do you have any relatives or friends currently working for MRC Transportation LLC?	Yes	No					
If yes, state their name and relationship to you:							
How were you referred to our company or how did you become aware of this opening?						Date available to start work:	

PERSONAL DATA			
Name: Last	First	Middle	Social Security Number
			_____ - _____ - _____
Address: Street	City	State/Zip	Home # ( _____ ) _____ - _____
Email:			Cell # ( _____ ) _____ - _____
Can you provide original documentation of your identity and eligibility to work in the United States?			Yes No

DRIVING LICENSE INFORMATION (complete only if you are applying for a safety-sensitive position)											
Do you have a valid MA or RI driver's license?	Yes	No	Unexpired License #	State	Class	Expiration Date	Valid MA or RI CDL?	Yes	No		
List all other states where you have held a driver's license in the past <b>10 years</b> :											
Have you ever been denied a license or permit to operate a motor vehicle?				Yes	No	If yes, please explain:					
Has your license ever been suspended or revoked?			Yes	No	If yes, please explain:						
Do you have: Passenger End?	Yes	No	Airbrakes?	Yes	No	DPU?	Yes	No	CPR Card?	Yes	No

**EMPLOYMENT HISTORY** Complete list of all prior employment (most recent first) during the past **5 years**, even if you submit a resume.

Please include any military service.

<b>1. PRESENT/LAST EMPLOYER</b>			Job Title:			<b>2. PREVIOUS EMPLOYER</b>			Job Title:		
Address						Address					
City		State		Zip		City		State		Zip	
Telephone (with area code)			May we contact this employer?			Yes			No		
Name/Title of Supervisor						Name/Title of Supervisor					
Date Started: Month _____ Year _____			Date Left: Month _____ Year _____			Date Started: Month _____ Year _____			Date Left: Month _____ Year _____		
Duties/Work Performed						Duties/Work Performed					
Reason for Leaving						Reason for Leaving					
<b>3. PREVIOUS EMPLOYER</b>			Job Title:			<b>4. PREVIOUS EMPLOYER</b>			Job Title:		
Address						Address					
City		State		Zip		City		State		Zip	
Telephone (with area code)			May we contact this employer?			Yes			No		
Name/Title of Supervisor						Name/Title of Supervisor					
Date Started: Month _____ Year _____			Date Left: Month _____ Year _____			Date Started: Month _____ Year _____			Date Left: Month _____ Year _____		
Duties/Work Performed						Duties/Work Performed					
Reason for Leaving						Reason for Leaving					

\*\*\*\*\*Please explain periods of 6 months or more between employment\*\*\*\*\*

EMPLOYMENT HISTORY (con't.)					
<b>5. PREVIOUS EMPLOYER</b>			<b>6. PREVIOUS EMPLOYER</b>		
Job Title:		Job Title:		Job Title:	
Address			Address		
City		State	Zip	City	
State		Zip	State		Zip
Telephone (with area code)		May we contact this employer?	Yes	Telephone (with area code)	
				May we contact this employer?	
				Yes No	
Name/Title of Supervisor			Name/Title of Supervisor		
Date Started: Month _____ Year _____			Date Started: Month _____ Year _____		
Date Left: Month _____ Year _____			Date Left: Month _____ Year _____		
Duties/Work Performed			Duties/Work Performed		
Reason for Leaving			Reason for Leaving		

\*\*\*\*\*Please explain periods of 6 months or more between employment\*\*\*\*\*

EDUCATION			
	Graduated?	Name	Type of Degree
High School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
College/University	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate/Professional School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade/Business or Driving School	<input type="checkbox"/> Yes <input type="checkbox"/> No		

ACCIDENT RECORD for PAST THREE (3) YEARS (List all vehicular accidents in which you have been involved as a driver during the past 3 years)		
Date	Description	Location

DRUG AND ALCOHOL TESTING INFORMATION		
Was your job(s) designated as a safety-sensitive function in any Dept. of Transportation (DOT) regulated mode subject to the Drug & Alcohol testing requirements of 49 CFR Part 40?	Yes	No
Have you tested positive or refused to test on any pre-employment drug or alcohol test for a DOT (Department of Transportation) covered employer during the past two years?	Yes	No
Have you worked for a Dept. of Transportation (DOT) regulated employer and were you covered under DOT regulated drug and alcohol testing during the past two years prior to this application?	Yes	No

**ACKNOWLEDGEMENT** – Please read each paragraph below. If you do not understand any part of the information included in each paragraph please ask for assistance *before* signing.

All employees of MRC Transportation LLC are required to adhere to the MRC Transportation LLC Drug & Alcohol Policy. The information provided below is intended to be a brief summary of this policy and is not inclusive. Our complete policy is available for review upon request in our Human Resources Department. MRC Transportation LLC maintains a Drug & Alcohol-Free Workplace and requires a drug screening test for employment. If I do not complete the pre-employment drug testing after being extended an offer of employment or if I test positive, refuse to test or submit an adulterated specimen, I understand I will not be considered for employment. I will be required to submit to random, post-accident and reasonable suspicion drug and alcohol testing during the course of my employment. Testing positive, refusing to test within the designated time period or submitting an adulterated specimen for any drug and alcohol screening during my employment will be considered grounds for termination. I understand that MRC Transportation LLC abides by an employment-at-will policy except where there is a collective bargaining agreement in effect. In such circumstances, the terms of the collective bargaining agreement take precedence. However, for employees not covered by a collective bargaining agreement, the following terms apply: I understand that nothing contained in this application, in the granting of an interview or conveyed during an interview is intended to create an employment contract between MRC Transportation LLC and myself, implicit or implied. Accordingly, either the Company or I may terminate the employment relationship at will, with or without cause, at any time, with or without notice, for any reason. I also understand and agree that any future changes in my titles, duties, compensation, working conditions, benefits or company policies and procedures will not alter this at-will agreement. I understand that my employment with the Company is not for a specified term and is at the mutual consent of the company and myself. I understand that no one, other than the President of MRC Transportation LLC, whether manager, supervisor or representative, has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. If I am applying for a position as a driver, I am required to possess a current and valid driver's license and I agree to provide MRC Transportation LLC with a certified copy of my driving record. I also understand that any offer of employment is contingent upon my ability to be covered by the Company's vehicle insurance policy. I further agree to abide by the existing rules of the Company and any rules and regulations as may become effective during my employment. I certify that I completed this application for employment and that all of the information provided herein is true. I understand that any omission, misstatement or inclusion of false information on this application or any document used to secure employment with MRC Transportation LLC shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. I authorize MRC Transportation LLC to investigate all statements contained in this application for employment, including previous employment, experience and educational credentials. I authorize MRC Transportation LLC to contact my former employer(s) or any other person who can verify the information I provided on this employment application. I give my consent to my current and former employer(s) and other contacted persons to respond to any questions pertaining to the information included on the application. I release my current/former employer(s) and other persons contacted from any liability for releasing information to MRC Transportation LLC. I understand that any offer of employment will be conditional upon my successful completion of a physical examination, criminal background check, substance abuse test and reference check(s). My signature below certifies that I have read & fully understand the information included on this application and agree to the terms and conditions outlined in this document.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## VOLUNTARY SELF-IDENTIFICATION FORM

MRC Transportation LLC is an equal opportunity/affirmative action employer. As such, we are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your ethnicity/race, disability and veteran status. Self-identification is voluntary and there will be no negative consequences if you elect not to disclose this information. The information obtained will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations. When reported, the data will not identify any specific individual.

Regardless of whether or not you choose to self-identify, completion of this form is mandatory. If you do not wish to self-identify, please check the “decline to disclose” box.

### EMPLOYEE INFORMATION (Please print legibly in blue or black ink)

<b>Applicant Name:</b>	
<b>Gender:</b>	
<b>Position applied for:</b>	

<p><b>ETHNICITY</b>          Are you <i>Hispanic or Latino</i> ( A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)?          *YES *NO *Decline to disclose  <b>If you checked “YES” to the question above, please do not fill out the RACE section of this form.</b>  <b>If you checked “NO” to the question above, please check ONE description under RACE section below.</b></p>
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<b>RACE</b>	
<b>*</b>	WHITE (Not Hispanic or Latino) A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
<b>*</b>	BLACK OR AFRICAN AMERICAN (Not Hispanic or Latino)A person having origins in any of the Black racial groups of Africa
<b>*</b>	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (Not Hispanic or Latino)A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands
<b>*</b>	ASIAN (Not Hispanic or Latino)A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
<b>*</b>	AMERICAN INDIAN OR ALASKAN NATIVE (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition
<b>*</b>	TWO OR MORE RACES (Not Hispanic or Latino)All persons who identify with more than one of the above five races
<b>*</b>	Decline to disclose

## VOLUNTARY SELF-IDENTIFICATION FORM (Continued)

<b>Applicant Name:</b>	
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**DISABILITY/VETERAN STATUS**

If you have a disability or are a veteran as defined below and you would like to be included in our affirmative action program, please tell us now and/or at any time in the future.

Information you submit about your disability will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment; and (iii) government officials engaged in enforcing the Americans with Disabilities Act or laws administered by the Office of Federal Contract Compliance Programs may be informed.

If you are an individual with a disability or a disabled veteran and (a) would like to request an accommodation that would enable you to successfully perform the job for which you have received an offer of employment, or other types of positions within the company; or (b) would prefer to inform the company of this information verbally, please contact the Human Resources Department.

**Please check ALL that apply below:**

<b>*</b>	An individual with a disability is a person who (a) has a physical or mental impairment which substantially limits one or more major life activities, (b) has a record of such an impairment; or (c) is regarded as having such an impairment.
<b>*</b>	Disabled Veteran means a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs, or a person who was discharged or released from active duty because of a service-connected disability.
<b>*</b>	Recently Separated Veteran means a veteran separated during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service. <span style="float: right;">Date of Discharge:</span> ____/____/____
<b>*</b>	Armed Forces Service Medal Veteran means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive order 12985 (61 FR 1209).
<b>*</b>	Other Protected Veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under laws administered by the Department of Defense.
<b>*</b>	None of the above
<b>*</b>	Decline to disclose

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPLICANT/EMPLOYEE RELEASE**

**Section I. Applicant/Employee Authorization**

To be completed by the prospective employer, signed by the applicant and transmitted to the previous employer.

Applicant Name: \_\_\_\_\_

Applicant Social Security # : \_\_\_\_\_

***Release of Drug and Alcohol Testing Information***

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer (listed in Section III) to the prospective employer (listed in Section II). This release is in accordance with DOT Regulation 49 CFR Part 40.25.

I understand that the information to be released in Section IV by my previous employer is limited to the following DOT-regulated testing items:

1.) Alcohol tests with a result of 0.04 or higher, 2.) Verified positive drug tests, 3.) Refusals to be tested, 4.) Other violations of DOT agency drug and alcohol regulations, 5.) Information obtained from previous employers of a drug and alcohol rule violation and 6.) Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Release of Driving and Safety Information***

I hereby authorize release of information from my Department of Transportation driving and safety records by my previous employer (listed in Section III) to the prospective employer (listed in Section II). This release is in accordance with DOT Regulation 49 CFR Part 391.23. I understand that the information to be released will include my driving safety history and the items defined at 49 CFR 391.23 as set forth in Section IV.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MRC Transportation LLC**  
**234 West Center St.**  
**West Bridgewater, MA 02379**  
**508.942.0016**

**PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGEMENT**

I, hereby acknowledge and understand that, as part of my application for employment for a position which involves the performance of safety-sensitive functions as defined by 49 CFR Part 655, as amended, I must submit to a urine drug test under the authority of the U.S. Department of Transportation, Federal Transit Administration. I acknowledge and understand that my employment is contingent on the passing of the aforementioned drug test, and I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

Applicant Signature:

Date:

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(Your application will not be considered for employment of a covered safety-sensitive position unless this acknowledgment is completed and signed)