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CORPORATE OFFICE 2111 Fourth St. N.W.—Austin, MN 55912—(507)433-2303

REQUEST FOR REASONABLE ACCOMMODATION IN APPLICATION FOR EMPLOYMENT WITH CEDAR VALLEY SERVICES, INC.

Reasonable accommodations are provided upon request. If you need assistance in applying for employment with Cedar Valley Services at any point in the employment application process (e.g., job description, completing employment application form, at the time of interview), please complete the following information and send this form to the following address:

**Cedar Valley Services, Inc.
2111 4th Street NW
Austin, MN 55912**

**Telephone: 507-433-2303; TTY: 507-433-0868
Fax: 507-433-8880**

Or e-mail to mklippen@cedarvalleyservices.org

Requests need to be made as soon as possible before the closing date of the specified period for the job opening.

Please specify the accommodation you are requesting:

- ☐ Interpreter
For what language? _____
- ☐ Written materials in other format
For what format? _____
- ☐ Reader
- ☐ Other (please specify) _____



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AFFIRMATIVE ACTION SURVEY

Applicants are considered for all positions, and employees are treated during employment without regard to race, color or creed, religion, sex, marital status, national origin, ancestry, age, handicap, status as a disabled veteran, status with regard to public assistance, or sexual orientation.

As an employer/government contractor, we comply with government regulations and affirmative action responsibilities.

To assist with mandatory government record keeping, reporting and other legal requirements please complete this survey.

Providing this information is voluntary and refusal to provide this information will not have negative effect on your status as an applicant.

Please Print

Applicant Information		
Date Applied:		
Position Applying For:		
Referral Source		
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Job Service	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employee Referral	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Rehire
<input type="checkbox"/> Other		
Demographics		
Please check one: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Race/Ethnic Group (Definitions on next page or back of page.)	<input type="checkbox"/> White	<input type="checkbox"/> American Indian/ Alaskan Native
	<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Native Hawaiian/ Pacific Islander
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian
	<input type="checkbox"/> Two or more races	
Disabled Individual Status	Are you a person, male or female, who has a physical or mental impairment which substantially limits one or more of a person's life activities; has record of such impairment; or is regarded as having such impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Veteran Status	Are you a person, male or female, who has served in the active armed forces of the United States and who has been released or separated from such service otherwise than by dishonorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Race/Ethnic Group Definitions

According to the EEO-1 Instruction Booklet

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.



Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I. Today's Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		Alternate Phone	
Email Address			
Date Available			Desired Salary
Position(s) Applying for			
Are you available to work? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary			
Why are you interested in applying for a position with CVS/SMART Transit?			
Are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever filed an application with us before?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Have you ever worked for CVS/SMART Transit?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Are you currently employed?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
How did you hear of this job opening at Cedar Valley Services/SMART Transit?			
Are you available to travel if job requires?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
EDUCATION			
High School		Address	
Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
PLEASE LIST THREE PROFESSIONAL REFERENCES. (PEOPLE WHO CAN ATTEST TO YOUR WORK CAPABILITIES.)	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT (BEGINNING WITH THE MOST RECENT.)
ALL APPLICATIONS MUST PROVIDE THE FOLLOWING INFORMATION ON ALL EMPLOYERS DURING THE PRECEDING THREE (3) YEARS.
APPLICANTS FOR SMART MUST ALSO PROVIDE AN ADDITIONAL SEVEN (7) YEARS INFORMATION ON THOSE EMPLOYERS FOR WHOM THE APPLICANT OPERATED A CDL VEHICLE.

Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

THIS SECTION FOR CDL DRIVERS ONLY:	
Were you subject to the FMCSRS while employed here?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Company	Phone ()
Address	Supervisor
Job Title	
Responsibilities	
From To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

THIS SECTION FOR CDL DRIVERS ONLY:	
Were you subject to the FMCSRS while employed here?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Company		Phone ()	
Address		Supervisor	
Job Title			
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
THIS SECTION FOR CDL DRIVERS ONLY:			
Were you subject to the FMCSRS while employed here?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Was your job designated as a safety-sensitive function in any DOT-Regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
ALL APPLICANTS COMPLETE			
DRIVERS LICENSE			
Number		State	Class
Endorsements		Expiration Date	
ACCIDENT RECORD FOR PAST THREE (3) YEARS, IF NONE, WRITE NONE.			
Dates	Nature of accident	Injuries	Fatalities
MILITARY SERVICE			
Branch			
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

DISCLAIMER AND SIGNATURE

In signing this application for employment, I understand that misrepresentation or omission of facts is cause for cancellation of this application or separation from the company's service if I am employed. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers, or omissions made by me on this application. I understand also, that I am required to abide by all rules and regulations of the employer.

I understand further that information concerning my past record will be sought from my previous employers and other sources and I hereby release from all liability or damages those individuals, corporations, or organizations, who provide such information.

If offered employment, I consent to taking a physical examination as may be required by the company. I understand that an offer of employment to me will be conditional on successful completion of a physical exam for the position I am applying. I agree to wear or use protective clothing or devices as required by the company and to comply with the safety rules.

I agree that the entire contents of this application form as well as the report of any such examination may be used by the company to whatever manner it wishes.

I hereby acknowledge that employment relationship with this company is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge an employee at any time with or without cause. It is further understood 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 company.

Signature		Date	
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CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

In support of my application for employment with Cedar Valley Services/SMART Transit, Austin, Owatonna, Albert Lea or Waseca Divisions, I hereby authorize my former employer(s), educational institution(s), and any and all other references given to release information about my employment, grades, and educational achievements, and other information as may be appropriate for employment consideration. This may include, but not be limited to, completion of a standardized reference form. A copy of this form shall serve as well as an original.

Signature		Date	
Applicant's Full Name			



**THE FOLLOWING QUESTIONS ARE REQUIRED FOR SMART APPLICANTS ONLY.
(DO NOT FILL OUT THE FOLLOWING UNLESS YOU ARE APPLYING FOR A SMART BUS DRIVER.)**

Date of Birth		SSN	
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LICENSE INFORMATION: ALL LICENSES HELD IN THE PAST 3 YEARS:

STATE:		LICENSE NUMBER:		EXPIRATION DATE:	
ENDORSEMENTS:				CLASS:	
STATE:		LICENSE NUMBER:		EXPIRATION DATE:	
ENDORSEMENTS:				CLASS:	

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____		Has any license, permit or privilege ever been suspended or revoked? _____ Yes _____ No	
Traffic convictions and forfeitures for the past three (3) years (other than parking violations). If none, write none.			
Location	Date	Charge	Penalty

CURRENT & PREVIOUS 3 YEARS HOME ADDRESSES:

ADDRESS:	TO:		FROM:	
ADDRESS:	TO:		FROM:	
ADDRESS:	TO:		FROM:	

FOR DRIVER APPLICANTS OF COMMERCIAL MOTOR VEHICLES THAT REQUIRE A COMMERCIAL DRIVER LICENSE (CDL) THE APPLICANT MUST DISCLOSE THEIR CONTROLLED SUBSTANCE AND ALCOHOL STATUS PER THE REQUIREMENTS OF 49CFR PART 40.25(J).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as last as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"I certify that this application was completed by me, and that all entries on it an information in it are true and complete to the best of my knowledge."

Applicant Signature:		Date Signed:	
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