

EMPLOYMENT APPLICATION

Minnesota Valley Transit Authority 100 E. Highway 13 Burnsville, MN 55337 Phone: 952/882-7500 • Fax 952/882-7600 www.mvta.com

For application to be considered, you <u>MUST</u>: 1) type or neatly print all answers; 2) supply all requested information (please attach a resume); 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 applying for:					
Nama					
Name:(Last)	(First)	(Initial)			
Address:					
(Street)	(City/State)	(Zip)			
Phone:()	()E-Mail:				
Have you ever been terminated or forced	I to resign due to miscond	uct or unsatisfactory serv	rice?		
Yes No If yes, please explain	the circumstances:				
Are you authorized to work in the U.S.? YesI	No If yes, you will need t	to show proof of work eligibility	to be employed.		
Date Available: 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					
STATEMENT OF INTEREST: Give a brief sta	atement (REQUIRED) of why	you are interested in and f	eel qualified for the		
position.					

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 locat attended)	ion of high school	Did you gradu			
		Successful co Yes No _ If no, identify h	GED	High School Equivo	ralent:
Colleges/University Trade School	City/State		# of Credits	Degree(s) Completed	Major
Professional Certificates, Licenses or	Memberships				
					
List any specialized training (i.e. som	nutar/software classes o	r other coursew	ork) vou ba	vo received that re	atos to this
List any specialized training (i.e., com position (include number of hours and		r other coursew	ork) you na	ve received that re	ates to this
List any aguinment that you are able to	a aparata that relates to	this position			
List any equipment that you are able t	o operate that relates to	this position.			
Three (3) business (<u>not</u> personal) refe	erences. Include full nan	ne, address and	d phone nur	nber.	Disassa Nissasha sa
Name Business	Address/City/S	State/ZIp-code 			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/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/Addre	ess/City/State		
Employer Phone	Direct Supervisor (Name/Title/Phone)	May we contact?	Annual Salary
Reason for Leaving			
Primary Job Duties			
Position Title		Employment Dates	
Francisco Name (Addre	and City of Charter		
Employer Name/Addre	ss/City/State		
Employer Phone	Direct Supervisor (Name/Title/Phone)	May we contact?	Annual Salary
Reason for Leaving			
Primary Job Duties			
may be cause for reject	READ THIS APPLICATION AND YOUR Attion, I certify that all information on this form is true to tion of this application or discharge from MVTA servings to verify the information concerning my employme about any changes of add	o the best of my knowledge, and ce. I also authorize the MVTA or nt that is allowable by law. It is m	any omissions or misstatements of facits Designee, to make all necessary a
Date:	Signature:		

VETERAN'S PREFERENCE

COMPLETE THIS SECTION ONLY IF YOU ARE CLAIMING VETERAN'S PREFERENCE NOTE: COPY OF VETERAN'S DD214 MUST BE ATTCHED (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. Ten (10) points are granted to non-disabled

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.

Name (Last, First, Initial)	Are you a l	J.S. citizen?YesNo				
Address and Phone Number		Position Title				
Social Security Number		Position for which you applied				
		Closing date:				
<u>VETERAN</u> (10 points): (DD214 or DD215 must be submitted to receive points.)						
Honorably discharged veteranYesNo						
<u>DISABLED VETERAN</u> (15 points): (DD214 and USDVA letter of disability rating decision of 10% or more must be s	ubmitted to re	eceive 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 sub	mitted to receive points.)				
How does Veteran's disability prevent performance of a stated job "requirement' veteran is unable to qualify for this position because (be specific):	?" Due to the	veteran's service-connected disability the				
AFFIDAVIT I hereby claim Veteran's Preference for this vacancy and swear/a correct to the best of my knowledge. I hereby authorize that I am responsible t documents and submit them to the Minnesota Valley Transit Authority by the re	o obtain the i	required Veterans' preference verification				
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