



If not legal citizen: Do you have a green card?  Yes  No  
Do you have a social security card?  Yes  No  
Has your visa expired?  Yes  No

**REFERAL INFORMATION**

How did you hear about us? (Please check)  
  Newspaper Ad \_\_\_\_\_   Internet \_\_\_\_\_  
Which newspaper? Which site?  
  Current Employee \_\_\_\_\_  
We'd like to thank them  
 Other \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION - Please Print Clearly**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

|   |
|---|
| <p style="text-align: center;"><b>Availability: check all that you could work</b><br/>Mon____ Tues____ Weds____ Thurs____ Fri____ Sat____ Sun____<br/>Day hours _____ Evening hours _____</p> |
|---|

Annex Transit LLC an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

**Employment History** - Please begin with your most recent or current place of employment.

Place of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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Place of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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Place of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

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| Education                        | Name & Location | Course of Study              | Years Completed | Date Graduated |
|----------------------------------|-----------------|------------------------------|-----------------|----------------|
| High School:                     | _____           |                              |                 |                |
| College:                         | _____           |                              |                 |                |
| Other:                           | _____           |                              |                 |                |
| Other:                           | _____           |                              |                 |                |
| Military Service                 |                 |                              |                 |                |
| Branch of Service:               | _____           | Dates of Service:            | _____           |                |
| Highest Rank Achieved:           | _____           | Currently in a Reserve Unit? | Yes / No        |                |
| Special Schooling and/or Duties: | _____           |                              |                 |                |

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| Licenses and Certifications | License or Certification | ID Number | Expiration Date | State |
|-----------------------------|--------------------------|-----------|-----------------|-------|
| 1.                          | _____                    |           |                 |       |
| 2.                          | _____                    |           |                 |       |
| 3.                          | _____                    |           |                 |       |

**Criminal History**

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

Yes  No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

\_\_\_\_\_  
Employee Candidate Signature

\_\_\_\_\_  
Date

# CORI Request Form

## CHAPTER 6, § 172 C CORI REQUEST FORM

Annex Transit LLC has been certified by the criminal History Systems Board to all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172 C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation, or other services in a home or in a community based setting for any elderly person or disabled person or who will have and direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

### APPLICANT/EMPLOYEE INFORMATION (PLEASE TYPE)

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_-\_\_\_\_-\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

CURRENT AND FORMER ADDRESSES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_ (include state of issue)

THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED

PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

APPLICANT/EMPLOYEE SIGNATURE (unless otherwise preempted by law) \_\_\_\_\_

- The CHSB Identify Theft Index PIN is to be completed by those applicants that have been issued an Identify Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

**All CORI request forms that include this field are required to be submitted to the CHSB via mail**

The position I am applying for is an \_\_\_\_\_ Driving position. *[to be completed by Human Resources/Supervisor]*

I understand that driving a company vehicle is a requirement of the position I am being considered for and that having and maintaining a satisfactory driving record is a condition of my employment. I agree to allow Annex Transit LLC to check my driving record prior to hire and to check it periodically thereafter. I further agree to report to my supervisor immediately any license suspensions, serious accidents or offenses, or any other condition that may affect my ability to drive a Annex Transit LLC vehicle after I am hired.

I understand that Annex Transit LLC will use this information for employment purposes only and not furnish this information to a third party without my written consent.

I agree to release Annex Transit LLC, its employees and those who supplied the company with the information from any liability for any damage that may result from furnishing the requested information or my failure to be hired for the position for which I am applying.

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Print Name

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Date of Birth

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Driver's License Number

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State of License

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Signature

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Date



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

|                                  |   |                         |                           |                |                                |                |
|----------------------------------|---|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name)          |   | First Name (Given Name) |                           | Middle Initial | Other Last Names Used (if any) |                |
| Address (Street Number and Name) |   |                         | Apt. Number               | City or Town   |                                | State ZIP Code |
| Date of Birth (mm/dd/yyyy)       | U.S. Social Security Number<br>□□□□ - □□ - □□□□ |                         | Employee's E-mail Address |                | Employee's Telephone Number    |                |

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

|  |  |
|--|--|
| <input type="checkbox"/> 1. A citizen of the United States   |  |
| <input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>   |  |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____  |  |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____<br>Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>   |  |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____<br/> <b>OR</b><br/>         2. Form I-94 Admission Number: _____<br/> <b>OR</b><br/>         3. Foreign Passport Number: _____<br/>         Country of Issuance: _____</p> |  |
| <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1<br/>           Do Not Write In This Space         </div>  |  |

|                       |                           |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                     |  |                           |                |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator |  | Today's Date (mm/dd/yyyy) |                |
| Last Name (Family Name)             |  | First Name (Given Name)   |                |
| Address (Street Number and Name)    |  | City or Town              | State ZIP Code |



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

|                                     |                         |                         |      |                                |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| <b>Employee Info from Section 1</b> | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                   | AND | List C<br>Employment Authorization                     |
|---|----|--------------------------------------|-----|--|
| Document Title                                  |    | Document Title                       |     | Document Title   |
| Issuing Authority                               |    | Issuing Authority                    |     | Issuing Authority                                      |
| Document Number                                 |    | Document Number                      |     | Document Number  |
| Expiration Date (if any)(mm/dd/yyyy)            |    | Expiration Date (if any)(mm/dd/yyyy) |     | Expiration Date (if any)(mm/dd/yyyy)                   |
| Document Title                                  |    | Additional Information               |     | QR Code - Sections 2 & 3<br>Do Not Write In This Space |
| Issuing Authority                               |    |                                      |     |  |
| Document Number                                 |    |                                      |     |  |
| Expiration Date (if any)(mm/dd/yyyy)            |    |                                      |     |  |
| Document Title                                  |    |                                      |     |  |
| Issuing Authority                               |    |                                      |     |  |
| Document Number                                 |    |                                      |     |  |
| Expiration Date (if any)(mm/dd/yyyy)            |    |                                      |     |  |

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

|  |   |  |  |                          |
|--|---|--|--|--------------------------|
| Signature of Employer or Authorized Representative   |   | Today's Date(mm/dd/yyyy)   | Title of Employer or Authorized Representative<br><b>C.E.O</b> |                          |
| Last Name of Employer or Authorized Representative<br><b>MUGO</b>  | First Name of Employer or Authorized Representative<br><b>FRANCIS</b> | Employer's Business or Organization Name<br><b>Annex Transit LLC</b> |  |                          |
| Employer's Business or Organization Address (Street Number and Name)<br><b>55 MIDDLESEX STREET SUITE 209</b> |   | City or Town<br><b>NORTH CHELMSFORD</b>                              | State<br><b>MA</b>   | ZIP Code<br><b>01863</b> |

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

|                                    |                         |                |  |  |
|------------------------------------|-------------------------|----------------|--|--|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |  |
| Last Name (Family Name)            | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy)                        |  |

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

|  |                           |   |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative<br><b>Annex Transit LLC</b> |
|--|---------------------------|---|

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

| <b>LIST A</b><br><b>Documents that Establish Both Identity and Employment Authorization</b>  | OR | <b>LIST B</b><br><b>Documents that Establish Identity</b>   | AND | <b>LIST C</b><br><b>Documents that Establish Employment Authorization</b>  |
|--|----|---|-----|--|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

**Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**