

# Employment Application



The Washington Metrorail Safety Commission (WMSC) is proud to be an equal opportunity workplace. All qualified applicants will receive consideration for employment without regard to and will not be discriminated against based on race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, family responsibilities, genetic information, disability, matriculation, political affiliation, or any other classification protected by law. The WMSC is dedicated to providing an accessible environment for all candidates during the application process and for all employees during their employment.

Please let us know if you need a reasonable accommodation to apply for a job or participate in the application process by contacting Human Resources.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

## Personal Information

Name:

Address:	City:	State:	Zip:
Phone number:	Email address:		
Are you eligible to work in the US for any employer? Yes                      No	Will you need sponsorship now or in the future to work in the US? Yes                      No	Do you have a valid Driver's License? Yes                      No	

Have you ever been involuntarily discharged or asked to resign from a job? If yes, please explain.

Yes                      No

Explain:

In the interest of maintaining the safety and security of our employees and property, the WMSC will order a background report on all employees in connection with their employment application, and, if you are hired, may order additional background reports on you for employment purposes.

If selected for employment, are you willing to submit to a background check?

Yes                      No

## Position

Position you are applying for	Available start date	Desired pay
Employment desired	Full time	Part time                      Seasonal/Temporary

## Employment History

Please complete the employment history information as shown below, beginning with your most recent position. You may attach an extra sheet, if necessary. Please provide all information requested.

<b>Employer (1)</b>	<b>Job title:</b>		
<b>Work phone:</b>	<b>Start date:</b>	<b>End date:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Supervisor Name and Title:</b>	<b>May we contact this employer?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Reason for leaving:</b>

**Position duties and responsibilities:**

<b>Employer (2)</b>	<b>Job title:</b>		
<b>Work phone:</b>	<b>Start date:</b>	<b>End date:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Supervisor Name and Title:</b>	<b>May we contact this employer?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Reason for leaving:</b>

**Position duties and responsibilities:**

<b>Employer (3)</b>	<b>Job title:</b>		
<b>Work phone:</b>	<b>Start date:</b>	<b>End date:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Supervisor Name and Title:</b>	<b>May we contact this employer?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Reason for leaving:</b>

**Position duties and responsibilities:**

## Education

Please complete the items as shown below. You may attach an extra sheet, if necessary.

School name	Location	Did you graduate?	Degree received	Major
		Yes No Still Attending		
		Yes No Still Attending		
		Yes No Still Attending		
		Yes No Still Attending		

**Additional education, volunteer, professional, military, or other information you feel may be helpful to us in considering your application:** You may attach an extra sheet, if necessary.

## Certificates and Licenses

You may attach an extra sheet, if necessary.

Type of Certificate/License	Issuing Jurisdiction	Date Received	Expiration Date

## Computer Proficiency

Please indicate programs or software. Indicate your level of proficiency accordingly.

Software Programs	Level of Proficiency: Basic, Intermediate, Advanced

## Awards & Recognition

Attach a separate piece of paper, if necessary.

## References (business and professional only)

You will be notified prior to our contacting the individuals listed below.

Name & Title	Company	Email Address	Phone

## Signature Disclaimer

I hereby certify that the information contained in the employment application I submit to the WMSC is true and complete to the best of my knowledge. I understand that material omissions or falsification of this application in any detail may result in my disqualification from consideration for employment or for dismissal from employment.

I also understand that my employment is subject to a satisfactory background screen and reference check. I give the WMSC the right to investigate the information given and to secure additional information if necessary. I authorize my previous employers, educational institutions, and all other individuals and organizations listed in this application form to give information, upon request.

I agree that the WMSC and my previous employers, educational institutions, and all other individuals and organizations listed in this application will not be held liable in any respect if an employment offer is not made, is withdrawn, or my employment is terminated because of misrepresentations or omission of requested information.

I understand that upon offer and acceptance of a position with the WMSC I will be required to immediately furnish documentation establishing my identity and eligibility to be legally employed in the United States.

I understand that the WMSC is in no way obligated to provide employment and also that I am in no way obligated to accept employment, if offered. This application does not bind either party, and the statements contained herein do not constitute and should not be interpreted to constitute any sort of contract of employment for a specific period of time.

### Employment At-Will

I understand that employment at the WMSC is employment at-will. Employment at-will may be terminated at the will of either me or the WMSC. Employment may be terminated with or without cause at any time by me or by the WMSC. Terms and conditions of employment with the WMSC may be modified at the sole discretion of the WMSC with or without notice.

I also understand that only the Chief Executive Officer (CEO) of the WMSC may enter into an agreement for employment. (The term CEO for the purposes of this application includes Acting CEO, if the WMSC has delegated hiring responsibility to the Acting CEO.)

I also understand that only the WMSC Commissioners may enter into an agreement for employment of the CEO, and that the Commissioners shall establish the terms and conditions of the CEO's appointment.

I understand that no implied contract concerning any employment-related decision or term of condition of employment can be established by any other statement, conduct, policy, or practice. Examples of the types of terms and conditions of employment which are within the sole discretion of the WMSC include, but are not limited to, the following: promotion; demotion; transfers; hiring decisions; compensation, benefits; qualifications; discipline; layoff or recall; rules; hours and schedules; work assignments; job duties and responsibilities; production standards; subcontracting; reduction, cessation or expansion of operations; determinations concerning the use of equipment, methods or facilities; or any other terms and conditions that the WMSC may determine to be necessary for the safe, efficient, and economic conduct of its operations.

The WMSC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, family responsibilities, genetic information, disability matriculation, political affiliation, or any other classification protected by law.

<b>Name (please print)</b>	<b>Signature</b>
<b>Date</b>	

**The Washington Metrorail Safety Commission (WMSC)  
Equal Employment Opportunity Information  
Self-Identification Form**

**Required Information**

**Name:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Position(s) for which you are applying:** \_\_\_\_\_

**Voluntary Information**

To ensure compliance with applicable laws and regulations, the WMSC tracks our applicants by gender, race/ethnicity and the position they applied for. We are an organization that values diversity and encourages women and minorities to apply. This information is kept separate from your application.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

**Responses will remain confidential within the WMSC Human Resources personnel and will be used only to fulfill reporting requirements to government agencies. When reported, data will not identify any specific individuals.**

**Gender:**      ☐ Male                      ☐ Female

What is your race/ethnicity? Please mark the applicable boxes that describes the race/ethnicity category with which you primarily identify.

**Hispanic or Latino:** a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**White:** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American:** a person having origins in any of the black racial groups of Africa.

**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.

**Native Hawaiian or Other Pacific Islander:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**American Indian or Alaska 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.

**Signature:** \_\_\_\_\_

# The Washington Metrorail Safety Commission (WMSC)

## Voluntary Self-Identification

### Protected Veterans

Name: \_\_\_\_\_ Date \_\_\_\_\_

Last First M.I.

Position for which you applied: \_\_\_\_\_

#### To: Applicants for employment

1. The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA) requires affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
  - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll free, at **1-866-4-USA-DOL**.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- ☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE.
- ☐ I AM NOT A PROTECTED VETERAN.
- ☐ I choose not to self-identify.

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.
4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.
5. It is our policy to base all employment decisions on the principles of equal employment opportunity, and to take affirmative action to employ and advance in employment protected veterans. The WMSC will ensure that its human resources programs are administered without regard to an individual's status as a protected veteran, and that employment decisions are based on valid job requirements. As appropriate, the WMSC will make a reasonable accommodation to the known physical or mental limitations of an otherwise qualified disabled veteran unless we can show that the accommodation would impose undue hardship on our operation. We will also ensure that employees and applicants will not be subjected to harassment of any kind because of their status as a protected veteran.

## Voluntary Self-Identification of Disability

## Why are you being asked to complete this form?

We reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out.

If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

☐

YES, I HAVE A DISABILITY (or previously had a disability)

☐

NO, I DON'T HAVE A DISABILITY

☐

I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date



## Voluntary Self-Identification of Disability

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

# This Organization Participates in E-Verify

# Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

## E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

## E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

**888-897-7781**

[dhs.gov/e-verify](https://dhs.gov/e-verify)



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