
Champaign Transit is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

PREVIOUS EXPERIENCE

*Please list beginning with most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

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Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving:

PLEASE READ AND INITIAL EACH PARAGRAPH BELOW STATING THAT YOU UNDERSTAND AND AGREE TO THE STATEMENTS LISTED (IF THERE IS ANY PART OF THIS PAGE YOU DO NOT UNDERSTAND, PLEASE ASK THE INTERVIEWER AND IT BEFORE SIGNING)

_____ I hereby authorize Champaign Transit System (CTS), to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release CTS, my current and former employers, and all other persons, corporations, partnerships and associations from all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that if offered employment, the offer will be contingent upon my passing a pre-employment alcohol and drug screen, a pre-employment physical and a pre-employment fit-for-duty physical upon request. I understand that failure to pass such test/physicals will result in withdrawal of the employment offer.

_____ I understand that if requested, I will give authorization to CTS to confidentially review, monitor, copy and file my motor vehicle records and/or criminal records in order to verify my employment eligibility. At that time, a Social Security Number, Date of Birth and Driver's License number will be required for these verifications.

_____ If hired, I also agree to submit to alcohol and drug testing as a condition of employment. I agree that CTS may conduct alcohol/drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment. I understand that CTS must follow all DOT regulations concerning 49 CFR Part 40, Section 40.25, Drug & Alcohol testing. I understand that CTS does random drug and alcohol testing and that I may be sent for testing at any time during my employment without notice.

_____ I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between me and CTS. In addition, I understand and agree that if I am employed; my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or CTS, and that no promises or representations contrary to the foregoing are binding on CTS unless made in writing and signed jointly by the Commissioner's Board President/Transit Director and myself.

_____ I understand that by accepting this application for employment, CTS is not stating that there is a current position available, but that the acceptance of applications is ongoing.

_____ I understand that if offered employment, I will, as a condition of employment be required to submit proof of my identity and legal right to work in the United States before my first day of employment.

_____ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Ohio driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by auto insurance, if required for my position.

_____ I understand that the limit to file any claims against CTS for discrimination in conjunction with this application, is six months from the date this application is signed.

_____ I understand that this employment application is considered a public record and will kept on file for a period of twelve (12) months from the date signed. After twelve (12) months, a new application must be completed in order to be considered for employment.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date