

# WESTERN MAINE TRANSPORTATION SERVICES, INC.

Western Maine Transportation Services, Inc. (WMTS) is an equal opportunity employer and does not discriminate against otherwise qualified applicants, on the basis of race, color, national origin, religion, ancestry, age, gender, marital status, sexual orientation, disability, handicap, veteran status, or any protected status. WMTS will provide qualified disabled applicants with reasonable accommodations needed to secure employment with the company and to perform the essential functions of a position desired, unless doing so would result in an undue burden.

**Instructions: Please complete ENTIRE job application even though you may have provided a resume.**

Position applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you over 18? Yes No Are you legally eligible for employment in the US? Yes No  
(If offered employment, you will be required to provide documentation to verify employment eligibility.)

Have you ever applied to WMTS before? Yes No If "Yes", when? \_\_\_\_\_

Have you ever worked for WMTS before? Yes No If "Yes", when? \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Who referred you to this company? Employment Agency Newspaper Walk-In Friend Employee Name of employee: \_\_\_\_\_

Driver's license number if driving may be a requirement of the position for which you are applying: \_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime within the last 10 years? Yes No  
(Answering "yes" does not constitute an automatic bar to employment; factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.)

If "yes" please provide date/s and details: \_\_\_\_\_

## Employment History (Last employer first)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Why did you/do you want to leave? \_\_\_\_\_

Summary of job: \_\_\_\_\_

May we contact for a reference? Yes No Later If "No", why not? \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summary of job: \_\_\_\_\_

May we contact for a reference? Yes No Later If "No", why not? \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summary of job: \_\_\_\_\_

May we contact for a reference? Yes No Later If "No", why not? \_\_\_\_\_

## Educational Background (Most recent school attended first)

School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_ Degree: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_ Degree: \_\_\_\_\_

School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Years Completed: \_\_\_\_\_ Major/Minor: \_\_\_\_\_ Degree: \_\_\_\_\_

## Skills and Qualifications

Summarize any special training, licenses and/or certificates that may assist you in performing the position for which you are applying.

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## Applicant Statement

I expressly authorize, without reservation, Western Maine Transportation Services, Inc., its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in the application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful information, in a lawful manner, in the employment process and all other persons, corporations or companies for furnishing such information about me. I certify that all the facts set forth in the above employment application are true and complete to the best of my knowledge and I authorize WMTS to verify their accuracy and to obtain reference information on my work performance. I hereby release WMTS from any and all liability of whatever kind and nature, which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for employment termination without prior notice.

I understand that in evaluating my application for employment and to evaluate my continued suitability for employment, WMTS may from time to time procure or have prepared an employment, education, criminal history, motor vehicle, military and/or investigative report about my background, character, general reputation, mode of living, and/or employment performance about me. I consent to an authorize WMTS to obtain these reports, and by copy of this authorization, I have been notified that: 1. the reports may be requested; 2. that upon request, I will be informed whether such a report has been requested; and 3. that upon request, I will be informed of the name and address of any agency that furnished any report.

I also understand that upon written request and within five days after receipt of my request, I am entitled to complete disclosure about the nature and scope of this investigation. I authorize all persons, schools, employers, companies, corporations, law enforcement agencies and other government agencies to release information to WMTS and to any company hired by them. The authorization includes matters of opinion relating to character, ability, reputation and past performance.

If extended an offer of employment, I may be required to undergo a fit-for-duty physical examination by a physician selected by WMTS. I understand that any offer of employment is conditioned upon the results of this post-offer examination.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and WMTS reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of WMTS is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by WMTS' General Manager. I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the US and that federal immigration laws require me to complete an I-9 in this regard.

I certify that I have read and fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant:

Date:

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# WESTERN MAINE TRANSPORTATION SERVICES, INC.

This form is to be used by all prospective employees and volunteers of WMTS and it is to be filled out in its entirety. Please be sure to read the authorization to release data as it allows WMTS to do background checks and may serve as a basis for dismissal or refusal to hire.

1. Name: \_\_\_\_\_ 2. Date: \_\_\_\_\_  
3. Social Security Number: \_\_\_\_\_ 4. Telephone Number: \_\_\_\_\_  
5. Date of Birth: \_\_\_\_\_ 6. Place of Birth: \_\_\_\_\_  
7. Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
8. Drivers License #: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### ONLY ANSWER QUESTIONS 9-16 IF APPLYING TO BE A VOLUNTEER DRIVER

9. Vehicle Available For Use: (Make, Model, Year, Color) \_\_\_\_\_  
\_\_\_\_\_  
10. Odometer Reading: \_\_\_\_\_  
11. Vehicle Insurance: (Name of Agent/Company) \_\_\_\_\_  
(Expiration Date) \_\_\_\_\_  
12. Personal Liability Limit: \_\_\_\_\_  
13. Property Damage Limit: \_\_\_\_\_  
14. Personal References: (Name, Address, Telephone #) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
15. If registering as a volunteer driver, when are you available? \_\_\_\_\_  
\_\_\_\_\_  
16. Where are you available to drive? \_\_\_\_\_  
\_\_\_\_\_

### AUTHORIZATION TO RELEASE DATA

I CERTIFY THE ABOVE INFORMATION IS TRUE AND I UNDERSTAND THE SIGNING OF THIS REGISTRATION FORM EFFECTIVELY SERVES AS A RELEASE OF INFORMATION AND GIVES PERMISSION TO WESTERN MAINE TRANSPORTATION SERVICES, INC. (WMTS) TO OBTAIN A REPORT OF ANY CIVIL OR CRIMINAL HISTORY, OF MOTOR VEHICLE RECORDS AND OF ANY DHS PROTECTIVE/GUARDIAN SERVICES INFORMATION WHICH MAY BE ON FILE IN ANY COUNTY OR STATE OFFICE. IN FILLING OUT THIS REGISTRATION FORM, I AGREE TO COOPERATE IN THE INVESTIGATION AND STATEMENTS ON THIS FORM AND OTHER INFORMATION WHICH HAS BEEN DISCLOSED TO WMTS WILL BE CORRECT. ANY FALSE STATEMENTS, MISREPRESENTATIONS OF REPORTS/INFORMATION OBTAINED THROUGH THIS RELEASE WHICH WMTS MAY FIND OBJECTIONABLE WILL BE A BASIS FOR REFUSING OR RELEASING ME FROM EMPLOYMENT WITH WMTS OR REFUSING SERVICES OFFERED IN THE CASE OF A VOLUNTEER REGISTRANT.

SIGNATURE OF REGISTRANT \_\_\_\_\_

DATE \_\_\_\_\_



**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED  
 MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

Agency ID#: 317

**Sandy Buchanan**  
**Western Maine Transportation Services, Inc.**  
**76 Mellow Road**  
**Auburn, ME 04210**

I, \_\_\_\_\_, authorize the Maine Department of Health and Human Services to release  
 (Please print clearly)  
 confidential information to the above agency regarding whether I have been involved in a substantiated Maine  
 Child Protective Services case and the nature of that involvement.

**I understand that:**

- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- Disclosure will include the determination by the Department of any specific abuse/neglect to a child by me and any actions taken by me or the Department.
- I may make a statement for the Department's record regarding the findings about me and any actions taken by me at that time or later to deal with the problems identified. Such statement becomes case record information for this or any other requests or authorizations for disclosure. For details, contact Child Protective Intake 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children, adults, and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.
- The fee for this process is \$15.00 per person as authorized by 22 M.R.S. § 4008(6) and 10 148 DHHS Chapter 202 (2004), payable to Treasurer State of Maine.

**PLEASE DO NOT LEAVE ANY SPACES BLANK**

DATE OF BIRTH: \_\_\_\_\_ ALIASES (including maiden): \_\_\_\_\_

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

MAINE ADDRESS: \_\_\_\_\_

**RESULT BELOW (To be completed by DHHS):**

As of \_\_\_\_\_, this person was NOT INVOLVED in a substantiated Maine Child Protective Services case.

\_\_\_\_\_  
 DHHS, OCFS, Child Protective Intake Staff

**IF RESULT AREA IS BLANK, SEE REVERSE SIDE/ATTACHMENT**