

# Rockford Mass Transit District

520 Mulberry Street  
Rockford, IL 61101-1016

## APPLICATION FOR EMPLOYMENT

### PERSONAL

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, Ancestry, Marital or Veteran status or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application	
How did you learn about us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Initial		
Address Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number (last 4 numbers)			
	XXX	XX		

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes

No

Have you ever filed an application with us before?

Yes

No

If yes, give date \_\_\_\_\_

Have you ever been employed with us before?

Yes

No

If yes, give date \_\_\_\_\_

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes

No

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available for work? \_\_\_\_\_

Are you available to work:

Full Time

Part Time

Shift Work

Temporary

Are you currently on "lay-off" status and subject to recall?

Yes

No

Can you travel if a job requires it?

Yes

No

Comments \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States military.

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# Employment Experience

Start with your present or last job. Include any job related military service assignments. **All boxes must be completed thoroughly even if a resume is attached.**

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

<p>List professional, trade, business or civic activities and offices held.  <i>You may exclude membership which would reveal gender, race, religion, nation origin, age, ancestry, disability or other protected status:</i></p> <hr/> <hr/> <hr/>
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# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Specialized Skills

## Check skills/Equipment Operated

		Heavy Duty Vehicles	
		Truck/Bus	
		Machinery (List):	Other (List):
<input type="checkbox"/> PC	<input type="checkbox"/> Fax	_____	_____
<input type="checkbox"/> Tablet	<input type="checkbox"/> Typing	_____	_____
<input type="checkbox"/> GPS	<input type="checkbox"/> 10 Key/Calc	_____	_____
<input type="checkbox"/> MS Office Suite	<input type="checkbox"/> Other (list)	_____	_____

State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved if such a job or occupation description is attached.

YES       NO

## References other than family and past employer

1.	_____ (Name)	( )	_____ Phone #
	_____ (Address)		
2.	_____ (Name)	( )	_____ Phone #
	_____ (Address)		
3.	_____ (Name)	( )	_____ Phone #
	_____ (Address)		



**What does the ROCKFORD MASS TRANSIT DISTRICT (RMTD)  
do with your Social Security Number?**

Statement of Purpose for Collection of Social Security Numbers Identity-Protection Policy

The Identity Protection Act, 5 ILCS 179/1 *et seq.*, requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security number (SSN). This statement of purpose is being provided to you because you have been asked by RMTD to provide your SSN or because you requested a copy of this statement.

**Why does RMTD collect your Social Security number?**

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You are being asked for your SSN for one or more of the following reasons:

- Complaint mediation or investigation;
- Crime victim compensation;
- Vendor services, such as executing contracts and/or billing;
- Law enforcement investigation;
- Child support collection;
- Internal verification;
- Administrative services; and/or
- Employment matters (candidate background checks, new hire identification documentation)
- Other: \_\_\_\_\_

**What does RMTD do with your Social Security number?**

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- We will only use your SSN for the purpose for which it was collected.
- We will not:
  - Sell, lease, loan, trade, or rent your SSN to a third party for any purpose;
  - Publicly post or publicly display your SSN;
  - Print your SSN on any card required for you to access our services;
  - Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or
  - Print your SSN on any materials that are mailed to you, unless State or Federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.

**Questions or Complaints about this Statement of Purpose**

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Write to RMTD at:

Rockford Mass Transit District  
520 Mulberry Street  
Rockford, IL 61101  
Attn. Executive Director

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

## DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Rockford Mass Transit District (Company”), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **HireRight**, employment background screening. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers’ compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and HireRight, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a “need to know” such information to protect them and their employees. HireRight does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to HireRight, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used \_\_\_\_\_ Years Used \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box      City      State      Zip Code      County      Dates

Former Address: \_\_\_\_\_  
Street /P. O. Box      City      State      Zip Code      County      Dates

Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver’s License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

\*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

# MOTOR VEHICLE DRIVER'S CERTIFICATION

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past twelve (12) months.

DATE OF CONVICTION

OFFENSE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LOCATION

TYPE OF VEHICLE OPERATED

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the last twelve (12) months.

DRIVERS LICENSE:

CLASS \_\_\_\_\_

NUMBER \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

ROCKFORD MASS TRANSIT DISTRICT  
520 MULBERRY STREET  
ROCKFORD, IL 61101-1016

\_\_\_\_\_  
SIGNATURE AND TITLE





**APPLICATION ACKNOWLEDGMENT**  
**OF DRUG TEST REQUIREMENT**  
**AND DRIVING RECORD CHECK**

I understand that as part of my application for employment I must successfully complete a USDOT drug test as required by 49 CFR Part 653. I understand that a negative test result is required before I will be considered for hire. This test will be completed at the same time as a pre-employment physical examination.

I further understand that as part of my application for employment, RMTD will be completing a driving record check. I understand that this driving record will be reviewed and analyzed before I will be considered for hire.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DRIVER'S LICENSE #

\_\_\_\_\_  
CLASS

\_\_\_\_\_  
STATE OF ISSUE



POSITION(S) APPLIED FOR

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We as an employer wish to comply with various Federal, State and Local Laws and Regulations which Require us to monitor our Equal Opportunity Employment status on continuing basis. In addition, we Wish to comply with the various laws and regulations which protect the disabled and Veterans. COMPLETION OF THIS FORM IS VOLUNTARY AND ANONYMOUS.

This information will be submitted and maintained in a separate file from your application and will only be used to identify you for government reporting purposed.

GENDER  Male  Female DATE \_\_\_\_\_

GROUP STATUS  
(Check one)

- White (Not of Hispanic origin)
- Black (Not of Hispanic origin)
- Asian or Pacific Islander
- American Indian or Alaskan Native
- Hispanic (including Cuban, Puerto Rican, Mexican, etc.)

VETERAN/DISABILITY STATUS  
(Check one)

- Not Applicable
- Disabled – Non Veteran
- Vietnam Veteran – Not Disabled
- Vietnam Veteran – Disabled
- Other Veteran – Not Disabled
- Other Veteran – Disabled

REFERRAL Source (Check one)

- Employee Referral
  - Illinois Job Service
  - Employment Agency
  - Family Referral
  - Ad – Rockford Register Star
  - Dept. of Employment Security
  - Ad – Other paper
  - Other \_\_\_\_\_
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