

(For office use only):
APPLICANT # _____
DATE REC'D. _____
V .P. DD-214 YES / NO

Employment Application

Upon request, this application will be provided in alternative forms to individuals with disabilities. We require a separate completed application for each position. You may provide additional information to help explain your qualifications. Incomplete or illegible applications will not be considered. You may attach a resume but it does not substitute for a completed application form.

*****Applicants who are offered a job will be required to successfully complete a background investigation and drug test. Some positions may also require a pre-employment physical exam.*****

Position Title for which you are applying:	Job Posting No.
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GENERAL INFORMATION			
First Name:	MI:	Last Name:	
Street Address:			Apt. #:
City:	State:	Zip Code:	
Day Phone: / /	Eve. Phone: / /	Cell Phone: / /	
Former Name(s):		E-mail:	
Are you a current or former employee of the Metropolitan Council? Yes <input type="checkbox"/> No <input type="checkbox"/>		Employee ID No:	
Have you ever applied for employment with the Metropolitan Council? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you have any relatives that are employed by or related to a Council member (relates only to Council's nepotism policy). Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name and relationship:			
Are you an U.S. citizen or legally eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		If hired, you must meet I-9 Employment Eligibility Verification requirements.	

AVAILABILITY (check all that apply)			
Types of employment you would accept	What shifts will you work?	Date Available	Part-Time Bus Operators Only:
<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends		Training and Work Schedule Preference: See Bus Operator Position Description for details. <input type="checkbox"/> Train weekdays and work both AM and PM rush hour upon completion of training. <input type="checkbox"/> Train weekends and work weekends and holidays upon completion of training.

REFERRED BY (Check One)	
Print Advertisement <input type="checkbox"/> Star Tribune <input type="checkbox"/> Pioneer Press <input type="checkbox"/> Community Newspaper: (specify) _____ <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Met Council Website <input type="checkbox"/> Met Council Employee <input type="checkbox"/> Met Council Job Hotline <input type="checkbox"/> Walk-In <input type="checkbox"/> State Job Service <input type="checkbox"/> Internet Site: http://: _____ <input type="checkbox"/> Other: (specify) _____

EDUCATION				
Did you graduate from high school? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, did you receive your GED? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Name and location of High School/GED:				
POST SECONDARY EDUCATION	Name of School & Location	Number of Years Completed	Diploma/Degree Awarded	Major
Vocational				
College				
Other				

WORK EXPERIENCE

Begin with your most recent employment. Applicants seeking employment which involves driving a commercial motor vehicle must provide 10 years' prior employment history. If you are unable to provide this, please explain. Complete all sections. DO NOT MARK SEE RESUME

Employer 1	Employer:		
Job Title:		From (mo/date/year):	to (mo/date/year):
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	% of Time: _____	Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>
Supervisor Name and Title:		Wage: \$ Hourly <input type="checkbox"/> Annually <input type="checkbox"/>	
		Phone Number: / /	
Address:			
Duties:			
Reason for leaving or seeking change in position:			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Notify me first <input type="checkbox"/>			Separation: Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>
Employer 2	Employer:		
Job Title:		From (mo/date/year):	to (mo/date/year):
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	% of Time: _____	Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>
Supervisor Name and Title:		Wage: \$ Hourly <input type="checkbox"/> Annually <input type="checkbox"/>	
		Phone Number: / /	
Address:			
Duties:			
Reason for leaving or seeking change in position:			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Notify me first <input type="checkbox"/>			Separation: Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>
Employer 3	Employer:		
Job Title:		From (mo/date/year):	to (mo/date/year):
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	% of Time: _____	Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>
Supervisor Name and Title:		Wage: \$ Hourly <input type="checkbox"/> Annually <input type="checkbox"/>	
		Phone Number: / /	
Address:			
Duties:			
Reason for leaving or seeking change in position:			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Notify me first <input type="checkbox"/>			Separation: Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>
Employer 4	Employer:		
Job Title:		From (mo/date/year):	to (mo/date/year):
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	% of Time: _____	Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/>
Supervisor Name and Title:		Wage: \$ Hourly <input type="checkbox"/> Annually <input type="checkbox"/>	
		Phone Number: / /	
Address:			
Duties:			
Reason for leaving or seeking change in position:			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Notify me first <input type="checkbox"/>			Separation: Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/>

BACKGROUND

Have you ever been convicted of a misdemeanor or felony (juvenile and minor traffic offenses excluded)? If yes, please provide explanation. 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. Yes No

Charge:	Date:	Jurisdiction:	Penalty:
Charge:	Date:	Jurisdiction:	Penalty:

DRIVER'S LICENSE AND ENDORSEMENTS (Only required for Bus Operator and positions requiring driving)

Driver's License No:	State:	Expiration Date:
Class: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/>	Other Endorsement(s):	
Transporting Passengers Yes <input type="checkbox"/> No <input type="checkbox"/>	Air Brakes Yes <input type="checkbox"/> No <input type="checkbox"/>	Pre-Trip Yes <input type="checkbox"/> No <input type="checkbox"/> General Knowledge Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you been the driver of a car accident in the last 3 years? Yes No If yes, explain:

Have you held a driver's license in a state other than Minnesota in the last 5 years? Yes No If yes, state and license number:

Have you had any traffic violations, other than parking violations, in the United States or Canada in the last 5 years? Yes No . If yes, please list with most recent:

Month/Year	Violation	City/State	Was it on the job?	License revoked, suspended or fined?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

PROFESSIONAL LICENSES, CERTIFICATIONS, MEMBERSHIPS

Type	Expiration Date (if any)	Issued by

REFERENCES (List professional references who have closely observed your work)

Name	Relationship	Phone
		/ /
		/ /
		/ /

ELECTION OF VETERAN'S PREFERENCE

The Metropolitan Council awards Veteran Preference to qualified veterans and spouses of deceased veterans in accordance with Minnesota Statutes, Section 197.455. Complete this section only if you are a veteran and claiming Veteran's Preference. NOTE: If you elect to use Veteran's Preference, you must provide a copy of your DD-214. Disabled veterans must also supply form FL-802 or an equivalent letter from Veterans Administration. The spouse of a deceased veteran must provide a death certificate along with other required eligibility papers.

My supporting documentation: is attached will be submitted by the application deadline

Type of preference you are claiming:

- Veteran (defined as a 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 or who has met the minimum active duty requirements as defined by Code of Federal Regulations or who has certified active military service by the United States Secretary of Defense).
- Disabled Veteran (defined as a veteran having a compensable service connected disability as adjudicated by the U.S. Veteran's Administration or the retirement board of one of the branches of the Armed Forces, which disability currently exists).
- Spouse of Deceased Veteran Spouse of Disabled Veteran

DATA PRACTICES

In accordance with the Minnesota Data Government Practices Act, the Metropolitan Council is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private. The information collected from you or from other agencies or individuals authorized by you is used to determine your qualifications. You are not required to provide this information; however, it is necessary to determine if you are qualified for employment. Disclosure of your social security number is voluntary, unless you are employed. If employed, you must disclose it in order to be in compliance with state and federal tax withholding laws. If you do not supply the required information, the Metropolitan Council will not be able to consider you for employment. The use of the data we collect is limited to that necessary for the administration and management of the Metropolitan Council's employment practice. Persons or agencies with whom this information may be shared include: human resource department employees and managers and supervisors in a department where job openings occur. Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private. You may exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include: the right to see and obtain copies of the data maintained on you; the right to be told the contents and meaning of the data; and the right to contest the accuracy and completeness of the data. To exercise these rights, contact the Human Resources Department of the Metropolitan Council.

AUTHORIZATION

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 for consideration for employment and constitutes grounds for my immediate dismissal should I be employed by the Metropolitan Council. I understand and agree that any offer of employment is contingent upon the successful completion of a criminal background investigation and drug test. If a position is offered to me and I accept the position, I understand that it is my responsibility to review and comply with Metropolitan Council policies and procedures. I have read and understand the information regarding my rights under the Minnesota Government Data Practices Act. In connection with this application, I hereby authorize any and all current and former employers, organizations where I volunteered, and references named in this application, to release to the Metropolitan Council 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 that the Metropolitan Council 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 Metropolitan Council and all former employers, volunteer organizations and references listed herein for any and all liability of whatever nature by reason of requesting or providing such information.

 **Note, BUS DRIVER APPLICANTS must also complete and submit BOTH the forms located at the following links:**

- **Safety History Release Authorization** [MS Word Form](#) or [PDF Form](#)
- **Consumer Report Release Authorization** [MS Word Form](#) or [PDF Form](#)

By submitting this application, I agree that I have read and understand the above conditions.

Please sign below or type in full name if submitting electronically.

Applicant's Signature:	Date:
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