

# **SHAWNEE MASS TRANSIT DISTRICT**

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

# **SHAWNEE MTD**

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## **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)

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Name	Occupation	Address	Phone #
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Name	Occupation	Address	Phone #
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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

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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 \_\_\_\_\_

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Signature

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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





**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



## Pre-Application Questionnaire

1. Are you 25 years old or older?
2. Do you have CDL's?
3. Do you have a passenger endorsement?
4. Do you have any physical restrictions? If so, explain.
5. Do you have any driving experience? If so, explain.