

EDUCATION, TRAINING AND SKILLS

High School (Indicate name and location of high school attended)		Did you graduate: Yes ___ No ___ Successful completion of High School Equivalent: Yes ___ No ___ GED ___ <input style="width: 100px; height: 15px;" type="text"/> If no, identify highest grade completed:		
Colleges/University Trade School	City/State	# of Credits	Degree(s) Completed	Major

Professional Certificates, Licenses or Memberships

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).

List any equipment that you are able to operate that relates to this position.

Three (3) business (**not** personal) references. *Include full name, address and phone number.*

<i>Name</i>	<i>Business</i>	<i>Address/City/State/Zip-code</i>	<i>Phone Number</i>

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/Address/City/State

Employer Phone

Direct Supervisor (Name/Title/Phone)

May we contact?

Annual Salary

Reason for Leaving

Primary Job Duties

Position Title

Employment Dates

Employer Name/Address/City/State

Employer Phone

Direct Supervisor (Name/Title/Phone)

May we contact?

Annual Salary

Reason for Leaving

Primary Job Duties

EXPERIENCE (Continued)			
Position Title		Employment Dates	
Employer Name/Address/City/State			
Employer Phone	Direct Supervisor (Name/Title/Phone)	May we contact?	Annual Salary
Reason for Leaving			
Primary Job Duties			
Position Title		Employment Dates	
Employer Name/Address/City/State			
Employer Phone	Direct Supervisor (Name/Title/Phone)	May we contact?	Annual Salary
Reason for Leaving			
Primary Job Duties			

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.

veterans on open competition examinations; fifteen (15) points are added if the veteran has a service-connected compensable disability as certified by the U.S. Department of Veterans Affairs (USDVA).

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.

The MVTA operates under a point preference system which awards points to qualified veterans to supplement their application. Ten (10) points are granted to non-disabled

Name (Last, First, Initial)	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address and Phone Number	Position Title
Social Security Number	Position for which you applied
	Closing date:

VETERAN (10 points):
(DD214 or DD215 must be submitted to receive points.)

Honorably discharged veteran. Yes No

DISABLED VETERAN (15 points):
(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 (15 points):
(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.

Revised 4/10/2013