



APPLICATION FOR EMPLOYMENT

The purpose of Pace is to provide a well-coordinated, safe, economical and efficient system of public transportation. Pace covers the Northeastern area of Illinois, consisting of Cook, DuPage, Kane, Lake, McHenry and Will Counties.

As an equal opportunity employer, Pace complies fully with state and federal laws prohibiting discrimination because of age, race, color, religion, national origin, sex (including gender identity and sexual orientation), genetic information, disability, veteran status, marital status, or other protected class defined under Federal and/or State laws. Further, Pace takes affirmative action to assure that its policies and practices relative to equal opportunity are enforced.

Thank you for your interest in Pace.

CHECK ONE						
<input type="checkbox"/> HEADQUARTERS	<input type="checkbox"/> MARKHAM	<input type="checkbox"/> NORTH AURORA	<input type="checkbox"/> EVANSTON			
<input type="checkbox"/> WAUKEGAN	<input type="checkbox"/> BRIDGEVIEW	<input type="checkbox"/> PLAINFIELD	<input type="checkbox"/> ELGIN			
<input type="checkbox"/> DES PLAINES	<input type="checkbox"/> MELROSE PARK	<input type="checkbox"/> SOUTH HOLLAND	<input type="checkbox"/> CHICAGO			
NAME	LAST	FIRST	MIDDLE	(PREVIOUS NAMES USED)		
PRESENT ADDRESS	NO.	STREET	APT. NO.	CITY	STATE	ZIP
HOME PHONE ()	ALTERNATE PHONE ()		E-MAIL ADDRESS			
IN CASE OF EMERGENCY, NOTIFY:		NAME/RELATIONSHIP	ADDRESS		PHONE ()	
WHAT POSITION(S) ARE YOU APPLYING FOR?						
ARE YOU AT LEAST 16 YEARS OF AGE?		LEGALLY AUTHORIZED TO WORK IN U.S.?		SALARY REQUIREMENTS:		
		YES <input type="checkbox"/> NO <input type="checkbox"/>				
DO YOU HAVE A FRIEND OR RELATIVE WHO IS A PACE EMPLOYEE?				YES <input type="checkbox"/> NO <input type="checkbox"/>		
NAME:		RELATIONSHIP:		LOCATION:		
HAVE YOU EVER WORKED FOR RTA/PACE/METRA/CTA OR RELATED OPERATING DIVISIONS?				<input type="checkbox"/> YES IF YES, DATES – LOCATION: <input type="checkbox"/> NO		
DRIVER'S LICENSE NUMBER _____			HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED?			
EXPIRATION DATE _____			<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN AND GIVE DATES. _____ _____			
STATE _____ CLASS _____						
NUMBER OF MOVING VIOLATIONS IN THE LAST FIVE YEARS _____						
NAME OF SCHOOL AND ADDRESS				DEGREE OR DIPLOMA		FIELD OF STUDY
HIGH SCHOOL						
COLLEGE						
OTHER (SPECIFY)						
OTHER SPECIALIZED TRAINING						
SOURCE OF REFERRAL				JOB HOTLINE <input type="checkbox"/>		INTERNET <input type="checkbox"/>
NEWSPAPER <input type="checkbox"/> _____				COMMUNITY ORGANIZATION <input type="checkbox"/> _____		
PACE EMPLOYEE <input type="checkbox"/> _____				COLLEGE <input type="checkbox"/> _____		
WALK-IN <input type="checkbox"/> _____				OTHER <input type="checkbox"/> _____		

WORK HISTORY

Please give complete employment record, including time in the U.S. military service, if any. Start with the most recent employer first. Accuracy in dates is essential. **IMPORTANT:** In accordance with the Commercial Motor Vehicle Act of 1986, you must provide us with all previous employment as a commercial driver for the past 10 years in addition to any other required employment information.

DATE FROM MONTH YEAR	NAME OF EMPLOYER	PHONE NUMBER	JOB TITLE
DATE TO MONTH YEAR	ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	
	DRIVER OF COMMERCIAL VEHICLE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	DESCRIPTION OF DUTIES	REASON FOR LEAVING	
DATE FROM MONTH YEAR	NAME OF EMPLOYER	PHONE NUMBER	JOB TITLE
DATE TO MONTH YEAR	ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	
	DRIVER OF COMMERCIAL VEHICLE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	DESCRIPTION OF DUTIES	REASON FOR LEAVING	
DATE FROM MONTH YEAR	NAME OF EMPLOYER	PHONE NUMBER	JOB TITLE
DATE TO MONTH YEAR	ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	
	DRIVER OF COMMERCIAL VEHICLE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	DESCRIPTION OF DUTIES	REASON FOR LEAVING	
DATE FROM MONTH YEAR	NAME OF EMPLOYER	PHONE NUMBER	JOB TITLE
DATE TO MONTH YEAR	ADDRESS OF EMPLOYER	NAME OF SUPERVISOR	
	DRIVER OF COMMERCIAL VEHICLE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	DESCRIPTION OF DUTIES	REASON FOR LEAVING	

May we contact all employers listed above? _____ If no, indicate which one(s) you do not wish us to contact:

The above information is correct and true to the best of my knowledge. I understand that a felony conviction does not serve as a disqualification from employment. I understand that the misrepresentation or omission of facts is cause for separation from Pace if I am employed. I further understand that successfully completing a physical examination will be a condition of employment. I hereby authorize all officials of schools I attended and my former employers to give any information to Pace regarding my work, conduct, records, etc., and release them and their employees from any liability and from any damage whatsoever regarding this information. If employed, I hereby agree to abide by all rules and policies of Pace.

Signature _____

Date _____