

## TRANSFER APPLICATION FOR AGREEMENT POSITIONS

INSTRUCTIONS: Please print legibly and complete form in its entirety. Please note: You must have completed your probationary period before you can apply for a transfer. You may return this form by e-fax 908-445-3423, email at chrmsstesting@njtransit.com, or return via inter-office mail to: Testing Unit, Strategic Staffing Dept., General Office Building, Maplewood.

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\_\_\_\_\_  
Name (Last, First, M.I.)

\_\_\_\_\_  
Date of Hire

\_\_\_\_\_  
Present Position

\_\_\_\_\_  
Current Union Affiliation

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Present Dept./Location

\_\_\_\_\_  
Present Supervisor

\_\_\_\_\_  
Supervisor's Telephone Number

\_\_\_\_\_  
Position Desired

\_\_\_\_\_  
Current Work Shift

**Additional Job-Related Information (Use back of form if more space is needed or attach resume)**

**Other Work/Training:**

From

To

Job Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Formal Education, Training or Military Service Dates Attended/Certificate or Degree Received

\_\_\_\_\_  
\_\_\_\_\_

**I understand that this application will expire one year after the date submitted.  
I understand that I may be required to forfeit seniority in my present position should I transfer to another position.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Mailing Address, City, State, and Zip Code

// \_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Cell Phone Number

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS. IF YOU ARE A UNION EMPLOYEE, A COPY OF THIS COMPLETED FORM SHOULD BE SENT TO YOUR UNION REPRESENTATIVE.**