



WOODS HOLE, MARTHA'S VINEYARD & NANTUCKET STEAMSHIP AUTHORITY

APPLICATION FOR EMPLOYMENT

(Please Print)

Last:		First:		Middle:		Date:	
Name:							
City:				State:		Zip:	
Mailing Address:							
Street Address: <small>(if different from mailing address)</small>							
Cell Phone:	Email:			Home Phone:			
Position Desired:	Location Desired:		Temp		Regular		Will you accept temporary work?
			yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>		yes <input type="checkbox"/> no <input type="checkbox"/>
Have you ever been employed here?	yes <input type="checkbox"/> no <input type="checkbox"/>	When:					
Do you have a valid driver's license?	yes <input type="checkbox"/> no <input type="checkbox"/>	Do you have a CDL license?		Type:			
Do you have a Merchant Mariners Credentials?	yes <input type="checkbox"/> no <input type="checkbox"/>	Expiration Date:		Rating:			
Do you have a TWIC Card?	yes <input type="checkbox"/> no <input type="checkbox"/>	Expiration Date:					
Are you under 18 years of age?	yes <input type="checkbox"/> no <input type="checkbox"/>	Are you authorized to work in the US?			yes <input type="checkbox"/> no <input type="checkbox"/>		

Copies of the applicable documents referenced above and proof of authorization to work in the United States will be required prior to employment.

Do any members of your immediate family work for the Authority?	yes <input type="checkbox"/> no <input type="checkbox"/>	If so, who?	
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I acknowledge the Authority's policy prohibiting the hiring of any member of a current employee's immediate family. A current employee's immediate family includes the employee's spouse, parents, brothers, sisters, and children of both the employee and the employee's spouse

How did you hear about the job opportunity you are applying for:

- Steamship Authority Website
- Indeed
- Newspaper Ad. What newspaper? _____
- Radio – What station? _____
- Facebook
- Instagram
- Other _____

Education

Name of School	City	State	Course of Study	Did you Graduate?	Degree
				yes <input type="checkbox"/> no <input type="checkbox"/>	
				yes <input type="checkbox"/> no <input type="checkbox"/>	
				yes <input type="checkbox"/> no <input type="checkbox"/>	

Licenses, Registration or Certification

Licenses, Registration or Certification	Licenses, Registration or Certification No.	Expiration Date

References (Three people not related to you)

Name	Address	Telephone	Years Known

Military Service

Branch of Military Service	Highest Rank/Rating	Draft Classification	Veteran 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?
			yes <input type="checkbox"/> no <input type="checkbox"/>
Position	Reason for Leaving	From Month/Year	To Month/Year

Employer	Address	Telephone	May we contact?
			yes <input type="checkbox"/> no <input type="checkbox"/>
Position	Reason for Leaving	From Month/Year	To Month/Year

Employer	Address	Telephone	May we contact?
			yes <input type="checkbox"/> no <input type="checkbox"/>
Position	Reason for Leaving	From Month/Year	To Month/Year

Employer	Address	Telephone	May we contact?
			yes <input type="checkbox"/> no <input type="checkbox"/>
Position	Reason for Leaving	From Month/Year	To Month/Year

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 test, as well as my furnishing of any document of 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 <small>(If submitting digitally, type your name below)</small>	Date (Month/Day/Year)