



EMPLOYMENT APPLICATION

Minnesota Valley Transit Authority
100 E. Highway 13
Burnsville, MN 55337
Phone: (952) 882-7500
www.mvta.com

For application to be considered, you **MUST**: 1) type or neatly print all answers; 2) supply all requested information; 3) not falsify the application in any way; 4) provide comprehensive employment information, including volunteer work. The information you provide will determine your qualifications for employment or eligibility for evaluation.

GENERAL INFORMATION

Position Name: _____

Applicant Name: _____
(Last) (First) (Initial)

Address: _____
(Street) (City) (State) (Zip)

Phone: (____) _____ E-Mail: _____

Have you ever been terminated or forced to resign due to misconduct or unsatisfactory service?

Yes No If yes, please explain the circumstances:

Are you authorized to work in the U.S.? Yes No If yes, you will need to show proof of work eligibility to be employed.

Date Available: _____ Annual Pay Expected: _____

After reviewing the job description, do you understand the job requirements for the position you are applying for?

Yes ___ No ___

Do you currently have the ability to perform all the essential functions of the position you are applying for with or without reasonable accommodations? Yes ___ No ___

The Minnesota Valley Transit Authority is committed to the policy that all persons shall have equal access to its programs, facilities and employment without regard to race, color, creed, religion, national origin, marital status, disability, status with regard to public assistance, political affiliation, sex or age.

Please be advised that in accordance with Minnesota Statute, the following information is considered public data: veteran status; job history; education and training; and work availability. Applicant's names are considered private data except at such time that an applicant is considered as a finalist for public employment. Should you become an employee of the Minnesota Valley Transit Authority, this application will become part of the MVTA's Personnel records and as such will be subject to all uses and restrictions consistent with the Minnesota Data Privacy Act.

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION, TRAINING AND SKILLS

High School (Indicate name and location of high school attended)		Did you graduate High School: Yes ___ No ___ Successful completion of High School Equivalent: Yes No If no, identify highest grade completed: <input style="width: 100px;" type="text"/>			
Colleges/University Trade School	City	State	# of Credits	Degree(s) Completed	Major
Professional Certificates, Licenses or Memberships					
<hr/> <hr/> <hr/>					
List any specialized training (i.e., computer/software classes or other coursework) you have received that relates to this position (include number of hours and course content)					
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>					
List any equipment that you are able to operate that relates to this position					
<hr/> <hr/> <hr/>					
Please list three (3) business (<u>NOT</u> personal) references.					
Name	Business	Address/City/State/Zip	Phone Number		

EXPERIENCE

Begin with your most recent position. List all jobs held, paid or volunteer, over the last 10 years. **YOUR QUALIFICATIONS WILL BE EVALUATED ON THE BASIS OF THE INFORMATION PROVIDED ON THIS APPLICATION.** You may attach a separate sheet if additional space is needed, or to include applicable experience prior to 10 years ago.
RESUMES SHOULD BE ATTACHED.

Position Title

Employment Dates

Employer Name/City/State

Employer Phone

Direct Supervisor (Name/Title/Phone)

May we contact?

Annual Salary

Yes No

Reason for Leaving

Primary Job Duties (May skip section if Resume contains this information)

Position Title

Employment Dates

Employer Name/City/State

Employer Phone

Direct Supervisor (Name/Title/Phone)

May we contact?

Annual Salary

Yes No

Reason for Leaving

Primary Job Duties (May skip section if Resume contains this information)

EXPERIENCE (Continued)			
Position Title		Employment Dates	
Employer Name/City/State			
Employer Phone	Direct Supervisor (Name/Title/Phone)	May we contact? Yes No	Annual Salary
Reason for Leaving			
Primary Job Duties (May skip section if Resume contains this information)			
Position Title		Employment Dates	
Employer Name/City/State			
Employer Phone	Direct Supervisor (Name/Title/Phone)	May we contact? Yes No	Annual Salary
Reason for Leaving			
Primary Job Duties (May skip section if Resume contains this information)			

READ THIS APPLICATION AND YOUR ANSWERS BEFORE SIGNING BELOW

By signing this application, I certify that all information on this form is true to the best of my knowledge, and any omissions or misstatements of facts may be cause for rejection of this application or discharge from MVTA service. I also authorize the MVTA or its Designee, to make all necessary and appropriate investigations to verify the information concerning my employment that is allowable by law. It is my responsibility to keep the MVTA advised about any changes of address or phone number.

Date: _____ Signature: _____

VETERAN'S PREFERENCE

COMPLETE THIS SECTION ONLY IF YOU ARE CLAIMING VETERAN'S PREFERENCE

NOTE: COPY OF VETERAN'S DD214 MUST BE ATTACHED (Veteran is defined by MN Statute 197.447)

You must submit a PHOTOCOPY of your **DD214** or other military documents to substantiate the service information requested on the form. Claims not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the **Veterans Linkage Line**: 1-888-LinkVet (1-888-546-5838) or the Minnesota Department of Veteran Affairs.

The MVTA operates under a point preference system which awards points to qualified veterans to supplement their application.

Claims must be made on the form below and submitted with your application by the application deadline of the position for which you are applying. If your **DD214** form is submitted to the MVTA separate from this sheet, please attach a note with it indicating the position for which you are applying and your present address.

Name	Last	First	Initial				Are you a U.S. citizen?	Yes	No
Address				Phone Number					
Social Security Number									

VETERAN:

(DD214 or DD215 must be submitted to receive points.)

Honorably discharged veteran. Yes No

DISABLED VETERAN:

(DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

Percent of Disability: _____%

SPOUSE OF DISABLED VETERAN:

(DD214 or DD215 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)

How does Veteran's disability prevent performance of a stated job "requirement?" Due to the veteran's service-connected disability the veteran is unable to qualify for this position because (be specific):

AFFIDAVIT I hereby claim Veteran's Preference for this vacancy and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby authorize that I am responsible to obtain the required Veterans' preference verification documents and submit them to the Minnesota Valley Transit Authority by the required application deadline date.

Signature: _____

Date: _____

Information Regarding Claiming Veterans' Preference

Preference points are awarded to qualified veterans as defined by MN Statute 197.477, and to certain spouses of deceased or disabled veterans subject to the provisions of MN Statute 197.447 and 197.455.

The veteran must:

- a) be a U.S. citizen or resident alien,
- b) have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either
 - i. served on active duty for at least 181 consecutive days, or
 - ii. have been discharged by reason of service connected disability, or
 - iii. have completed the minimum active duty requirement of federal law, as defined by CFR title 38, section 3.12a, i.e., having fulfilled the full period for which a person was called or ordered to active duty by the United States President, or
 - iv. certified service and verification of "veteran status" granted under U.S. PL 95-202.

The information provided will be used to determine your eligibility for veterans' preference points. You are required to supply the following information:

- 1.) Attach a copy of the DD214 or DD215. This copy must state the nature of discharge; i.e., honorable, general, medical, under honorable conditions.
(DD214 "Member-1" copy will *not* be accepted)
- 2.) Disabled veterans must also supply a Military/United States Department of Veterans' Affairs Rating Decision that supports/verifies the fact that the injury was incurred while on, or as a result of, active duty service. Disability incurred while on, or as a result of, active duty for training purposes does not qualify for disabled veteran preference per MN Statutes 197.455 and 197.447.
- 3.) A spouse of a deceased veteran, applying for preference points must supply their marriage certificate, the veteran's DD214 or DD215, USDVA verification that veteran died on or as a result of activity duty, a death certificate, verification of their marriage at the time of veteran's death, and that the spouse has not remarried.

Thank you for your military service and for your interest in employment with the Minnesota Valley Transit Authority. Please contact , contact the **Veterans Linkage Line**: 1-888-LinkVet (1-888-546-5838) or the Minnesota Department of Veteran Affairs if you have any questions regarding veterans' preference in public employment.