



# Application for Employment

Referred by \_\_\_\_\_

Position:  Part-Time  Full-Time  Part-Time Non-CDL  Mechanic  Office

Last Name				First		Middle	
E-mail Address							
Any other names you have used						Area Code & Home Telephone	
Street Address						Alternate Telephone	
City		State		Zip		Pay Expected:	

Have you ever applied for employment with us?  Yes  No      If yes, when?  
 Are you legally eligible for employment in the United States?  Yes  No  
 Have you lived in the state of Minnesota for the past 5 years?  Yes  No (If no, we require a federal background check)  
 Have you driven a vehicle as part of any previous employment in the previous 10 years?  Yes  No

When are you able to begin work (date):

**Availability** (please select all that apply)

Monday		Tuesday		Wednesday		Thursday		Friday	
<input type="checkbox"/> Morning	<input type="checkbox"/> Evening	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Not Available	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Not Available	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Not Available	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Not Available	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Not Available

## Education

Type of School	Name & Location	Course of Study	Number of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Y <input type="checkbox"/> N	
College				<input type="checkbox"/> Y <input type="checkbox"/> N	
Military				<input type="checkbox"/> Y <input type="checkbox"/> N	
Business, Trade or Tech				<input type="checkbox"/> Y <input type="checkbox"/> N	
High School				<input type="checkbox"/> Y <input type="checkbox"/> N	
Elementary				<input type="checkbox"/> Y <input type="checkbox"/> N	

Please list any special training, skills or honors:

Please list any professional memberships or civic organizations:

## Employment for the last Ten Years

(Please give accurate, complete, full-time and part-time employment record. Start with your present or most recent employer.)

<b>Company Name</b>	<b>Area Code &amp; Telephone Number</b>
<b>Address</b>	<b>Employed (Month &amp; Year)</b> From                      To
<b>Name of Supervisor</b>	<b>Weekly Pay</b> Start                      End
<b>State job title and describe your work</b>	<b>Reason for leaving</b>

Verified

<b>Company Name</b>	<b>Area Code &amp; Telephone Number</b>
<b>Address</b>	<b>Employed (Month &amp; Year)</b> From                      To
<b>Name of Supervisor</b>	<b>Weekly Pay</b> Start                      End
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<b>State job title and describe your work</b>	<b>Reason for leaving</b>

Verified

\*\*\*If more space is needed please request the second page of the employment history form.\*\*\*

<b>Explain any gaps in employment:</b>
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<b>How many days were you absent in the last five years without prior permission of your employer for reasons other than illness of yourself or a family member?</b>
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<b>How many days were you tardy in the last five years without prior permission of your employer for reasons other than illness of yourself or a family member?</b>
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<b>Company Name</b>	<b>Area Code &amp; Telephone Number</b>
<b>Address</b>	<b>Employed (Month &amp; Year)</b> From                      To
<b>Name of Supervisor</b>	<b>Weekly Pay</b> Start                      End
<b>State job title and describe your work</b>	<b>Reason for leaving</b>

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<b>State job title and describe your work</b>	<b>Reason for leaving</b>

Verified

Vision Transportation, Inc. is authorized under the Federal Driver's Privacy Protection Act to obtain the identified records and personal information based on the following:

1) For use in the normal course of business by a legitimate business or its agents, employees, or contractors, but only (A) to verify the accuracy of personal information submitted by the individual to the business or its agencies, employees, or contractors; and (B) if such information as so submitted is not correct or is no longer correct, to obtain correct information, but only for the purposes of preventing fraud by, pursuing legal remedies against, or recovering on a debt or security interest against the individual. 2) For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under the Commercial Motor Vehicle Safety Act of 1986.

Driver's License Number: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 State: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Accident Record

For the past three (3) years

Date of Accident	Nature of Accident	# Fatalities/Injuries
Last accident:		
Next previous		
Next previous		
Next previous		
Next previous		

## Traffic Convictions & Forfeitures

For the past five (5) years (exclude parking violations). Attach additional documents if needed.

Location (City, State)	Date	Charge	Penalty

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No

B. Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If the answer to either A or B is yes, attach a statement giving details.

Minnesota Statute states that in order to obtain a commercial driver license with a school bus endorsement, you must have no more than three (3) moving violations within a period of 5 years on your driving record and must also not have any alcohol related offenses within the past ten (10) years.

Minnesota Statute also states that in order to obtain a commercial driver license with a school bus endorsement, you should have no felony, misdemeanor or gross misdemeanor convictions.

Note: Any physical or mental disabilities that may prevent you from operating or assisting on a school bus must be disclosed at time of interview (examples include: diabetes, heart disease, sleep apnea, back injuries/problems, depression, in-treatment for any mental health problems or alcoholism).

The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I understand that if I am hired, I will be an "at will" employee, i.e. I may quit at any time or be fired at any time with or without cause.

If you decide to investigate my credit, criminal or personal history, I authorize you to do so. If a background check is done I do recognize that I have the right to request a copy of the document.

Circle that you understand the preceding information.                      Yes I do                      No I do not

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Contact Information Form**

This information will be kept confidential and used only by Vision Transportation management in the event of an accident or medical emergency. It is the employee’s responsibility to update this record with any changes.

**Please make sure to sign and date the form**

Employee Name: _____ <small>(Last) (First) (Middle Initial)</small>
Home Phone: _____ Cell Phone: _____
Personal Email: _____
Home Address: _____ _____

Primary Emergency Contact Name: \_\_\_\_\_  
(Last) (First)

Relationship to Employee: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_  
(Last) (First)

Relationship to Employee: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone \_\_\_\_\_

(OPTIONAL)

Preferred Local Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Comments/Special Instructions/Additional Info (include any special medical or personal information you would want an emergency care provider to know):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Fair Credit Reporting Act

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Vision Transportation and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish Vision Transportation or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(Please Print Clearly)

1. Name (Full) \_\_\_\_\_

2. Maiden Last Name \_\_\_\_\_

3. List Any Former Names Used \_\_\_\_\_

4. Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. Telephone Number \_\_\_\_\_

9. Current Street Address \_\_\_\_\_

10. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

11. Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

12. Name on Driver's License \_\_\_\_\_

**By signing below, you are certifying that the above information is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



STATE OF MINNESOTA  
MINNESOTA DEPARTMENT OF PUBLIC SAFETY

SCHOOL BUS CRIMINAL RECORDS CHECK AUTHORIZATION

Before issuing a school bus endorsement, the Commissioner of Public Safety is required to conduct a criminal records check of the applicant (Minnesota Statutes, § 171.321, Subd. 3). The criminal records check will be conducted by the Minnesota Bureau of Criminal Apprehension (BCA).

If you have resided in Minnesota for less than five years, the check will also include a national criminal records check conducted by the FBI. The criminal records check by the FBI will take additional time, which could delay the application process. You must contact the Department of Public Safety to obtain the procedures to begin the FBI national criminal records check and the current price for the check. There is no additional fee associated with the BCA check; however, there is an additional fee to conduct the FBI check.

The Department of Public Safety will notify you in writing of the results of the criminal records check(s). The Department will use the criminal background criteria set forth in Minnesota Statutes, §171.3215, when issuing or denying an application for a school bus driver's endorsement. The results of the criminal records check will not be released to anyone but the Department of Public Safety and you. The failure to cooperate with the department in conducting the criminal records check is reasonable cause to deny your application.

If you have any questions please call (651) 297-5029, or TDD (651) 282-6555 or write to:  
Department of Public Safety, Commercial Driver License Unit, 445 Minnesota St., Suite 180, St. Paul, MN 55101-5180.

Please email this form to: [dvs.sb.pre-app@state.mn.us](mailto:dvs.sb.pre-app@state.mn.us)

Or, fax to: (651) 282-2110 or mail to the above address

"I, the applicant, authorize the Department of Public Safety to conduct a check of my criminal history as required by Minnesota Statutes, §171.321, Subd. 3."

APPLICANT

PROSPECTIVE EMPLOYER

Applicant's Full Name (please print or type)

Applicant's Maiden Name, Previous Name(s) Used

Applicant's Street Address

Applicant's City, State, Zip code

Applicant's Driver's License Number

Applicant's Date of Birth

Applicant's Signature

Vision of Elk River

Name of Prospective Employer

12508 Elk Lake RD

Prospective Employer's Street Address

Elk River, MN 55330

Prospective Employer's City, State, Zip code

Kathryn Jenni

Contact Person of Prospective Employer

763-441-4420

Contact Person's Phone Number

*Kathryn Jenni*

Authorized Signature of Prospective Employer