



**10606 Hemlock St. NW
Annandale, MN 55302
320-274-8313 Phone
320-274-8027 Fax**



Application Information Sheet

(For Informational Purposes Only)

Welcome to M&M Bus Service, Inc. and thank you for your interest in employment with our company.

Please read the following information carefully:

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 five (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.

Any physical or mental disabilities that may prevent you from operating or assisting on a school bus must be disclosed at time of interview. Federal Regulations require that all school bus drivers holding a Commercial Driver License be enrolled in a random drug and alcohol testing program.

Note: If you have not maintained residence in the State of Minnesota for the past five (5) years, we are required by law to complete a Federal Criminal Background check which includes a fingerprint check.

I have read and understand the above information.

Applicant Name: _____

Signature: _____ Date: _____

Equal Employment Opportunity Policy

M & M bus Service, Inc. is committed to a program to make equal opportunity a reality in the employment process without regard to, or discrimination based upon, a person's race, color, creed, religion, national origin, sex, disability, age, marital status, status with regard to public assistance, membership or a local human rights commission, sexual orientation, or any other basis protected from discrimination prohibited by applicable federal, state, or local law, except when based on a bona fide lawful occupational qualification.



Application for Employment

10606 Hemlock St. NW Annandale, MN 55302

POSITION DESIRED

TODAY'S DATE: _____

Mechanical

Driver

Bus

Sales

PERSONAL DATA

Last Name _____ First _____ Middle _____ Social Security# _____

Any other names you have used _____ Area Code & Home telephone _____

Street Address _____ Area Code & Business telephone _____

City _____ State _____ Zip _____ Pay Expected _____

Have you ever applied for employment with us? Yes No If yes: Month & Year: _____

Are you available for full-time work? Yes No What hours can you work? _____ Will you work overtime if asked? Yes No

Are you legally eligible for employment in the United States? Yes No When will you be able to begin work? _____

Have you lived in Minnesota for the last 5 years and held a valid MN Driver's License for 5 years? Yes No (If not, subject to Federal Background Check)

Have you driven a vehicle as part of any previous employment in the last 10 years and were subject to Drug & Alcohol Testing? Yes No

EDUCATION

Type of School	Name & Location	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Military				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business, Trade, or Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Special Training, Mechanical Training, skills, or honors of any type?

Hobbies?

EMPLOYMENT FOR LAST 5 YEARS

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

Company Name	Area Code & Telephone
From	To
Address	Employed (Month & Year)
Start	Last
Name of Supervisor	Weekly Pay
State job title and describe your work	Reason for Leaving

Company Name	Area Code & Telephone
From	To
Address	Employed (Month & Year)
Start	Last
Name of Supervisor	Weekly Pay
State job title and describe your work	Reason for Leaving

Company Name	Area Code & Telephone
From	To
Address	Employed (Month & Year)
Start	Last
Name of Supervisor	Weekly Pay
State job title and describe your work	Reason for Leaving

Explain any gaps in Employment

Have you ever been discharged by a prior employer?

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 an immediate family member?

How many days in the past five years were you tardy in reporting for work for reasons other than illness of yourself or an immediate family member?

Nearest Relative (name, address, phone)

Emergency contact person (name, address, phone)

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 without cause.

If you decide to investigate my credit, criminal, or personal history, I authorize you to do so.

Date

Signature