

Dispatcher Application

River Cities Public Transit

1600 E. Dakota Ave

Pierre, SD 57501

Phone: 945-2360



Instructions: Print clearly in black or blue ink. Answer all questions. Sign and date the form.

PERSONAL INFORMATION:

First Name _____

Last Name _____

Street Address

City, State, Zip Code

(_____) _____
Phone Number

Email address _____

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 ___

Are you willing to travel for work? Yes ___ No ___

Do you have a valid South Dakota Drivers License? Yes ___ No ___

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

If yes, please explain: _____

Veterans Preference Desired (Circle One)

Yes I desire to be considered for Veteran's Preference, (my DD Form-214 is attached)

No I do not want to be considered for Veteran's Preference.

In the last two years, have you ever failed/refused a DOT Drug & Alcohol test? Yes / No

If yes, please explain: _____

“Successful applicant must undergo a background investigation for security clearance. An arrest and/or conviction record will not necessarily bar employment.”

POSITION AVAILABILITY:

Days/Hours Available for work.

<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>	<i>Sunday</i>

The job requires that you work some nights, weekends, or holidays? Acceptable ___ No ___

What date are you available to start work? _____

What things cause you stress? _____

How do you deal with stress? _____

EDUCATION:

Name and Address of School - Degree/Diploma - Graduation Date

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

EMPLOYMENT HISTORY:

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

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ to: _____

Responsibilities: _____

Beginning Salary: _____ -Ending Salary: _____

Reason for Leaving: _____

=====

Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____

Position Title: _____ From: _____ to: _____

Responsibilities: _____

Beginning Salary: _____ -Ending Salary: _____

Reason for Leaving: _____

References:

Name – Relationship – Phone Number

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 Company.

“I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Previous information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged information, if the previous employer(s) and I cannot agree on the accuracy of the information.”

DATE

APPLICANT’S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE

APPLICANT’S SIGNATURE