



SOUTHWEST TRANSIT

13500 Technology Drive
 Eden Prairie, Minnesota 55344
 Phone: 952-949-2BUS (2287)
 www.swtransit.org

EMPLOYMENT APPLICATION

WE WELCOME YOUR APPLICATION FOR EMPLOYMENT. PLEASE FURNISH COMPLETE INFORMATION TO ASSIST US IN GIVING YOUR APPLICATION FULL CONSIDERATION. ADDITIONAL INFORMATION OR A RESUME, WHICH FURTHER QUALIFIES YOU FOR THE POSITION, MAY BE ATTACHED TO THIS APPLICATION.

SouthWest Transit's (SWT) policy is to provide equal employment opportunities to all. SWT does not discriminate in employment on the basis of race, color, creed, religion, national birth, gender, marital status, status with regard to public assistance, veteran status, or disability in the admission or access to, or treatment of employment in its programs or activities.

LAST NAME	FIRST NAME	MIDDLE NAME
PRESENT ADDRESS		DAY PHONE
		EVENING PHONE
		E-MAIL ADDRESS
POSITION FOR WHICH YOU ARE APPLYING		SALARY DESIRED
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		
ARE YOU ABLE, EITHER WITH OR WITHOUT REASONABLE ACCOMMODATIONS, TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING?		
		_____ Yes _____ No
ARE YOU LEGALLY PERMITTED TO ACCEPT PERMANENT EMPLOYMENT IN THE UNITED STATES?		
(PROOF WILL BE REQUIRED UPON EMPLOYMENT)		_____ Yes _____ No

EMPLOYMENT RECORD

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
P R E S E N T E M P L O Y E R	Employer:	Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Telephone #	Supervisors Name	
	Address	If PT, Average hours per week	Dates Employed	Base Salary or Wage	
	Job Title		____/____ to ____/____ Mo./Yr. Mo./Yr.	Start _____ Current or end _____	
	Nature of Duties				
	Reason for leaving or seeking change in position				
F I R S T P R E V I O U S	Employer:	Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Telephone #	Supervisors Name	
	Address	If PT, Average hours per week	Dates Employed	Base Salary or Wage	
	Job Title		____/____ to ____/____ Mo./Yr. Mo./Yr.	Start _____ End _____	
	Nature of Duties				
	Reason for leaving or seeking change in position				
S E C O N D P R E V I O U S	Employer:	Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Telephone #	Supervisors Name	
	Address	If PT, Average hours per week	Dates Employed	Base Salary or Wage	
	Job Title		____/____ to ____/____ Mo./Yr. Mo./Yr.	Start _____ End _____	
	Nature of Duties				
	Reason for leaving or seeking change in position				
T H I R D P R E V I O U S	Employer:	Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Telephone #	Supervisors Name	
	Address	If PT, Average hours per week	Dates Employed	Base Salary or Wage	
	Job Title		____/____ to ____/____ Mo./Yr. Mo./Yr.	Start _____ End _____	
	Nature of Duties				
	Reason for leaving or seeking change in position				

Education

Did you graduate from high school or receive a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No School Attended:			
Name and Location or College, University, Technical Schools	Did you receive a degree?	Degree or certificate received	Major

Volunteer Experience and Activities

Exclude organizations, the name or character of which indicates race, color, creed, religion, gender, marital status, political affiliation, age or personal disability.

VOLUNTEER ACTIVITY	MAJOR RESPONSIBILITIES	YEARS	
		FROM	TO

Skills

What office machines do you operate proficiently?	
In what computer software programs are you proficient?	
What trade or professional licenses or certificates do you currently possess?	
Type _____	Expiration date _____
Type _____	Expiration date _____

PROFESSIONAL REFERENCES

List 3 people who know you well, preferably from a work environment, who can be contacted at this time. Do not use a relative as a reference.

<u>NAME</u>	<u>BUSINESS/EMPLOYER</u>	<u>CONTACT PHONE NUMBER</u>
1.		
2.		
3.		

SouthWest Transit has adopted a drug and alcohol free workplace policy. As a job applicant for any SouthWest Transit position, you are subject to testing under the policy and may be asked to provide a urine specimen after you have received a conditional offer of employment. You may legally refuse to undergo a drug or alcohol test. If you refuse, the conditional offer of employment may be withdrawn. As a job applicant for any SouthWest safety-sensitive position, you will be subject to testing under the authority of FTA 49 CFR Part 655 following procedures outlined in 49 CFR Part 40. If you undergo an initial screening test with a positive test result, a confirmatory test verifying that result must be performed.

You have the right to explain a positive result of a confirmatory test within three days after receiving the notice. You have the right to request and pay for a confirmatory retest of the original sample within five days after receiving notice. If the confirmatory retest does not confirm the original positive test result, no adverse personnel action based on the confirmatory test may be taken against you. A job applicant, who receives a positive test result, fails or refuses a confirmatory test, does not request in writing a confirmatory retest with five days after notice may be refused employment and will be notified of the reason of the reason for such refusal. Except as otherwise noted, the job applicant has no additional right of appeal within the SouthWest Transit.

The full Drug and Alcohol Testing personnel policy is available for review in the office of the Personnel Director, SouthWest Transit, 13500 Technology Drive, Eden Prairie, MN 55344, during regular business hours.

1. IMPORTANT: READ BEFORE SIGNING

The facts set forth in my application are true and complete. I understand that if employed, false statements on this application shall be considered cause for dismissal. I authorize investigation of all statements and matters in this application, which the SouthWest Transit may deem relevant to my employment and authorize all my previous employers or other persons having information concerning me or my record to report such information to the SouthWest Transit. I release each person from all claims or liabilities whatsoever on account of making such inquiry or making such disclosures.

I understand that nothing contained in this employment application or in the granting of an interview, or any SouthWest Transit policies, procedures or manuals that I might receive, are intended to create an employment contract between SouthWest Transit and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promises or guaranty is binding upon SouthWest Transit unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice and that SouthWest Transit retains a similar right.

I AGREE TO SUBMIT TO A PHYSICAL EXAMINATION AT SOUTHWEST TRANSIT’S EXPENSE BY A DOCTOR DESIGNATED BY SOUTHWEST TRANSIT PRIOR TO FINAL ACCEPTANCE OF EMPLOYMENT, IF REQUESTED AND AT SUBSEQUENT INTERVALS AS THE EMPLOYER MAY DIRECT, IT BEING UNDERSTOOD THAT SUCH MEDICAL EXAMINATION(S) ARE TO DETERMINE MY PHYSICAL FITNESS FOR EMPLOYMENT OR CONTINUED EMPLOYMENT IN THE EVENT I AM EMPLOYED.

Signature of Applicant: _____

DATE: _____

NOTICE CONCERNING APPLICATION DATA

Application Data

Our application requests that you furnish both public and private data about yourself as defined by, and pursuant to SouthWest Transit's (SWT) authority under the Minnesota Government Data Practices Act (Chapter 13 of Minnesota Statutes). This information will be maintained through the time of your appointment with SouthWest Transit and thereafter. If appointed, SWT may request that you supply this information at additional times in the future for the purposes indicated below. This information may also need to be updated periodically.

Purpose and Intended Use

The information collected in your application will be used to identify you, analyze your suitability for appointment, and facilitate contact with you. If appointed, the information will also be used to establish and maintain benefit and employee records. SWT may in the future make additional requests for this same information to facilitate administration of employee benefits, records, and services. Updated information will be used to maintain the accuracy of the application information.

May You Refuse or Are You Required to Supply the Requested Data

Supplying the data is not legally required.

Known Consequences Arising from Supplying or Refusing to Supply the Requested

Refusal to supply the information requested may affect the ability to evaluate your application or to appoint you to the position. Supplying the requested data will assist us in evaluating your application and, if appointed, the status of your position and benefits. Refusal to supply updated information may affect the status of your position and benefits.

Identity of Other Persons, or Entities Authorized to Receive the Data

The data may be distributed to and used by SWT personnel who are involved directly and/or indirectly in the appointment of, and maintenance of records on employees and members of boards and commissions. The data may be used and disseminated to individuals or agencies specifically authorized access to the data by state, local, or federal law or when approved by the State Commissioner of Administration or by you. The data may be used and disseminated to other entities providing or administering employee benefits and services, including, but not limited to, SWT's insurance providers.

The above information, as included in the Application, will become part of our permanent records and may be reviewed by you upon request.

I have read and understand the provisions stated above regarding the use of information being requested of me as an applicant, employee and/or member of a Board or Commission of SouthWest Transit (SWT).

Signature _____ Date _____

NOTICE

SouthWest Transit (SWT) is required to comply with the Veteran's preference law. SWT must have the information requested below in order to assure employees they are afforded their full veteran's rights. All employees are legally required to supply the requested information. Information not supplied will leave our records incomplete, and therefore inhibit our proper compliance with all aspects of the Veterans preference law. Information collected may only be used and disseminated to individuals or agencies specifically authorized under state, local, or federal law; the state commissioner of administration; or by you. The information collected will become part of our permanent records and may be reviewed by you upon request.

I have read and understand the provisions stated above regarding the use of information being requested of me as an applicant or employee of SouthWest Transit (SWT).

Signature _____ Date _____

SouthWest Transit VETERAN'S STATUS INFORMATION			
ARE YOU A VETERAN, A DISABLED VETERAN, OR A SPOUSE OF A DECEASED OR DISABLED VETERAN?			
<input type="checkbox"/> YES If YES , please complete the following information on veteran's status, then sign and date below:			
Veteran: <input type="checkbox"/> Self <input type="checkbox"/> Spouse of a deceased <i>or</i> disabled veteran		If spouse, veteran's name: _____	
Branch of Service: _____		Period of Active Duty: From: _____ To: _____	
Rank at Discharge: _____	Type of Discharge: _____	Date of Final Discharge: _____	Service Number: _____
<input type="checkbox"/> NO If NO , please sign and date below:			
Signature _____		Date _____	

Disclosure and Authority to Release Information

I understand that in processing my application with SouthWest Transit, an investigative consumer report may be conducted to obtain and verify information relating to my past activities and background. Information may include, but is not limited to: employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

If currently employed: My current employer may be contacted YES NO

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless SouthWest Transit and its agent Verified Credentials, Inc., from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the "Fair Credit Reporting Act" to obtain a copy of this report by providing proper identification and directing a written request to Verified Credentials Incorporated, 20890 Kenbridge Court, Lakeville, MN 55044, 1-800-473-4934. I may also obtain a copy of this report by checking the "YES" box below.

If employed in Minnesota, California, or Oklahoma; I would like a copy of any report regarding me.

YES NO

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

Legal Last Name	Legal First Name	Legal Middle Name
Street Address		
City	State	Zip Code

Please list any additional addresses you have lived, worked and attended schools in during the past 7 years (Please include the city, state, zip and county if known):

City	State	Zip Code & County
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Other Name(s) Used and Date(s) Changed:

Driver's License Number	State Issued	Expiration Date	Date of Birth
(To be used for background information ID only)			

I AUTHORIZE A PHOTOCOPY OF THIS RELEASE TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS RELEASE WILL REMAIN IN EFFECT THROUGHOUT SUCH EMPLOYMENT.

Signature	Social Security Number	Date
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Voluntary Survey

Government Agencies periodically require reports on the gender, ethnicity, disability, veteran and other protected status of employees. This data may be used for statistical analysis to track applicant flow for the Diversity Plan. This form is used to track data on applicants for employment with SouthWest Transit. Please note that submission of this data is VOLUNTARY. If you choose to provide the information on this form, you may return the Survey Form to SouthWest Transit separate from the application.

Title of Specific Position for which you are applying:

Ethnic Category	Do you have a disability?		Gender
<input type="checkbox"/> White (not of Hispanic origin)	<input type="checkbox"/> No	<input type="checkbox"/> Yes, paralysis	
<input type="checkbox"/> Black (not of Hispanic origin)	<input type="checkbox"/> Yes, amputee	<input type="checkbox"/> Yes, alcoholism	<input type="checkbox"/> Male
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Yes, cardiac disease	<input type="checkbox"/> Yes, blindness	
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Yes, deafness	<input type="checkbox"/> Yes, chemical dependency	<input type="checkbox"/> Female
<input type="checkbox"/> American Indian	<input type="checkbox"/> Yes, epilepsy	<input type="checkbox"/> Yes, diabetes	
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Yes, mental health	<input type="checkbox"/> Yes, other - describe	

How did you first learn of this position?

<input type="checkbox"/> Minneapolis Star Tribune	<input type="checkbox"/> Eden Prairie News
<input type="checkbox"/> Sun Current Newspaper	<input type="checkbox"/> Chaska Herald
<input type="checkbox"/> Chanhassen Villager	<input type="checkbox"/> Radio/TV
<input type="checkbox"/> SWT Employee	<input type="checkbox"/> Other newspaper _____
<input type="checkbox"/> Professional Journal	<input type="checkbox"/> Other (Identify) _____