



CITY OF MORRIS

Finance Department

610 Oregon Avenue • P. O. Box 438 • Morris, MN 56267 • 320-589-3141 • Fax 320-589-3111 • email: cityhall@ci.morris.mn.us

SEASONAL PART-TIME TRANSIT DRIVER: The City of Morris has available Seasonal Part-Time driver positions in the Transit department. Applicants must have a CDL with a passenger endorsement and current medical card. Driving experience and a knowledge of the City of Morris streets and layout is preferred. Seasonal drivers work 5-9 months during the winter months. Starting pay is \$18.68/hr. To get an application please call 320-589-3141, email cityhall@ci.morris.mn.us , or find on our website at www.ci.morris.mn.us . EOE



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APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Position applied for:		Date:
Available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Shift Work		
When would you be available?		
Last Name	First Name	Middle Name
Address:		Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you will be required to provide documentation that you are eligible to work in the U.S.)
Telephone Numbers: Home (____) _____ Work (____) _____		
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, verification will be required.)		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

RECORD OF EDUCATION

Education	School Name, City and State		Major Area of Study
High School		Diploma <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		Degree Completed: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Other <input type="checkbox"/> No degree _____ (# of years completed or credits earned.)	
Technical Or Certificate Programs		Indicate type of certificate earned.	
Summarize special skills/training not listed above:			

Current Employment Information		
Employer:	Dates Employed: From _____ to _____	Job Title:
Address:		
Telephone:	Job Duties:	
Pay Information Starting: _____ Ending: _____		
Reason for Leaving:		

Previous Employment Information		
Employer:	Dates Employed: From _____ to _____	Job Title:
Address:		
Telephone:	Job Duties:	
Pay Information Starting: _____ Ending: _____		
Reason for Leaving:		

Previous Employment Information		
Employer:	Dates Employed: From _____ to _____	Job Title:
Address:		
Telephone:	Job Duties:	
Pay Information Starting: _____ Ending: _____		
Reason for Leaving:		

List professional registrations, memberships, licenses and/or certificates related to the position you are applying for:

REFERENCES: Please list three persons, who are not related to you or previous supervisors, who can provide professional references.

Name and Address	Telephone Number	Relationship/Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be extended by the City of Morris that such employment with the City of Morris is at will, for no specified duration and may be terminated by either the City of Morris or myself at any time, with or without cause. I understand that none of the documents, policies, procedures, actions, statements of the City of Morris or its representatives used during the employment process is deemed a contract of employment, real or implied. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City of Morris. In consideration for employment with the City of Morris, if employed, I agree to conform to the rules, regulations, policies and procedures of the City of Morris at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with the City of Morris, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize all schools, former employers, references, courts and any others who have information about me to provide such information to the City of Morris and/or its representatives, agents or vendors and release all parties involved from any and all liability for any and all damage that may result from providing such information.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

THE CITY OF MORRIS IS AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

IMPORTANT FACTS ABOUT INFORMATION ON YOUR APPLICATION

This application is to assist in the process of referring you for possible employment. Certain information requested on the application is private; that is, it may be released only to you or to agencies where you may be considered for employment (to comply with M.S. 13.43, Subd. 2).

Private Data	Why We Ask For It	Are You Legally Obligated to Provide It?	What May Happen If You Don't Provide It
Name	To distinguish you from all other applicants.	Yes	Failure to provide information may be cause for rejecting an application.
Address	To be able to send you notices.	Yes	Failure to provide information may be cause for rejecting an application.
Home Telephone	To be able to contact you to determine availability for interview and to notify you when we need you to work on short notice.	No	We may not be able to employ you in certain jobs where you may be required to come to work on short notice.

Information Regarding Claiming Veteran's Preference

Preference points are awarded to qualified veterans subject to the provisions of MN Statute 197.447.

The veteran must:

1. Be a U.S. citizen or resident alien,
2. Have received a discharge under honorable conditions from any branch of the U.S. Armed Forces; AND have either
 - a. Served on active duty for at least 181 consecutive days, or
 - b. Have been discharged by reason of service connected disability, or
 - c. 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
 - d. 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 veteran's 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 Veteran's 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 Statute 197.455.

Thank you for your military service and for your interest in employment with the City of Morris. Please contact our office at (320) 589-3141 or your local County Veteran's Service Office if you have any questions regarding veteran's preference in public employment.

CITY OF MORRIS
610 Oregon Avenue
Morris, MN 56267
FAX: (320) 589-3111

VETERAN'S PREFERENCE

Complete this form **ONLY** if you are a veteran **AND** are claiming Veteran's Preference.
Note: Copy of DD214 must be attached.

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 your Veteran's Service Office.

The City of Morris 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 to determine interviews on open competitive applications; fifteen (15) points are added if the veteran has a service connected compensable disability as certified by the Veterans Administration.

To qualify for preference for an open application, you must have been separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, or by reason of disability incurred while serving on active duty, or after having served the full period called or ordered for active duty and be a United States citizen or resident alien.

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 is submitted to our office 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, Middle Initial)

Position for Which you Applied

Address (Street, City, State, Zip)

Telephone Number

Are you a citizen or resident alien?
YES NO

Veteran (10 points) (DD214 or DD216 must be submitted to receive points):

Honorably discharged veteran..... YES NO

FOR DISABLED VETERANS (15 Points): (DD214 and Letter from VA of proof of disability must be submitted to receive points).

Percent of Disability: _____%

Honorably discharged disabled veteran..... YES NO

AFFIDAVIT:

I hereby claim Veteran's Preference for this application and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby authorize the Veterans Administration to release information necessary to process this application to the City of Morris.

Signature

Date

CITY OF MORRIS

TENNESSEN WARNING

In accordance with the Minnesota Government Data Practices Act, the City of Morris is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. The personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87 on Government Data Practices require that you be informed that the following information which you are asked to provide on the application for employment is considered private data: 1. Name, 2. Home address, 3. Home telephone number, 4. Social Security number, 5. Date of birth, 6. Conviction record, 7. Sex, 8. Age group, 9. Disability type, 10. Racial/ethnic group.

We ask this information for the following reasons: to distinguish you from all other applicants and identify you in our personnel files; to enable us to verify that you are the individual who makes the application; to enable us to contact you when additional information is required, send you notices and/or schedule you for interview; to determine if you meet the minimum age requirements (if any); to conduct proper investigations if you are applying for a position; to determine whether or not your conviction record may be a job related consideration affecting your suitability for the position you applied for; to enable us to ensure your rights to equal opportunities and to meet affirmative action goals; to meet federal and state reporting requirements; and to make processing more efficient.

The data supplied by you may be used for such other purposes as may be determined to be necessary in the administration of personnel in the City of Morris and the policies, rules, and regulations promulgated pursuant thereto.

FURNISHING SOCIAL SECURITY NUMBERS, DATE OF BIRTH (unless a minimum age is required), SEX, AGE GROUP, AND DISABILITY DATA IS VOLUNTARY, BUT REFUSAL TO SUPPLY OTHER REQUESTED INFORMATION WILL MEAN THAT YOUR APPLICATION FOR EMPLOYMENT MAY NOT BE CONSIDERED.

Private data is available only to you and to other persons in the City offices who have a bonafide need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Witness my signature that I fully understand the contents of this warning.

Applicant's Signature

Date

Pre-Employment Testing History Form

Employers regulated by the Department of Transportation (DOT) must ask all prospective employees offered DOT-regulated positions whether they have tested positive or refused to test on any DOT-required pre-employment drug or alcohol test in the preceding two years. Please respond "yes" or "no" to the following questions by placing an "X" in the appropriate space

To be completed by the prospective employee

In the last two (2) years:

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Have you tested positive on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which you applied for, but did not obtain, safety-sensitive transportation work? | _____ | _____ |
| 2. Have you refused to test (including adulterated or substituted test results) on any pre-employment drug or alcohol test administered by a DOT-regulated employer to which you applied for, but did not obtain, safety-sensitive transportation work? | _____ | _____ |
| 3. If you responded "Yes" to either Question 1 or 2 above, have you successfully completed the DOT-required return-to-duty process? | _____ | _____ |

- or -

If you responded "No" to both Questions 1 and 2 above, please mark the following space _____

Please provide the name, address and telephone number of the Substance Abuse Professional (SAP), if any, to which you were referred as part of the DOT-required return-to-duty process:

Name: _____

Address: _____

City, State and Zip: _____

Phone Number: (_____) _____

I certify that the information set forth above is true and complete to the best of my knowledge. I understand that failure to provide this information is grounds for withdrawal of the conditional job offer. I further understand that if I am subsequently employed, any false statements I provide on this form may result in my dismissal.

Date: _____ Applicant's Signature: _____

NOTE: This certificate should be retained in a secured file.

Release of Prior Employer Information Form

--49 CFR Part 40 Drug and Alcohol Testing--

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my U.S. Department of Transportation (USDOT) regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with USDOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following USDOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of USDOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: **City of Morris**
Address: **610 Oregon Avenue, P.O. Box 438, Morris, MN 56267**
Phone #: **320-589-3141** Fax #: **320-589-3111**
Designated Employer Representative: **Whitney Millard**

I-B.

Previous Employer Name: _____
Address: _____
Phone #: _____
Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer in I-A:

II-A. In the **two (2)** years prior to the date of the employee's signature (in Section I), for USDOT-regulated testing, did the employee perform DOT defined safety-sensitive work for your organization? **YES** ____ **NO** ____

If yes, did the following situations ever occur during the time the employee worked for your organization? :

1. Did the employee have alcohol test(s) with a result of 0.04 or higher? **YES** ____ **NO** ____
2. Did the employee have verified positive drug test(s)? **YES** ____ **NO** ____
3. Did the employee refuse to be tested? **YES** ____ **NO** ____
4. Did the employee have other violations of USDOT agency drug and alcohol testing regulations? **YES** ____ **NO** ____
5. Did a previous employer report a drug and alcohol rule violation to you? **YES** ____ **NO** ____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process?
N/A ____ **YES** ____ **NO** ____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____ Phone #: _____ Date: _____

APPLICANT ACKNOWLEDGEMENT OF PRE-EMPLOYMENT DRUG TESTING
49 CFR Part 655.17

I understand that as part of my application for employment with the City of Morris Transit Department, I must successfully complete a U.S. Department of Transportation (USDOT) drug test as required by 49 CFR Part 655.41. I further understand that a verified negative drug test result must be obtained by the employer, prior to performance of any safety-sensitive function, as defined by 49 CFR Part 655.4.

Printed Name of Applicant

Signature of Applicant

Date