

LOCOMOTIVE ENGINEER 180 Boyden Ave., Maplewood, NJ 07040-2494

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												DA	TE	MON	TH	/ [DA	Y	<i>/</i> [YE	AR	\Box
FIELDS IN RED ARE MANDATORY PERSONAL DATA																						
NAME (Last)														%		%	_		_	OMB	=R	
NAME (First)													<u> </u>	MI			_	ot U		Δ		
																		. Bo		•		
ADDRESS (Number) (Street) (Apartment Number / Suite)																						
CITY		•	•	•										STA	TE.		ZIP (CODE	Ē			
FULL E-MAIL ADI	DRESS				<u>'</u>				1			1				, ,			'			
PRIMARY PHON	E NO.									SEC	OND	ARY	PHC	NE	NO.		1					
													-				_					
If hired, you will b	e required	I to furnis	sh proof	that you	are le	gally	auth	oriz	ed to	work	c in t	the L	Inited	d Sta	tes.							
Are you legally at	•		-	=																		
Have you ever be	en employ	ed by No	J Transit	:? ○Ye	s O	lo																
Position Held:									_ WI	nen:_												
Do you have any	relatives v	vorking fo	or NJ Tra	ansit? (Yes	O No	0		If YE	S, P	LEA	SE (ОМІ	PLET	TE TI	HIS	SEC	OIT	N			
NAME:																						
JOB TITLE:																						
RELATIVES WILL SAME DEPARTM																					IN T	ſHE
				EDU	JCAT	ION	AL	RE	СО	RD												
HAVE YOU Name, Street, City and State of School									Diploma/Degree Field of or Credits Earned Study													
COMPLETE High School	O YES	NAME												<u> </u>	J. Cu.			-		<u> </u>	lay	
or GED	O NO	ADDRESS																				
	O YES	NAME																				
College	O NO	ADDRESS																				
College	O YES	NAME																				
· ·	O NO	ADDRESS																				
Professional or	O YES	NAME																				
Technical Schools	O NO	ADDRESS																				
	O yes	NAME																				
Graduate	O NO	ADDRESS																				

NEW JERSEY TRANSIT IS AN EQUAL OPPORTUNITY EMPLOYER

ARE YOU	WILLING TO WORK? (Fill in all that apply) O Full-time O Par	t-time	○ Evenings ○ Weekends								
DATE AV	AILABLE MINIMUM SALARY A	ACCEPT	Annually O Hourly								
(Plea	SKILLS & EXPERIENCES (Please indicate each skill and experience by filling in the appropriate circle next to that										
skill or experience.)											
0	S101 – MS Access	0	E201 – Electrical Industrial/Residential								
0	S113 – MS Office	0	E202 – Electronics								
0	S114 – MS Excel	0	E203 – HVAC								
0	S115 – MS Project	0	E204 – Plumbing								
0	S116 – MS Word	0	E205 – Machine Operator								
0	S117 – MS Power Point	0	E206 – Customer Service								
0	S118 – WordPerfect Software	0	E208 – Bus/Heavy Equipment Driver								
0	S191 – OTHER Database Software	0	E209 – Truck Driver								
0	S192 – OTHER Operating Systems	0	E210 – Auto Mechanic								
0	S194 – OTHER Programming	0	E211 – Bus Mechanic								
0	S193 – OTHER Software	0	E212 — Diesel/ Heavy Equipment Mechanic								
0	S111 – AutoCAD	0	E213 – Supervisory								
0	S105 – Oracle	0	E214 – Clerical								
0	S103 – JAVA	0	E216 – Administrative/ Clerical								
0	S102 - Sybase/C++	0	E217 – Project Manager								
0	S121 – Basic	0	E218 – Medical								
0	S122 – Cobol	0	E219 – Operations								
0	S123 – SQL	0	E220 – Legal/ Paralegal								
0	S124 – Visual Basic	0	E221 – Typing Speed WPM								
0	S125 – Hyper Text Markup Language (HTML)	0	E207 – Stenography WPM								
0	S131 – MS Windows Operating Systems	0	E291 – OTHER								
0	S132 – Unix OS										
0	S136 - MVS OS										
	led you to apply to NJ TRANSIT? O Ad O Employee e specify the Ad, Agency, Job Fair, Walk-in, Emp	Οı	Agency O Job Fair O Walk-in nternet O Other, Internet, Other:								

APPLICANT HISTORY

PLEASE COMPLETE FOR THE PAST SEVEN YEARS, STARTING WITH CURRENT OR MOST RECENT EMPLOYMENT. PLEASE USE ADDITIONAL SHEETS IF NECESSARY. MONTH YEAR **CURRENT OR MOST** FROM DATE **RECENT** TO DATE Employer's Name _ Employer's Address Work Hours __ Zip Code__ State Employer's City___ Name Under Which Employed ____ Job Title Job Duties and Responsibilities Supervisor's Name_ Supervisor's Title _____Supervisor's Phone No. Reason For Leaving MONTH FROM DATE DATES TO DATE Employer's Name ___ Employer's Address Work Hours State Employer's City___ _____Zip Code____ Name Under Which Employed ___ Job Title _ Job Duties and Responsibilities____ Supervisor's Name Supervisor's Title Supervisor's Phone No. Reason For Leaving____ **DATES** FROM DATE TO DATE Employer's Name_ __Work Hours __ Employer's Address____ Employer's City___ State ____ Zip Code____ Job Title _____Name Under Which Employed ___ Job Duties and Responsibilities——— Supervisor's Name _____Supervisor's Title______Supervisor's Phone No. Reason For Leaving YEAR FROM DATE DATES TO DATE Employer's Name ___ Work Hours — Employer's Address____ _State_ Employer's City___ ___ Zip Code____ Name Under Which Employed ___ Job Title Job Duties and Responsibilities — _____Supervisor's Title______Supervisor's Phone No.___ Supervisor's Name Reason For Leaving



APPLICANT HISTORY

USE ADDITIONAL SHEETS IF	HE PAST SEVEN YEARS, STARTING WIT FNECESSARY.	IH CURRENT OR I	WOST RECENT	EMPLOYMENT. PLEASE
	MONTH YEAR			
DATES	FROM DATE /			
	TO DATE / /			
Employer's Name				
Employer's Address			Work Hour	s
Employer's City		State		Zip Code
Job Title		Name Under Wh	nich Employed	
Job Duties and Responsibilities_				
Supervisor's Name	Supervisor's Title	s	upervisor's Pho	ne No <u>.</u>
Reason For Leaving				
DATES	FROM DATE / YEAR TO DATE /			
Employer's Name				
Employer's Address			Work Hou	's
Employer's City		State		Zip Code
Job Title		Name Under Wh	ich Employed _	
Job Duties and Responsibilities_				
Supervisor's Name	Supervisor's Title	s	upervisor's Pho	ne No.
Reason For Leaving				
DATES	FROM DATE / YEAR TO DATE / /			
Employer's Name				
Employer's Address			Work Hou	'S
Employer's City		State		Zip Code
Job Title		Name Under Wh	ich Employed _	
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Supervisor's Name	Supervisor's Title	s	upervisor's Pho	ne No.
Reason For Leaving				
DATES	FROM DATE / YEAR TO DATE /			
Employer's Name				
Employer's Address			Work Hours	
Employer's City		State		Zip Code
		Name Under Wi	nich Employed	
Job Duties and Responsibilities -				
	Supervisor's Title	s	upervisor's Pho	ne No
Reason For Leaving				



	ALL SECTIONS MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT										
LICENSE INFORMATION											
DF	RIVER'S LICE	NSE NO.			STATE CLASS	ENDORSEMENTS					
L											
	Evelvation	Deter									
	Expiration	Date:									
License Currently Suspended or Revoked? O Yes O No											
Do you have any Driving Offenses and/or Convictions for DUI/DWI within the last 12 months?											
	If YES, liet	them below:		O Yes	O No						
<u>'</u>	ii i LO, iist	them below.									
	DATE OF VIOLATION (mm/yyyy)	OFFENSE	DATE OF CONVICTION (mm/yyyy)	DISPOSITION AND FINE	NAME OF COURT AND LOCATION	STATUS OF ANY PENDING MATTER					
	(mm/yyyy)		(mm/yyyy)								
1											
2											
3											
		l	1 1		I	<u> </u>					
		APPLICA	NT'S CERTI	FICATION,	, AGREEMENT & AUTH	IORIZATION					
	•	•	-	-	•	wledge and belief and are made in oyment process it may render this					
_				-		ne information is discovered if and					
			•		•	have concerning my employment					
		•			- · · · · · · · · · · · · · · · · · · ·	yers listed above from all liability					
		•		-	<u> -</u>	ntatives of the Company to take all ny and all driving and disciplinary					
		· ·	•			to the rules and regulations of the					
		•	_	-		employment will be "at will", and					
		•	•			ance notice, by either the Company					
	-			_		essfully complete the probationary					
-	-			•		dance with the provisions of the ce, color, creed, sex, age, national					
						v. I agree that I will support such a					
policy if the Company employs me. I understand and agree that all employment offers are contingent upon successful completion of											
the pre-employment process that includes a comprehensive background check, including criminal history and driving record check,											
and an employment physical that may include a test to determine the presence of drugs and/or alcohol in my body.											
I understand that the checkbox that follows and printed name below act as my signature											
					DATE						
	EEMv052	92018 Signat	ure	PAGE 5/5							
	_LETP			- -	MONTH DAY YE	EAR					