

**Human Resource Department**

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THE CITY OF MARSHALLTOWN IS AN EQUAL OPPORTUNITY EMPLOYER

**Transit Operator I, Part Time (Bus Driver) Employment Application**

City Use Only

This application is part of the hiring process and is used to compare each candidate using the same information in the same format. Please do not answer any question by writing 'see attached resume'. Submit application via email to the City Human Resource Director at [hr@ci.marshalltown.ia.us](mailto:hr@ci.marshalltown.ia.us) or to City Human Resource Department via the address above, do not fax materials as these will not be accepted. If completing the online employment application be sure to click "submit form" at the top of the application, save the file, and email as an attachment.

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Phone numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

How did you hear about this position? (Please list the specific publication, specific website, City employee, etc.)

Have you been convicted of a violation of the law other than minor traffic offenses? \_\_\_\_\_ If you answered yes, please explain:

The ability to load and unload wheelchairs and other passenger-assistance devices is an essential requirement of this job. If you do not believe you can meet this requirement, please do not apply for this position. After a conditional job offer has been made, the individual must pass a post-offer pre-employment physical & drug test. Do you believe that you can pass a basic pre-employment physical? \_\_\_\_\_ Do you believe that you can pass a pre-employment drug test? \_\_\_\_\_ If you answered no, or if you are unsure, please explain: \_\_\_\_\_

Do you have a valid Iowa driver's license? \_\_\_\_\_ If you answered no, or if you are unsure, please explain:

A requirement of this position is that the candidate has or has the ability to obtain a Class B Commercial Drivers License with Passenger and Air Brake endorsements within two weeks from his or her date of hire. Do you currently have a Class B Commercial Drivers License? \_\_\_\_\_ If you answered yes, do you currently have the Passenger endorsement? \_\_\_\_\_ Do you currently have an Air Brake endorsement? \_\_\_\_\_ If you do not have a Class B License and the necessary endorsements, do you believe that you will be able to fulfill the license and endorsement requirements within two weeks from your date of hire? \_\_\_\_\_

If you are fluent in any language other than English, please list below and indicate your level of fluency such as excellent, good, fair, etc.

If you are currently employed, may we contact your current employer if given advance notice? \_\_\_\_\_

Have you ever been employed by the City of Marshalltown? \_\_\_\_\_ If yes, list dates of employment, department, and position(s) held:

If you know anyone who is employed with the City of Marshalltown, please provide us with their name(s) below:

**EDUCATION AND TRAINING:**

High School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Course of Study \_\_\_\_\_ Highest year completed \_\_\_\_\_ Did you graduate? \_\_\_\_\_

College Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Course of Study \_\_\_\_\_ Highest year completed \_\_\_\_\_ Did you graduate? \_\_\_\_\_

Other Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Course of Study \_\_\_\_\_ Highest year completed \_\_\_\_\_ Did you graduate? \_\_\_\_\_

**EMPLOYMENT HISTORY** - List most recent employer first

**1.**  
**Employer** \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Most recent earnings \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

**2.**  
**Employer** \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Most recent earnings \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

**3.**  
**Employer** \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Most recent earnings \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

**4.**  
**Employer** \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Most recent earnings \_\_\_\_\_ Supervisor \_\_\_\_\_  
Position Title: \_\_\_\_\_ Job Duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_ May we contact this employer? \_\_\_\_\_

Have you ever been discharged from a job? \_\_\_\_\_ If you answered yes, please explain the circumstances of the discharge(s):  
\_\_\_\_\_

**REFERENCES**

Please list three professional references. References should be able to give an accurate account of work performance. Please do not list relatives.

1) Name \_\_\_\_\_ Working Relationship \_\_\_\_\_

Years known \_\_\_\_\_ Email address, if known \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Working Relationship \_\_\_\_\_

Years known \_\_\_\_\_ Email address, if known \_\_\_\_\_ Phone \_\_\_\_\_

3) Name \_\_\_\_\_ Working Relationship \_\_\_\_\_

Years known \_\_\_\_\_ Email address, if known \_\_\_\_\_ Phone \_\_\_\_\_

**Describe your experience working with people and providing excellent customer service:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List any experiences you have had transporting passengers in a bus or van:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AGREEMENT: Before you sign this agreement, please read the following carefully:**

I have completed this application myself; no one else has completed any part of it for me.

I understand and agree that if I am hired by the City of Marshalltown, I will have my paychecks directly deposited into a checking or savings account(s) rather than receiving paper checks.

The information provided on this application or on any information submitted with this application is true and complete to the best of my knowledge. I agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if later discovered.

In order to permit the City of Marshalltown to make a thorough investigation of my background, personal habits, and character for the purpose of determining my fitness and suitability for employment, I hereby release from liability and promise to hold harmless from any liability under any and all possible causes of legal action, any and all persons or entities who shall furnish any information or opinions regarding my background, personal habits, and/or character, whether or not that individual is specifically listed as a reference on this application.

I hereby authorize any person or entity who may be contacted by the City of Marshalltown, its agents, or employees to release to such agents or employees any information, data, or opinions they may have regarding my background, personal habits, character, qualifications, and/or job performance. I understand that the source of such information or opinions provided to the City of Marshalltown shall be confidential and that the city shall not be required to reveal the content or source of any information or opinions.

I agree to hold harmless and release from liability under any and all possible causes of legal action, the City of Marshalltown, its agents, and its employees, for any statements, acts, or omissions in the course of its investigation into my background, personal habits, and/or character.

I realize that it is necessary for the City of Marshalltown to thoroughly investigate my personal background and qualifications and by applying for employment with the city, I expressly waive all my legal rights and causes of action to the extent that the City of Marshalltown investigation (for purposes of evaluating my suitability for employment) may violate or infringe upon these aforementioned legal rights and causes of action of mine.

This release from liability given by me to the City of Marshalltown, its employees, or agents, and all others as heretofore provided, shall apply to any right of action that might accrue to my self, my heirs, and/or my personal representatives.

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