



665 Franklin Avenue NE., St. Cloud MN 56304

320.529.4498

EMPLOYMENT APPLICATION

Notice to the Applicant:

We welcome you as an applicant for employment with Metro Bus. It is our policy to hire the most qualified person for the position. Metro Bus will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, gender, disability, sexual orientation, age, veteran status, familial status, marital status, status with regard to public assistance, or local human rights commission activity. Metro Bus will take affirmative action to insure that all employment practices are free of such discrimination.

Position Applied for		Date of Application	
Personal Information			
First Name: _____ MI: _____ Last Name: _____			
Address: _____ City: _____ State: _____ ZIP: _____			
Home phone: _____ Cell phone: _____ e-mail: _____			
Education Information			
Type of School	Name and Address of School	Degree Obtained (include Major/Minor)	
High School			
College/University			
Other			
Military Record			
Branch: _____		Type of Discharge: _____	
Member of Reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Active <input type="checkbox"/> Other:			
Driving Information – Complete For Driver, Fueler & Mechanic Positions			
Driver's License Number: _____ Class: _____ State of Issue: _____ Endorsements: _____			
Has your driver's license ever been revoked, suspended or renewal denied? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when and why:			
Do you have a CDL License or Permit? Yes No CDL License or Permit is required to be considered.			
If you currently have a CDL License, please check the box if you have any of the following:			
Passenger Endorsement? Yes School Bus Endorsement? Yes Airbrake Restriction? Yes			
Driving Accident Information – Complete For Driver, Fueler & Mechanic Positions			
List all vehicle accidents in which you have been involved within the past three years.			
Nature of accident	Date	Injuries or fatalities	Were you considered negligent?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Driving Experience Record – Complete For Driver, Fueler & Mechanic Positions			
Class of Equipment	Type of equipment (van, tank, flat, etc.)	Dates (from-to)	Approximate number of total miles.

Employment History

Are you currently employed? Yes No If yes, why do you want to change jobs:

Employer number 1 (Most recent/Current)

Employer:	Dates employed	Supervisor's Name:
Street address:	From: _____ To: _____	
City, State, Zip:	<input type="checkbox"/> Part time <input type="checkbox"/> Full time	Phone:
Job title:		Salary:
Nature of Duties:		
Reason for leaving:		

Employer number 2 (next most recent)

Employer:	Dates employed	Supervisor's Name:
Street address:	From: _____ To: _____	
City, State, Zip:	<input type="checkbox"/> Part time <input type="checkbox"/> Full time	Phone:
Job title:		Salary:
Nature of Duties:		
Reason for leaving:		

Employer number 3 (next most recent)

Employer:	Dates employed	Supervisor's Name:
Street address:	From: _____ To: _____	
City, State, Zip:	<input type="checkbox"/> Part time <input type="checkbox"/> Full time	Phone:
Job title:		Salary:
Nature of Duties:		
Reason for leaving:		

Employer number 4 (next most recent)

Employer:	Dates employed	Supervisor's Name:
Street address:	From: _____ To: _____	
City, State, Zip:	<input type="checkbox"/> Part time <input type="checkbox"/> Full time	Phone:
Job title:		Salary:
Nature of Duties:		
Reason for leaving:		

References: List references, other than relatives, who you have known for at least one year.

Name	Address	Phone number(s)	Relationship to you

Special Skills and Qualifications

Describe any skills, experiences and special accomplishments which better qualify you for this position.

How did you come to seek employment with Metro Bus?

Newspaper Job Service Friend Metro Bus employee Other:

By signing this application, I certify that information given herein is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary to arrive at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment. In the event I am employed, I understand that false or misleading information given in this application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of Metro Bus. I authorize Metro Bus to investigate previous employment, educational background and references.

Signature: _____ Date: _____

Data Privacy Notice

In accordance with the Minnesota Government Data Practices Act, Metro Bus is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information, which you are asked to provide on the application for employment, is considered private data:

1. Name
2. Home address
3. Home phone number
4. Social Security number
5. Date of birth
6. Conviction record
7. Sex
8. Age group
9. Disability type

We ask this information for the following reasons:

- To distinguish you from all the other applicants and identify you in our personnel files
- To enable us to verify that you are the individual who makes the application
- To enable us to contact you when additional information is required, send notices to you, and/or schedule you for interviews
- To determine if you meet the minimum age requirements, if any
- To determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for
- To enable us to ensure your rights to equal opportunities
- To meet Federal and State reporting requirements
- To make processing more efficient

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in Metro Bus and the policies, rules and regulations promulgated pursuant thereto.

Furnishing Social Security number, date of birth (unless a minimum age is required), sex, age group, and disability data is voluntary, but refusal to supply other requested information will mean that your application for employment may not be considered.

Private data is available only to you and to the other persons in the Metro Bus offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process, which is not designated in this notice as private data.

If Metro Bus hires you, you will be legally required to supply your Social Security number and all applicable tax information. This information will be sent to Federal and State tax authorities and to the Social Security Administration, and will enable us to compute your salary deductions. Insurance data, which you will be required to furnish in order to participate in Metro Bus health and life insurance plans, will be classified as private, as will payroll deduction data.

In accordance with Minnesota Statutes 13.03 and 13.04, I have been informed of and understand my rights as a subject of data.

Signature: _____ **Date:** _____



Self-Identification Form
Gender, Ethnicity, Race, Disabled and
Veteran Status

As employers/ government contractors, Metro Bus complies with government regulations and affirmative action responsibilities. In order to fulfill our reporting obligations, we request your voluntary completion of the information below. Failure to complete this form will have no bearing on the processing or status of your application and will in no way impact upon your consideration for employment with Metro Bus. If you do not self-identify, identification will be made by visual or other judgmental factors pursuant to your affirmative action reporting requirements. The information will not be maintained with your application, or if hired, your personnel file.

Name:		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
-------	--	---

Ethnicity
 Hispanic/Latino A person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin, regardless of race
 Not Hispanic/Latino

RACE	Race Identification
White (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Europe, the Middle East, or North America
Black or African American (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the Black racial groups of Africa
Native-Hawaiian or other Pacific Islander (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
Asian (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Viet Nam.
American Indian or Alaska Native (not Hispanic or Latino)	<input type="checkbox"/> A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment
Two or More Races (not Hispanic or Latino)	<input type="checkbox"/> All persons who identify with more than one of the above five races.

VETERAN STATUS
Using the definitions as stated in following attachment, please check the box of boxes below to identify yourself in as many covered veterans categories as apply.

YES NO Disabled Veteran

YES NO Other Protected Veteran

YES NO Three – Year Recently Separated Veteran (Enter Discharge or Release Date: _____)

YES NO Armed Forces Service Medal Veteran

DISABILITY
A “disabled individual” means any person who has a physical or mental impairment which substantially limits one or more of such person’s major life activities, has a record of such impairment, or is regarded as having such impairment.

Using the definition as stated above, please check the box below to identify yourself as a disabled individual.

YES NO

Non-Participation: I have read the above statement and I have chosen not to complete this form. Please check box if applicable.

Signature _____

Date _____