



Willmar Office  
1320 22<sup>nd</sup> Street SW  
P.O. Box 186  
Willmar, MN 56201  
Office: 320-214-7433  
Fax: 320-214-7754

Olivia Office  
612 East Lincoln  
Olivia, MN 56277  
Office: 320-523-3589  
Fax: 320-523-3587

Litchfield Office  
812 East Ripley Street  
P.O. Box 36  
Litchfield, MN 55355  
Office: 320-693-7794  
Fax: 320-593-2889

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

<b>Personal Information</b>			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Cell Phone: <u>(_____)_____ - _____</u> Home Phone: <u>(_____)_____ - _____</u> Other: <u>(_____)_____ - _____</u> Email Address: _____	Are you a United States Citizen or legally eligible to work in the U. S.? <u>      </u> Yes <u>      </u> No (if hired, you will be required to provide documentation that you are eligible to work in the U.S.)		
Are you 18 or over? <u>      </u> Yes <u>      </u> No			
Title of Position Applying For		Date Available to Work	
Have you been previously interviewed or employed by Central Community Transit? <u>      </u> Yes <u>      </u> No If Yes, list date(s) and job title(s): _____			
Do you have any relatives currently working for Central Community Transit? <u>      </u> Yes <u>      </u> No If Yes, list names and relationship to you: _____			
Are you employed now?		If so, may we contact your present employer?	

In case of accident or illness please contact:

Name \_\_\_\_\_ Daytime # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

## Education

Name and Location		# Years Completed	Major Area of Study	Degree/Diploma
High School				
College				
Graduate School				
Technical or Certificate Programs				

## Employment History

Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay    Start:                      Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay    Start:                      Finish:		
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Weekly Pay   Start: _____   Finish: _____		
Reason for Leaving:		

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by USDOT agency drug and alcohol testing rules during the past two years? Yes \_\_\_\_ No \_\_\_\_.

If yes, have you been evaluated by a Substance Abuse Professional (SAP) as required by 49 CFR Part 40, Subpart O (40.285) Yes \_\_\_\_ No \_\_\_\_\_. *Note: A written report from the SAP is required.*

If yes, did you complete USDOT's Return-To-Duty process, including follow-up testing, as required by 49 CFR Part 40, Subpart O? Yes \_\_\_\_ No \_\_\_\_\_. *Note: A written report from the SAP is required.*

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training etc.)

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Please list any special awards, honors, scholarships, or offices held.

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### References

Please list names of supervisors, managers, or others who can comment directly on your abilities:

Name	Address	Phone #	Relationship/Occupation	Years Known

If applying for a Transit Drivers Position, Please indicate whether you hold the following valid drivers licenses:

Class A \_\_\_\_\_

Class B \_\_\_\_\_

Class C \_\_\_\_\_

Passenger Endorsement \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

State Issued: \_\_\_\_\_

#### **Election of Veteran's Preference**

Do you wish to claim a veteran's preference?  Yes  No

If so please check the preference you are claiming.

Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).

Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).

Spouse of deceased veteran.

Spouse of disabled veteran who is unable to use preference due to disability.

Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.

Signature\_\_\_\_\_

Date\_\_\_\_\_

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The Central Community Transit is an Equal Opportunity Employer. It is the policy of the Central Community Transit not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

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I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**SUBMIT**