

WEST CENTRAL MASS TRANSIT DISTRICT
EMPLOYMENT APPLICATION FORM

OFFICE USE ONLY:	
Date Received:	_____
Reviewed By:	_____
Interviewed On:	_____
If Hired, Date:	_____

1120 W Walnut
Jacksonville, IL 62650
Phone; (217) 245-2900
Fax: (217) 245-2901
jklinglerwcmdt@frontier.com

Please make sure application is completed before mailing or faxing.

PLEASE LEGIBLY PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICANT INFORMATION

Social Security No. _____ - _____ - _____ Date: _____

Name: _____
Last First Middle

Present Address: _____
Number Street City State Zip

Is there any information relative to a change of name that would help us in conducting a reference check? No Yes (please explain)

Phone: () _____
Cell: () _____

How long at current address? _____

Are you above the minimum working age of 18? No Yes (if "YES", can you provide proof of your eligibility to work?)
DRIVERS MUST BE AT LEAST 25 YEARS OF AGE

Are you currently authorized to work in the United States? No Yes (proof of eligibility will be required if hired.)

Position applied for: _____ Days/hours available to work _____
Wage desired: _____ No Pref _____ Thur _____
(Be specific) Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____

Is there any reason you would be unable to work weekends and/or late nights? _____

Employment desired: Full Time Part Time Full or Part Time

When are you available to start work? _____

Do you have a valid driver's license?

Yes
No

Driver's license number: _____

State of issue: _____

Expiration date; _____

Have you had any accidents during the past three years?

Yes
No

If yes how many? _____

Operator
 Commercial (CDL)
 Chauffeur

CDL Endorsements: _____

have you had ay moving violations during the past three years?

Yes
No

If yes how many? _____

In the last 2 years have tested positive for or refused to take a pre-employment drug/alcohol test?

Yes
No

EDUCATION

High School

Diploma

GED

Name of School

Location

Years Completed

Major/Degree

College

Bus./Trade School

Other

	Name of School	Location	Years Completed	Major/Degree
College				
Bus./Trade School				
Other				

MILITARY

Have you ever served in any of the U.S. Armed Forces?

No
 Yes

Describe duties/specialized training:

SKILLS & QUALIFICATIONS

Office Position Only

Computer Knowledge:

MS Word
Excel
Mac
Windows

Typing Skills:

WPM _____
10-Key _____

Other: _____

Office Equipment:

Fax Machine _____
Copier _____
Printer _____
Multi-line Phone _____

EMPLOYMENT HISTORY

Please list your work experience for the past ten years beginning with your most recent job held.
 If you were self-employed, give firm name. Please explain any gaps in work experience.
 Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed.

Employer	Position/Title/Duties/Skills	
Name		Start Date: _____
Address		End Date: _____
City/State/ Zip		Reason for leaving:
Phone Number		
Supervisor		Pay: _____ Per: _____

Employer	Position/Title/Duties/Skills	
Name		Start Date: _____
Address		End Date: _____
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Phone Number		
Supervisor		Pay: _____ Per: _____

Employer	Position/Title/Duties/Skills	
Name		Start Date: _____
Address		End Date: _____
City/State/ Zip		Reason for leaving:
Phone Number		
Supervisor		Pay: _____ Per: _____

May we contact your current employer? Yes No

Did you complete this application yourself? Yes No If not, who did? _____

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job with or without a reasonable accommodation? Yes No

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ADDITIONAL SKILLS

APPLICATION & REFERENCE WAIVERS

As indication that you have read and understood each sentence, please write your initials in the shaded boxes provided below.

In exchange for the consideration of my job application by the West Central Mass Transit District, (hereinafter called "the District"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other District practices, shall serve to create an actual or implied contract of employment,

or to confer any right to remain an employee of the District, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned,

and that relationship cannot be altered except by a written instrument signed by the Executive Director of the District.

Both the undersigned and the District may end the employment relationship at any time, without specified notice or reason.

If employed, I understand that the District may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application.

I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.

I hereby give the District permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release the District from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the District may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living.

Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

In order to provide the West Central Mass Transit District with information and opinions that may be useful in its hiring decisions, I hereby authorize any person, school, current or past employer, organization or entity disclosed in my resume, application, or during my interview to provide any information regarding me, including without limitation, information concerning my performance, reputation and character. I acknowledge that the information divulged may be negative or positive with respect to me. Nevertheless, pursuant to this authorization, I unconditionally release such person, school, employer, organization or entity from any legal liability for furnishing such information and in making such statements.

I understand that if necessary for employment, I will be required to: supply my birth certificate or other proof of authorization to work in the United States, have a drug test, sign a confidentiality agreement and abide by its terms, have my photograph taken, have my name run through the National Sexual Predator List and the Illinois Department of Public Health Worker Registry and be fingerprinted for a background check.

I understand and agree to the information shown above.

Applicant Signature: _____

Date: _____

Applicant Name (print): _____

REQUIRED INFORMATION

Name: _____ Date: _____

Position applied for: _____

(Do not state "any open position" or "any position for which I am qualified." We can only consider those applicants who express an interest in an open position for which they possess minimum qualifications.

How Did You Learn About This Job Opportunity?

- Print Ad Job Fair Walk in Employee Referral
- Website Other

VOLUNTARY DISCLOSURE

We are an affirmative action government contractor. To comply with government regulations, we must track the number of our applicants by gender, race/ethnicity, and position for which applied. For this reason, we invite you to indicate your gender and race/ethnicity below. This information is kept separately from your application and is used only in accordance with federal and state regulations. When reported, data will not identify any specific individual.

This section is voluntary. You are not required to provide this information.

Your application for employment will be considered in the same manner whether or not you provide this information.

GENDER:

- MALE
- FEMALE

Are you a Vietnam Era Veteran?

- Yes
- No

Are you a recently seperated Veteran?

- Yes
- No

Race/Ethnicity: (as defined by the Equal Employment Opportunity Commission)

- Hispanic or Latino**
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White** (Not Hispanic or Latino) — A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American**
(Not Hispanic or Latino) — A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander**
(Not Hispanic or Latino) — A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (Not Hispanic or Latino) — 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, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native**
(Not Hispanic or Latino) — A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races**
(Not Hispanic or Latino) — All persons who identify with more than one of the above five races.
- I do not wish to disclose this information.**