

Equal Opportunity Employer

Notice: Metropolitan Transportation Network ("MTN") requires all applicants to present themselves in person and personally complete the Employer's original employment application form. MTN will not accept photocopied, mailed, faxed, e-mailed or third party applications or unsolicited employment referrals from any source; unless it is a specified project or authorized job site hiring office. Please advise us in advance if you require an accommodation to complete this application.

Answer ALL questions completely – please print clearly – must complete all applicable pages

Position applied for: _____ Date Of Application: _____

Name: _____ Primary Phone Number: _____
First Middle Last

Email Address: _____ Secondary Phone Number: _____

Current Address: _____
Street City State Zip Code

List any other names used in your previous employment or education in the past 10 years:

Name Used	City	Country	State	Dates-From/To

If your address is less than 3 years continue listing below to cover the previous 3 year period:

Street	City	Country	State	From (mo. /yr.)	To (mo. /yr.)

(Use a separate sheet of paper for additional addresses)

If hired, can you furnish proof that you are 18 years of age or older? Yes No

If hired, can you furnish proof that you are eligible to work in the United States? Yes No

A typical week is from 5:00AM to 6:00PM Monday through Friday. Are you available to work at any time of the day of week as needed? Yes No

If no please explain any work scheduling limitations _____

Are you available for overtime work in the evening, overnights and/or on weekends as may be required: Yes No

When can you begin work? _____

Minimum Salary requested: \$ _____ per _____

Have you ever been employed for this Company? Yes No

If Yes, dates employed: From: _____ To: _____ Position: _____

How did you find out about MTN?

- Employee Referral (Name) _____
- Internet posting—which one? _____
- Other _____

EDUCATION: School Name & Location	No. of Years Completed	Graduated		Degree, Diploma or Certificate, and area of study
High School last attended:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vocational, technical school:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College or University		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Other:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

EMPLOYMENT HISTORY: Employment for the past 10 years must be noted below, including jobs held while in school and/or military. Record your present or most recent position first and go back in chronological order. Complete all questions for each position held. Including U.S. Military Service (show rank/rate at discharge, but not type of discharge). If you need more space please use other paper and attach.

Employer Name:		Dates Employed (mo. /yr.):		Salary/Par Rate:	
		From: /	To: /	Beginning:	Ending:
Employer Address:		Employer Phone #		Supervisor's Name and Title:	
Position (S) Held:		Job Duties & Responsibilities:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason For Leaving:		
(Driver Only) Was this position covered under Federal Motor Carrier Safety Regulation (FMCSR) <input type="checkbox"/> Yes <input type="checkbox"/> No			Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer Name:		Dates Employed (mo. /yr.):		Salary/Par Rate:	
		From: /	To: /	Beginning:	Ending:
Employer Address:		Employer Phone #		Supervisor's Name and Title:	
Position (S) Held:		Job Duties & Responsibilities:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving:		
(Driver Only) Was this position covered under Federal Motor Carrier Safety Regulation (FMCSR) <input type="checkbox"/> Yes <input type="checkbox"/> No			Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Employer Address:		Employer Phone #		Supervisor's Name and Title:	
Position (S) Held:		Job Duties & Responsibilities:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving:		
(Driver Only) Was this position covered under Federal Motor Carrier Safety Regulation (FMCSR) <input type="checkbox"/> Yes <input type="checkbox"/> No			Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		From: /	To: /	Beginning:	Ending:
Employer Address:		Employer Phone #		Supervisor's Name and Title:	
Position (S) Held:		Job Duties & Responsibilities:			
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			Reason for Leaving:		
(Driver Only) Was this position covered under Federal Motor Carrier Safety Regulation (FMCSR) <input type="checkbox"/> Yes <input type="checkbox"/> No			Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been discharged by an employer: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please explain: _____					
May we contact the employers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____					
List all periods of unemployment: (information is used to confirm work history. Do not disclose personal medical information):					
Date From:	Date To:	Reason:			

References: Please provide the names of three people (Not related to you) you have known for at least one (1) year for us to contact as a reference of character and past employment status.

Reference Name	Phone #	Address	Type of Business	Years Known

Criminal Conviction History (Driver and Aide Applicants Only) (Minnesota Statue 364.021)
List all traffic Violations and Convictions for the last 10 Years.

Date	Violation	State	Commercial Vehicle

(Use a separate sheet of paper for additional Violations)

Driver Positions Only: required by FMCSR Part 391.21 (b) (2)

Social Security Number	Date of Birth
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License information all held within last 3 years:

State Issued	License #	Type	Expiration

Have you held a valid MN driver's license for the past 5 years? Yes No

If "no", you will be required to complete a fingerprint card which we have available for your convenience.

Have you ever been denied a license, permit or privilege to operate a motor vehicle by any state agency? Yes No

Has any license, permit or privilege ever been suspended or revoked by any state agency? Yes No

Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulation? Yes No

Have you in the past (3) years failed or refused a DOT-mandated pre-employment test(s)? Yes No

If "Yes" to any of the above explain:

How many years of driving experience do you have? Less than 3 year 3 years or more

Type of Equipment (school bus, van, etc.)	Class of Equipment	Date From	Date To	Approximate Total Number of Miles

List all states where you have held a CDL in the last 5 years:

List special driving courses or training you have received:

Have you ever driven a bus? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, for what company or school district?	Dated:	Salary/Rate of Pay:
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Driver Position Only (continued): required by FMCSR Part 391.21(b) (2)

Motor Vehicle Accident for the Past 3 Years:

Date	Nature of Accident	Fatalities	Personal Injuries Caused

List of Violations of Motor Vehicle Laws or Ordinances for the Past 3 years (other than violations involving only parking):			
Location	Date	Charge	Penalty

Impaired Driving Convictions –Driving Under the Influence (DUI)/Driving While Intoxicated (DWI)			
Location	Date	Charge	Penalty

All Applicants Must Read and Complete the Following:

MTN is an equal employment opportunity employer and will not discriminate, against any applicant or employee on any grounds protected under federal, state, or local statute, ordinance or regulation, including race, color, creed, sex, sexual orientation, national origin, ancestry, marital status, pregnancy, disability (including those related to pregnancy or childbirth), genetic information, status with regards to public assistance, membership or non-membership in a labor organization, military, National Guard or reserve service, complaining in good faith to the Employer or to a public authority, or any other characteristic or activity protected under federal, state or local statute, ordinance or regulation. None of the questions in this application are intended to elicit information regarding any protected characteristics, nor imply any limitation, illegal preferences or discrimination based upon non-job related information or protected characteristics. MTN complies with all applicable legal requirements in its hiring process and related tests and background checks.

If you are hired by MTN you will be employed on an at-will employee, you may terminate your employment at any time, for any reason, with or without cause, notice or prior warning. Similarly if you are hired, MTN will have the right to terminate your employment at any time, for any reason, with or without cause, notice or prior warning or discipline. No MTN supervisor or manager has the authority to offer or promise anything other than at-will employment, and no subsequent transfer, promotion or change in your employment will affect your at-will employment status.

MTN has policies on sexual harassment and equal employment opportunity, policies which require employees to perform all assigned work and mandatory overtime, policies requiring wage or salary deduction authorizations by employees for employer property, debts or monies not returned or repaid, an at will employment policy, solicitation and distribution policies and policies requiring employees to observe all standards of conduct, policies and work rule of MTN, and, for certain employees, confidentiality, non-solicitation and/or non-competition agreement requirements and a complaint policy. Applicants may review these policies at our office.

Metropolitan Transportation Network abides by federal, state and local laws regarding background checks on all selected candidates we consider for employment. It is essential that all information requested in this application be complete and accurate.

Do you agree, if hired, with these and all other current subsequently adopted policies and requirements?
 Yes No If not, please explain:

FOR DRIVER APPLICANTS OF COMMERCIAL MOTOR VEHICLES THAT REQUIRE A COMMERCIAL DRIVER LICENSE (CDL) THE APPLICANT MUST DISCLOSE THEIR CONTROLLED SUBSTANCE AND ALCOHOL STATUS PER THE REQUIREMENTS OF 49 CFR PARTS 40.259 (J)

ACKNOWLEDGEMENT: ALL APPLICANTS PLEASE READ AND SIGN (if you agree)
 By my signature below I promise that the information provided in this employment application (and in any related documentation or interview) is true and complete to the best of my knowledge, and I understand that any false or misleading information or significant omissions may disqualify me from further consideration for employment, and may lead to my dismissal from employment, if discovered at a later date.

I authorize any person, school, current or prior employer named in this form (or related documents or interview) to provide Metropolitan Transportation Network, Inc. with any information and opinion requested by Metropolitan Transportation Network Inc. in connection with my application, and I release such persons, employers, and schools from any liability in making such statements.

I understand that this application does not create a contract of employment. I understand that, if hired, I am obliged to comply with any and all current and subsequently adopted Metropolitan Transportation Network, Inc. policies. I understand and agree that, if hired my employment is at-will and is for no definite period of time, and may, regardless of the date of payment of wages or salary, be terminated at any time for any reason.

Applicant's Signature: _____ **Date:** _____

EEO-1 SELF-IDENTIFY FORM

Pursuant TO EEO regulation, we are asking that each applicant fill out this self-identification form. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and separate from personal files. It will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those requiring information to be summarized and reported to the federal government for civil rights enforcement. Reported data will not identify any specific individual. Should you have any questions, please contact Human Resources.

Name: _____

Date: _____

Please check one: Female Male

PLEASE CHECK THE APPROPRIATE DESIGNATION – YOU MAY ONLY CHECK ONE DESIGNATION

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the people of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino): A person having origins in any of the original people of the far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above races, excluding those who identify themselves as Hispanic or Latino.

PLEASE CHECK THE APPROPRIATE DESIGNATION – YOU MAY ONLY CHECK ONE DESIGNATION

- DISABLED VETERAN. I have a disability that entitles me to Veteran’s Administrative disability compensation or was discharged or released from active military duty because of a disability incurred or aggravated in the line of duty.
- ARMED FORCES SERVICE MEDAL VETERAN. I served in the military ground, naval, or air services of the United States and participate in a United States military operation for which an Armed Forces service Medal was awarded pursuant to Executive Order 12985.
- RECENTLY SEPERATED VETERAN. I served on active duty in the U.S. military ground, naval, or air Services and was discharged or released from active duty within the past 36 months.
- OTHER PROTECTED VETERAN. I served in the military ground, naval or air services of the United States On active duty during war or in a campaign or expedition for work a campaign badge has been authorized, other than a disabled veteran, Armed Forces service medal veteran, or a recently separated veteran.
- ACTIVE RESERVIST INACTIVE RESERVIST
- I AM NOT A VETERAN