Rockford Mass Transit District
201 N Winnebago St
Rockford, IL 61103

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?

❑ Advertisement ❑ Friend ❑ Employee: _____
❑ Walk-In ❑ Relative ❑ Other: _____

Last Name	First Name	Middle Initial

Address Number Street	City	State	Zip Code

Telephone Number(s)	Email Address	Social Security Number (last 4 digits)
		XXX- XX-

If you are under 18 years of age, can you provide required proof of your eligibility to work?
❑ Yes ❑ No ❑ N/A

Have you ever filed an application with us before? ❑ Yes ❑ No

Have you ever been employed with us before? ❑ Yes ❑ No

Are you currently employed? ❑ Yes ❑ No

May we contact your present employer? ❑ Yes ❑ No ❑ N/A

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?
Proof of citizenship or immigration status will be required upon employment. ❑ Yes ❑ No

On what date would you be available for work? _____

Are you available to work: ❑ Full Time ❑ Part Time ❑ Temporary ❑ Any

Are you currently on "lay-off" status and subject to recall? ❑ Yes ❑ No

Comments: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and City, State of School	Course of Study	Years Completed	Diploma Degree
Elementary School				n/a
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 extracurricular activities that may relate to the position.

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

Employment Experience

Start with your present or last job . Include any job related military service assignments.

All boxes must be completed even if a resume is attached.

Employer		Dates Employed		
		From	To	Work Performed
Address				
Telephone Number(s)				
Job Title	Supervisor		Reason for Leaving	

Employer		Dates Employed		
		From	To	Work Performed
Address				
Telephone Number				
Job Title	Supervisor		Reason for Leaving	

Employer		Dates Employed		
		From	To	Work Performed
Address				
Telephone Number				
Job Title	Supervisor		Reason for Leaving	

Employer		Dates Employed		
		From	To	Work Performed
Address				
Telephone Number				
Job Title	Supervisor		Reason for Leaving	

Employer		Dates Employed		
		From	To	Work Performed
Address				
Telephone Number				
Job Title	Supervisor		Reason for Leaving	

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

List professional, trade, business or civic activities and offices held. *You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:*

Additional Information

Specialized Skills

Check all that apply

- ❑ PC/Tablet
- ❑ Typing
- ❑ GPS
- ❑ CDL
- ❑ MS Office

Equipment Operated

Truck/Bus Machinery (list)	Other (list)

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 ave applied? A description of the activities involved is available upon request.

❑ Yes ❑ No

References *(do not list family members or past employers)*

1) ( )
(Name) (Phone Number)
(Address)

2) ( )
(Name) (Phone Number)
(Address)

3) ( )
(Name) (Phone Number)
(Address)

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law or written collective bargaining agreements, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing duly authorized and executed by action of the Employer's Board of Trustees.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant Date

Statement of Traffic Violations

I certify that the following true statement is a 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.

1. _____

(Offense) (Date of Conviction)

_____

(Location- City, State) (Type of Vehicle Operated)

2. _____

(Offense) (Date of Conviction)

_____

(Location- City, State) (Type of Vehicle Operated)

3. _____

(Offense) (Date of Conviction)

_____

(Location- City, State) (Type of Vehicle Operated)

4. _____

(Offense) (Date of Conviction)

_____

(Location- City, State) (Type of Vehicle Operated)

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

DRIVER'S LICENSE: CLASS: _____ NUMBER: _____

SIGNATURE: _____ DATE: _____

(OFFICE USE ONLY)

ROCKFORD MASS TRANSIT DISTRICT
201 N WINNEBAGO ST
ROCKFORD, IL 61103

Background Check Completed: _____
(Date)

SIGNATURE: _____ TITLE: _____

POSITION(S) APPLIED FOR: _____

We as an employer wish to comply with various federal, state and local laws and regulations which require us to monitor our Equal Opportunity Employer status on a 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 purposes.

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 Alaska Native
- ❑ Hispanic (including Cuban, Puerto Rican, Mexican, etc.)
- ❑ Multiracial

VETERAN/DISABILITY STATUS (Check One)

- ❑ Not applicable
- ❑ Disabled - Non-veteran
- ❑ Vietnam veteran - Disabled
- ❑ Vietnam veteran - Not disabled
- ❑ Other veteran - Disabled
- ❑ Other veteran - Not disabled

REFERRAL SOURCE (Check One)

- ❑ Employee Referral
- ❑ Illinois Job Link
- ❑ Family Referral
- ❑ Ad - Newspaper (Rkfd Register Star, etc.)
- ❑ IL Department of Employment Security
- ❑ Other: _____