



706 Railroad Street SE * Bemidji, Minnesota 56601 * Fax: 218.444.9521

NOTICE TO ALL APPLICANTS: Paul Bunyan Transit has a drug / alcohol testing policy that requires pre-employment testing of all newly hired employees.

Please complete this application in its entirety. Your opportunity for employment with Paul Bunyan Transit will depend upon the completeness and accuracy of information on this form.

APPLICATION FOR EMPLOYMENT

PLEASE PRINT PLAINLY

DATE _____

Position Applied For: _____

Name: _____
Last First Middle Initial

Address: _____
Street/PO Box City State Zip

Previous Address _____
Street/PO Box City State Zip

Home Phone _____ Work Phone _____ Cell _____

Drivers License Number: _____ Class _____

Endorsement _____ Expiration Date: _____

Are you 21 years of age or older? _____ Yes / No

Have you ever worked for PBT before? If yes, give dates _____ Yes / No

Have you ever been denied a position with a company due to a positive drug test or refusal to take a test? _____ Yes/No

Do you have any friends/relatives who work here? _____ Yes / No

If hired, on what date will you be available to start work? _____

Have you ever been convicted of a felony? Yes / No If yes, describe in full, _____
* (A conviction will not necessarily bar you from employment)

Have you ever served in the military _____ Yes / No

Branch of Service _____

Rank at discharge _____ Length of service _____

Present military status _____ Active / Inactive Military occupation _____

EDUCATION:

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

References

School	Name, City, Zip	Years Completed	Graduated Yes / No	Major	Degree / Diploma
Elementary					
High School					
College					
Post-Graduate					
Trade School					
Other					

Name & Occupation	Address, City, Zip	Phone Number
1.		
2.		
3.		

Starting with your present or most recent job, list all previous employers over the past ten (10) years. Include any job-related military service assignments and/or volunteer activities. If necessary, use an additional piece of paper.

EMPLOYMENT HISTORY

1. Previous Employer

From: _____ To: _____

Address, City, State, Zip

Telephone Number(s)

Job Title

Supervisor's Name

Duties/ Responsibilities

Reason for Leaving

Starting Wage _____ Ending Wage _____

EMPLOYMENT HISTORY

2. Previous Employer

From: _____ To: _____

Address, City, State, Zip

Telephone Number(s)

Job Title

Supervisor's Name

Duties/ Responsibilities

Reason for Leaving

Starting Wage _____ Ending Wage _____

EMPLOYMENT HISTORY

3. Previous Employer

From: _____ To: _____

Address, City, State, Zip

Telephone Number(s)

Job Title

Supervisor's Name

Duties/ Responsibilities

Reason for Leaving

Starting Wage _____ Ending Wage _____

EMPLOYMENT HISTORY

4. Previous Employer

From: _____ To: _____

Address, City, State, Zip

Telephone Number(s)

Job Title

Supervisor's Name

Duties/ Responsibilities

Reason for Leaving

Starting Wage _____ Ending Wage _____

EMPLOYMENT HISTORY

5. Previous Employer

From: _____ To: _____

Address, City, State, Zip

Telephone Number(s)

Job Title

Supervisor's Name

Duties/ Responsibilities

Reason for Leaving

Starting

Wage _____ Ending Wage _____

I certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at the time. The applicant understands that neither this nor any offer of employment from the employer constitutes an employment contract unless a specific document to that effect is executed in writing by the employer and employee. This application and other Company documents are not intended to create and do not create an employment contract between the Company and me. The Company and its employees have an employment relationship which is known as employment "at-will". This means that the employee or the Company may terminate the employment relationship at any time and for any reason, with or without advance notice. I also hereby certify that I have provided accurate, complete and truthful information in this application and my employment may be terminated for violation of this certification. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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

I understand that as part of my application for employment with **Paul Bunvans Transit**, 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