

# CHAMPAIGN-URBANA MASS TRANSIT DISTRICT



1101 East University Avenue; Urbana, IL 61802  
217.384.8188

## Application for Employment

Date of Application \_\_\_\_\_

The filing of this application and the acceptance thereof does not necessarily indicate that there are open positions and it in no way obligates the Champaign-Urbana Mass Transit District. The information contained herein shall be considered confidential and is, together with all attached papers, etc., the property of the District. The Champaign-Urbana Mass Transit District is an equal opportunity employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, age, or national origin.

*please print*

<b>Last Name</b>		<b>First Name</b>		<b>Middle</b>	
<b>Home Address</b>		<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip</b>
<b>Telephone</b>		<b>Email</b>			
<b>Are You at Least 21 Years of Age?</b> Yes _____ No _____					
<b>Position Applied For</b>			<b>Desired Salary/Rate</b>		

<b>Have You Worked at MTD in the Past?</b> Yes _____ No _____	
Dates of Employment From _____ To _____	
Position _____	

<b>Is a Member of Your Immediate Family Employed by MTD?</b> Yes _____ No _____ If yes, who? _____
<i>For the purpose of this question, "immediate family" includes: the applicant's spouse, brother, sister, parents, children, step-children, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law, or any other member of the applicant's household.</i>

**Date Available for Work** \_\_\_\_\_

**Hours Available to Work**

\_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_ Late Night \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday

<b>EMERGENCY CONTACT</b>	
<b>Name</b> _____	<b>Relationship</b> _____
<b>Address</b> _____	<b>Phone</b> _____

# CHAMPAIGN-URBANA MASS TRANSIT DISTRICT



Application for Employment - page 2 of 4

*please print*

## EDUCATION

LEVEL	NAME OF SCHOOL	LOCATION (CITY/STATE)	YEARS COMPLETED	GRADUATED or DEGREE (Yes or No)	MAJOR STUDY
HIGH SCHOOL/ GED					
COLLEGE					
GRADUATE COLLEGE					
VOCATIONAL/ TECHNICAL					
OTHER					

Studies now pursuing and where \_\_\_\_\_  
\_\_\_\_\_

## SKILLS AND ABILITIES

SKILL	LENGTH & KIND OF TRAINING	YEARS OF EXPERIENCE

**Do You Have a Valid Driver's License?**  
 \_\_\_\_\_ Yes \_\_\_\_\_ No  
 State of Issue: \_\_\_\_\_

**Are You Legally Qualified to Work in the United States?** \_\_\_\_\_ Yes \_\_\_\_\_ No

# CHAMPAIGN-URBANA MASS TRANSIT DISTRICT



Application for Employment - page 3 of 4

*please print*

## EMPLOYMENT RECORD

Indicate a continuous record of employment beginning with your most recent position. Include what you have done from the present back to the time you left school. Include military and appropriate volunteer work. Please feel free to add a supplementary sheet if additional space is required.

<b>Name of Employer</b>	<b>Name of Last Supervisor</b>	<b>Employment Dates</b>	<b>Pay or Salary</b>
<b>Address</b>		From	Start
<b>City/State/Zip</b>		To	Final
<b>Phone</b>	Last position title		
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

<b>Name of Employer</b>	<b>Name of Last Supervisor</b>	<b>Employment Dates</b>	<b>Pay or Salary</b>
<b>Address</b>		From	Start
<b>City/State/Zip</b>		To	Final
<b>Phone</b>	Last position title		
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

<b>Name of Employer</b>	<b>Name of Last Supervisor</b>	<b>Employment Dates</b>	<b>Pay or Salary</b>
<b>Address</b>		From	Start
<b>City/State/Zip</b>		To	Final
<b>Phone</b>	Last position title		
Reason for Leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Do you have any objections to MTD contacting your present employer?  Contact any time  Do Not Contact  Contact at a later date: \_\_\_\_\_

## PERSONAL REFERENCES

Please list three references other than relatives or employees.

Name _____	Name _____	Name _____
Position _____	Position _____	Position _____
Company _____	Company _____	Company _____
Address _____	Address _____	Address _____
_____	_____	_____
Telephone _____	Telephone _____	Telephone _____
Email _____	Email _____	Email _____

# CHAMPAIGN-URBANA MASS TRANSIT DISTRICT



Application for Employment - page 4 of 4

## AS A CONDITION OF EMPLOYMENT, I AGREE TO THE FOLLOWING:

1. To take and pass a physical examination by a competent medical examiner designated by the Champaign-Urbana Mass Transit District and paid for by the Champaign-Urbana Mass Transit District.
2. To permit the Champaign-Urbana Mass Transit District to contact my previous employers for information relative to my record of employment with them.
3. To take and pass a pre-employment drug test as mandated by the Federal Transit Administration regulations.
4. That any false information given in this application will be sufficient for termination of my employment without notice at any time hereafter.
5. To allow the Champaign-Urbana Mass Transit District to check into my past employment record, police record, the status of my driving record, my medical records, or anything else that might affect my employment with the District.

**DATE** \_\_\_\_\_

**APPLICANT FULL NAME (PLEASE PRINT)** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

## MAILING ADDRESS

Champaign-Urbana Mass Transit District  
1101 East University Avenue  
Urbana, IL 61802

**Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.**

# CHAMPAIGN-URBANA MASS TRANSIT DISTRICT



## FEDERAL EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS

Under Public Law 88-352, Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, the Mass Transit District is required to maintain applicant flow data. This information will not be used for any employment decisions.

### Please indicate referral source to the Mass Transit District for employment.

MTD Employee \_\_\_\_\_ MTD Employee Name \_\_\_\_\_

Newspaper \_\_\_\_\_ MTD website \_\_\_\_\_ MTD Bus Sign Ads \_\_\_\_\_ Referral Service \_\_\_\_\_

Other (please specify) \_\_\_\_\_

### Following Information is Optional by the Applicant

Gender Man \_\_\_\_\_ Woman \_\_\_\_\_ Trans \_\_\_\_\_ Other \_\_\_\_\_

Race Caucasian \_\_\_\_\_ Black or African American \_\_\_\_\_ Asian \_\_\_\_\_ American Indian or Native Alaskan \_\_\_\_\_

Native Hawaiian or other Pacific Islander \_\_\_\_\_

Hispanic \_\_\_\_\_

Other \_\_\_\_\_

Are you a military veteran? Yes \_\_\_\_\_ No \_\_\_\_\_