

SHAWNEE MASS TRANSIT DISTRICT

100 Smart Drive, Vienna, Illinois 62995 • Phone: (618) 658-8380 • Fax: (618) 658-8398

SHAWNEE MTD

PUBLIC TRANSPORTATION

Employment Application

**APPLICATION CONSISTS OF NINE (9) PAGES
(INCLUDING COVER SHEET)**

NOTICE TO ALL APPLICANTS

This application must be filled out and returned to: **Shawnee Mass Transit District**
100 Smart Drive
Vienna, Illinois 62995

Applications must be filled out completely. Failure to fully complete this application may disqualify you from consideration. You may indicate “N/A” or “not applicable” for items that do not apply to you.

Employment history should be complete for your last (4) employers. A notation should be made explaining periods between employment such as school, job search, etc.

Resumes may be attached, but their inclusion does not eliminate the requirement to complete the application.

Equal Employment Opportunity Statement:

It is the policy of Shawnee Mass Transit District to afford equal employment opportunities to all qualified individuals, without regard to their race, color, ancestry, religion, sex, sexual orientation, national origin, age, physical or mental disability, citizenship status, veteran status, gender identity or expression, or any other characteristic or status that is protected by federal, state or local law. This policy applies to hiring, tenure of employment, and all terms and conditions of employment, including but not limited to promotion and development, compensation, benefits, discipline, demotion and recreation provided by the District.

Successful Driver Applicants:

- Must be a minimum of 25 years of age;
- Must have a verifiable, good driving history for the past 3 years. “Good driving history” is defined as not more than one moving violation or one at fault accident. MVR’s will be requested upon hire and all application information is verified. Unreported items will result in termination of employment;
- Must have no DUI convictions;
- Must show proof of personal auto insurance;
- Must have a verifiable, positive work history with no separations due to substance abuse violations;
- Classroom and over-the-road training will be required for all drivers, regardless of previous experience.
- Must pass a Commercial Drivers License physical exam and obtain a CDL, including Passenger Endorsement, within 45 days of employment.

All Applicants:

- All new hires are screened for drug use and will be subject to random drug testing throughout employment. Shawnee MTD maintains a strict zero-tolerance drug policy.
- A probationary training period of ninety (90) days applies to all new employees.

Company Name: _____

Address: _____

Date Started: _____ Date Ended: _____ Hourly/Salary: _____

Job Title: _____ Supervisor: _____ Phone No: _____

Duties or Responsibilities: _____

Reason for Leaving: _____

Company Name: _____

Address: _____

Date Started: _____ Date Ended: _____ Hourly/Salary: _____

Job Title: _____ Supervisor: _____ Phone No: _____

Duties or Responsibilities: _____

Reason for Leaving: _____

EDUCATION

School	Location	Diploma/Degree	Studies
Elementary			
High School			
Trade/professional			
College/University			
Graduate School			

Fluency in Foreign Language(s) _____ ___ Speak ___ Read ___ Write

Special Job Related Skills and Qualifications or Other Experience: _____

Military History: _____

Dates

Release/type

Current Status

Job Related Training: _____

DRIVING EXPERIENCE

Class of Driver's License _____ (CDL required if hired)

How many years have you been driving? _____ Employer's vehicle _____ Passenger Car _____
 Years driven commercially _____

Has any license you ever held been suspended? _____ Revoked? _____
 If so, When _____ Why _____ Length of time _____ in what state _____

Do you have other driving experience? _____ If so, what type and size of vehicle _____

Length of time driven: Tractor/trailer _____ Bus _____ Other _____
 In what states? _____

Do you have personal automobile insurance? Yes _____ No _____

ACCIDENT RECORD

Number of accidents involved in as driver of private car: _____.

As operator of commercial vehicle: _____.

	Date	City/State	Description
Last accident			
Next previous			
Next previous			

TRAFFIC VIOLATIONS

List all violations, other than parking, for which you were cited.

Date	Offense	Location	Date of Conviction	Fine

We will verify this information with State and Local sources. The information provided must match your Motor Vehicle Record.

References Other Than Previous Employers or Relatives: (Be sure to include phone #'s)

Name	Occupation	Address	Phone #
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Name	Occupation	Address	Phone #
------	------------	---------	---------

Name	Occupation	Address	Phone #
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Do we have permission to contact the above employers and references? ___ yes ___ no

In case of an emergency notify: _____
Name Relationship

Address	Phone
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I understand that no employment offer is being made at this time. I certify the information on this application is true and correct without any significant omission of any kind whatsoever. I understand if I am employed, any false, misleading, or otherwise incorrect statements made on this application form or during any interview may be grounds for immediate discharge.

I authorize Shawnee Mass Transit District to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, and qualifications. I authorize any third party to release to Shawnee Mass Transit District any and all information and documentation it requests. This information may include, but is not limited to dates of employment, positions held, responsibilities, base compensation and bonus or commissions (if applicable), job performance, education, transcript, criminal history, etc. A copy of this authorization may be accepted as an original. In addition, I hereby waive my right to bring any cause action against these parties for defamation, invasion of privacy, or any other reason because of their statements.

I agree that, if I am employed, I will abide by all the rules and regulations of Shawnee Mass Transit District. I further understand that no one at Shawnee Mass Transit District is authorized to enter into any written or verbal employment contract with me for any definite period of time without the express written consent of the Executive Director. I also understand that if I am hired, my employment will be at will and may be terminated by myself or by Shawnee Mass Transit District at any time for any reason or for no reason, with or without prior notice.

A pre-employment drug screen is required of all employees. Safety sensitive employees are required to be part of an ongoing Random Drug and Alcohol Testing program.

1. Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer for DOT safety sensitive positions, but did not obtain employment during the past two years. Yes _____ No _____
2. Have you been part of a DOT random testing program in the last 2 years? Yes _____ No _____
3. Did you have a positive result, or refuse to test. Yes _____ No _____
4. If you had a positive result or refused to test, have you successfully completed the return to duty process and have documentation. Yes _____ No _____

Signature

Date

Equal Opportunity Data: This information is furnished voluntarily by the individual and will be kept confidential. Refusal to provide information will not subject you to any adverse treatment.

Race/National Origin: White African-American Hispanic Asian American Indian

Gender: Male Female

Submit

CRIMINAL BACKGROUND CHECK FORM

NAME: _____
Last First Middle

OTHER NAMES (Aliases) USED BY INDIVIDUAL – Includes Maiden/Married Names:

Last First Middle

Last First Middle

Last First Middle

TELEPHONE: _____ CELL PHONE: _____

SOC. SEC. #: _____ DATE ISSUED: _____

PLACE OF ISSUE: _____

DATE OF BIRTH: _____ STATE OF BIRTH: _____

DRIVERS LICENSE #: _____ STATE: _____

Has your license ever been revoked or suspended? Yes No

If yes, when and in which state? Date: _____ State: _____

I, _____, hereby authorize Shawnee Mass Transit District to conduct a criminal background check on me. I understand that the results of this check will not necessarily prevent me from being employed with Shawnee Mass Transit District, and further, that the information contained in this form and the background check results are strictly confidential and will not be shared with any other individuals.

SIGNATURE

DATE

NAME OF WITNESS (Please Print)

TITLE

SIGNATURE OF WITNESS

