



SOUTH WEST TRANSIT

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

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
SOCIAL SECURITY NUMBER _____ -- _____ -- _____		
NOTE: Your Social Security number is used to distinguish you from other applicants, verify education and make processing more efficient. Providing this information is voluntary (you are not legally required to do so) and will be maintained as private data.		
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 OR 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

Military Service

Complete this section if you served in the U.S. Armed Forces.

Describe your duties and any special training:	Branch of Service:
	Rank:
	Status of Final Discharge:
What office machines do you operate proficiently?	
Word Processing Speed: _____ WPM Shorthand Speed: _____ WPM	
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 _____

Do you have a valid Minnesota Driver's License? Yes _____ No _____ Number _____
 Do you have a valid Commercial Driver's License? Yes _____ No _____ Number _____

Since the age of 18, have you been convicted of a felony, gross misdemeanor, excluding traffic violations? _____ Yes _____ No
 If yes, attach an explanation of the conviction to this application.
NOTE: A conviction is not an automatic disqualification from employment. A determination will be made regarding the direct relationship between the conviction and the employment position and any competent evidence of sufficient rehabilitation.

PROFESSIONAL REFERENCES

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

<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 49CFR Part 655 and 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 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 THE 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 TO DETERMINE MY PHYSICAL FITNESS FOR EMPLOYMENT OR CONTINUED EMPLOYMENT IN THE EVENT I AM EMPLOYED.

Signature of Applicant: _____

DATE: _____