

RAINBOW RIDER TRANSIT BOARD
249 Poplar Ave., P.O. Box 136
Lowry, MN 56349
320-283-5065

Are you a United States citizen or legally eligible to hold employment in the U.S.? **YES NO**

Have you previously worked for the Board? **YES NO** If yes, position held: _____

If yes, the name under which your previous employment records will be found: _____

Do you have any special needs which may necessitate accommodations in the application or interview process? **YES NO** If yes, please describe: _____

List all other names under which you have been employed or under which your employment or educational records may be found: _____

V. Licensure

List your current operator license: (include class of CDL currently held)

License/Number	Issued By	Date	Expiration
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All applicable licenses must be received in the Board office prior to commencing employment. If hired, you remain responsible for ensuring that all applicable licenses remain current.

VI. Nature and Extent of DOT Driving Experience

List all work and volunteer experience, most recent first. Attach additional sheets if needed.

All DOT Driving experiences for the last three years must be listed.

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

Dates of Employment/Experience: _____

Reason for Leaving: _____

Employer Name: _____

Employer Address: _____

Job Title: _____

Job Duties: _____

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VII. Prior Employment/Drug and Alcohol Test Results

Have you ever been discharged or forced to resign from prior employment: **YES** **NO**

Have you ever had other than a negative result on a DOT drug/alcohol test **YES** **NO**

If so, identify the employer and describe the circumstances: _____

VIII Accidents

List all accidents in which you were involved in for the last three years:

IX Violations

List all Motor Vehicle violations in which you were involved in the last three years:

X. Unexcused Absences from Work

How many days were you inexcusably absent from work during the preceding three (3) years other than absences due to illness or injury of you or your immediate family? _____

XI. Education

Include high school and/or institution issuing GED and any additional education/courses taken. **Do not list dates of attendance for high school.** List most recent first.

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____ Dates of Attendance: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____ Dates of Attendance: _____

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Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____ Dates of Attendance: _____

Describe any other training or experience relevant to the position for which you are applying:

XII References

References provided should be people in a position to discuss your qualifications for the position you seek. When including former employers, include only managers, directors, or heads of departments under whom you have worked. Indicate any who are related to you. The Board reserves the right to contact all prior employers, educational institutions, or institutions where you have volunteered in addition to the references listed below.

Name of Reference: _____

Address: _____

Phone: _____ Title: _____

Name of Reference: _____

Address: _____

Phone: _____ Title: _____

Name of Reference: _____

Address: _____

Phone: _____ Title: _____

XIII. Veteran Status

Are you an honorably discharged veteran of the armed forces of the United States or are you otherwise eligible to claim Veteran's Preference Points? **YES NO**

Do you wish to claim Veteran's Preference Points? **YES NO**

If you're a disabled veteran wishing to claim additional points, please check here: _____

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XIV. Criminal Background Information

Have you ever been convicted or charged with a misdemeanor or felony? YES NO

If yes, please explain the nature of the charge and the circumstances: _____

Were you convicted and/or did you plead guilty? _____

Date, city, state, and country where convicted: _____

The Board shall conduct a criminal background check on individuals upon making a contingent job offer. Please refer to the job description for this position to determine if such a check will be conducted. If the job description states that a criminal check will be conducted, no offer of employment shall become final until receipt of the results of the criminal background check from the Minnesota Bureau of Criminal Apprehension (BCA) and/or the Federal Bureau of Investigation (FBI), the content of which is acceptable to the Board and formally approved by the Board.

XV. Personal Statement

Please indicate why you are interested in the position and what you hope to accomplish if selected. _____

XVI. Certification, Acknowledgement, and Release

I certify that the answers I have given on this application are true and correct to the best of my knowledge. I understand that any false or misleading information provided or any omission or concealment of facts will disqualify me from consideration for employment and constitutes grounds for my immediate dismissal should I be employed by the Board.

I understand, acknowledge, and agree that no offer of employment is valid or binding until formal approval by the Board and that, until such approval, the Board shall not be liable for any reliance on any oral or written offers of employment made to me.

In connection with this application, **I hereby authorize** any and all former employers, organizations where I have volunteered, and references named in this application or any agent of such a former employer or volunteer organization to release to the Board and its agents any and all information regarding my job performance and fitness/qualifications to perform the position I am presently seeking and any other employment or related information, both public and private, in their possession. I understand the Board will use this information to determine my fitness/qualifications for the position I am seeking. This authorization expires one year from the date of my signature below.

I hereby release the Board and all former employers, volunteer organizations, and references listed herein and any and all agents acting on behalf of said Board, former employers, volunteer organizations, or references, of any and all liability of whatever nature by reason of requesting or providing such information.

Signature (Do not print.)

Date

***NOTICE TO APPLICANT**

If you do not agree with any portion of the acknowledgement, certification, authorization, and release, cross out that section and initial it.