



**EQUAL EMPLOYMENT OPPORTUNITY**  
**(For statistical use only)**

Pace Suburban Bus Service is an Equal Opportunity Employer. To help achieve our goals, we need the following information from you. This information will not accompany your application, will not be used in the decision to hire or not to hire, nor will it in any way influence Pace's determination of your qualification for any position. This information is confidential and voluntary.

Positions Applied For: \_\_\_\_\_

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

In completing the gender and race/ethnicity portion of this form, first indicate if you identify yourself as Hispanic or Latino. If you do so identify yourself, circle the appropriate number to identify your gender, and stop at that point. If you do not identify as Hispanic or Latino, then circle the appropriate number to identify the gender and race/ethnicity with which you do identify. If you identify with two or more races, please circle the appropriate number for the "two or more races" election, and also list the single race/ethnic group with which you most closely identify.

If you choose not to self-identify, please check the box.

**FEMALE**

**MALE**

1

0

**Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**OR**

**Not Hispanic or Latino:**

3

2

**Black or African American:** a person having origins in any of the Black Racial Groups of Africa.

5

4

**American Indian or Alaskan Native:** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.

7

6

**Asian:** a person having origins in any of the original peoples of the Far East, Southeast Asia, of the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

9

8

**Native Hawaiian or other Pacific Islanders:** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

11

10

**White:** a person having origins in any of the original people of Europe, North Africa or the Middle East.

13

12

**Two or more races:** all persons who identify with more than one of the above five races. List the race with which you most closely identify \_\_\_\_\_



# 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.**

<b>CHECK ONE</b>						
<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"/> JOLIET	<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						
<b>SOURCE OF REFERRAL</b>			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 \_\_\_\_\_