



Casco Bay Lines
PO Box 4656
Portland, ME 04112
(207)774-7871

CBITD EMPLOYMENT APPLICATION

Name: _____

Address: _____

City, State, Zip: _____

Tel#: _____ Cell#: _____ Email: _____

Position applied for: _____

Available to begin work date: _____

If seasonal, available to work until: _____

Are you 18 or older? Yes No

Are you legally able to be employed in the U.S.? Yes No

Do you have reliable work transportation? Yes No

Briefly explain any experience you may have working with the general public:

Briefly explain any maritime experience you may have:

Briefly explain what training or skills you may have that you feel qualify you for this position:

EMPLOYMENT RECORD

Please list your 4 most recent jobs and any present employment. If not applicable, list U.S. Military, volunteer work or personal references)

1. Company, Address and Phone: _____

Dates of employment _____ Position/Supervisor _____

Reason for leaving _____

2. Company, Address and Phone: _____

Dates of employment _____ Position/Supervisor _____

Reason for leaving _____

3. Company, Address and Phone: _____

Dates of employment _____ Position/Supervisor _____

Reason for leaving _____

4. Company, Address and Phone: _____

Dates of employment _____ Position/Supervisor _____

Reason for leaving _____

Education:

High School _____ Highest Grade/Level: _____

College/Vocational _____ Degree: _____

Do you hold any licenses or certificates, or have other training that would be pertinent to the position applied for?

In compliance with U.S. Coast Guard and Federal Transit Administration regulations you will be required to submit to a drug test prior to employment. This test will be scheduled and paid for by CBITD. You will also be required to submit to a physical exam, strength and flexibility test. This will be scheduled and paid for by CBITD. In compliance with Federal Laws, you must show proof of U.S. Citizenship prior to employment.

I certify that the information contained on this application is correct to the best of my knowledge. I authorize the references listed above to provide any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you I acknowledge that Casco Bay Island Transit District reserves the right to amend or modify the policies handbook and other policies at any time without prior notice. These policies do not create any promises or contractual obligations between CBITD and its employees. I understand my employment is at will, meaning I am free to terminate my employment at any time, for any reason, with or without cause, and CBITD shall retain the same right. The General Manager of CBITD is the only person who may make an exception to this and it must be in writing, signed by the General Manager. The General Manager is solely responsible for all terms, conditions, and any other issues concerning my employment.

Signature: _____ Date: ____ \ ____ \ ____

Printed Name: _____

(This Application will be considered active for 90 days)



Voluntary Self-Identification Form

Dear Candidate,

We ask all applicants to provide the information requested below. It is confidential and kept separate from your other application materials. Providing this information is totally voluntary and refusing to provide it will not result in any adverse treatment. We are a government contractor subject to Executive Order 11246. As part of our Equal Opportunity Employment Program, we must track applicants' race and gender for statistical purposes. We are committed to equal employment opportunity for all employees in all matters of employment (such as hiring, promotion, transfer, training, layoff, compensation, fringe benefits and termination), regardless of race, religion, national origin, age, gender, disability or veteran status or any other status protected by law. Please check the appropriate boxes below and return to Casco Bay Lines, as soon as possible.

Thank you!

NAME: _____ **JOB TITLE:** _____ **DATE:** _____

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity: Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race (Please refer to definitions below and check accordingly.)
<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White/Caucasian

DEFINITIONS FOR VOLUNTARY SELF-IDENTIFICATION

Ethnicity:

Hispanic or Latino- A person having origins of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin, regardless of race.

Race:

American Indian or Alaskan Native - 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 attachment.

Asian - 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.

Black or African American - A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White/Caucasian - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.