



Willmar Office

1320 22nd 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: _____

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Cell Phone: (____)____-_____ Home Phone: (____)____-_____ Other: (____)____-_____ Email Address: _____		Are you a United States Citizen or legally eligible to work in the U. S.? ____Yes ____No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Are you 18 or over? ____Yes ____No			
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by Central Community Transit? ____Yes ____No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for Central Community Transit? ____Yes ____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.)

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

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: _____

<p>Election of Veteran's Preference</p> <p>Do you wish to claim a veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so please check the preference you are claiming.</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> 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).</p> <p><input type="checkbox"/> Spouse of deceased veteran.</p> <p><input type="checkbox"/> Spouse of disabled veteran who is unable to use preference due to disability.</p> <p>Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.</p> <p>Signature _____ Date _____</p>
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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.

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

