

# Dell Rapids Transit



## Job Application Form

### PERSONAL INFORMATION:

Name (First) (Middle) (Last)

Street Address City State Zip Code

Day Phone Number Evening Phone Number Email

Are you eligible to work in the United States? Yes No

If you are under age 18, do you have an employment/age certificate? Yes No

If applying for driving position are you over the age of 25? Yes No

Are you willing to travel for work? Yes No

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes No

In the past 2 years, have you ever tested positive on or refused a DOT

Pre-employment drug or alcohol test? Yes No

**POSITION:** Dispatcher Driver Other \_\_\_\_\_

**Days Available:** Mon Tues Wed Thurs Fri Sat Sun

**Hours Available:** From \_\_\_\_\_ To \_\_\_\_\_

**Nights** Yes No **Weekends** Yes No **Holidays** Yes No

What date are you available to start work? \_\_\_\_\_

### EDUCATION:

Name of School Degree/Diploma Graduation Date

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Do you have a valid South Dakota Driver's License? Yes No

Do you have a Class C with Passenger Endorsement CDL? Yes No

If no, are you willing to obtain one within 30 days of employment? Yes No

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## Other Skills and Qualifications: Licenses, Skills, Training, Awards

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### EMPLOYMENT HISTORY:

Present Or Last Position:      **May We Contact Your Present Employer?**      Yes      No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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### Previous Position:

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Were you referred by a BATA Employee? Yes No

If so, who? \_\_\_\_\_

Are you a veteran or active member of the US Military? Yes No

**Professional References:**

Name/Title	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*I declare that the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that if hired, any falsification, misstatement or omission of fact in connection with my application, whether on this document or not, may result in the immediate termination of my employment. I authorize this employer to verify any and all information provided above.*

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

Email: \_\_\_\_\_

*NOTE: A Pre-employment Drug Test and Background Check must be completed by newly hired employees. These requirements will be obtained at BATA's expense.*

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*Any person who has questions concerning this policy or who believes he or she has been discriminated against should contact the Director at 605-692-5416.*