



249 Poplar Avenue, Lowry, MN 56349
Fax: 320-283-5066 Phone: 320-283-5065
Dispatcher: 1-800-450-7770
E-mail: rainbowr@runestone.net
www.rainbowriderbus.com

APPLICATION FOR EMPLOYMENT

All items must be completed regardless of whether you are attaching a resume to the application.
Failure to complete all parts of the application may result in your disqualification.

I. Equal Employment Opportunity

It is the policy of the Rainbow Rider Transit Board (hereinafter called "Board") to provide equal employment opportunity for all, without discrimination, on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

II. Data Privacy Notice

The information requested on this application is intended to be used by the Board in determining suitability for employment for the position you are seeking. You are not legally required to provide any of the information on this form at this time. However, failure to provide complete and accurate information may result in the Board being unable or unwilling to offer employment to you. With respect to any special accommodations necessary for completing your application or the interview process, the Board may be unable to provide the necessary accommodations if you do not provide the information in Section IV. The information on this application which is classified as private data under the Minnesota Government Data Practices Act (Minnesota Statutes – Chapter 13) will not be released outside the Board without your consent except as necessary for tax purposes or as otherwise required by federal and state law.

III. Position Desired

Today's Date ____/____/____

Title of position for which you are applying: _____

Date available to begin employment: _____

IV. Personal Data

Name: _____

Last

First

Middle

Social Security Number: _____

Address: _____

Street

City

State

Zip

Home Phone: _____ Alternate Phone: _____

How Long at Address _____



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IV. Personal Data (continued)

List address(es) for the last three years:

Address: _____
Street City State Zip

How Long at Address _____

Address _____
Street City State Zip

How Long at Address _____

Address _____
Street City State Zip

How Long at Address _____

Are you 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. A driving or dispatching position requires the possession of a CDL Class B license with Passenger Endorsement, which requires you to be at least 18 years of age or greater.



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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: _____

VII. Prior Employment/Drug and Alcohol Test Results

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

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.*



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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.

Do not include absences due to illness or injury to 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: _____

Name of School: _____

Address of School: _____

Degree/Diploma Received: _____

Major/Minor: _____

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



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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: _____

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: _____

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

The Board shall conduct a criminal background check on individuals upon making a contingent job offer. 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.



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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.

Application for employment