

Driver Employment Application

Applicant Name: _____ Date: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

In compliance with State and Federal equal employment opportunity laws, all qualified applicants are considered for the position applied for regardless of race, color, religion, sex, sexual orientation, nationality, age, marital status, veteran status, non-job related disability or any other group protected under the equal employment opportunity laws.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of 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 connection with my application for: a) employment (including contract for services), or b) residency. I understand that consumer reports or investigative consumer reports which may contain public record information may be requested by Holiday Tours, Inc. or made on me including consumer credit, criminal records, driving records, education, prior employer verification, workers compensation claims and others. These reports will include experiences along with reasons for termination of past employment. Further, I understand that Holiday Tours will be requesting information from various Federal, State and local agencies regarding my past activities.

I hereby authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

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:

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

Signature _____ Date: ___/___/___

Process Record

Applicant Hired: _____

Rejected: _____

Date Employed: _____

Point Employed: _____

Department: _____

Classification: _____

Signature of Interviewer: _____

Termination of Employment

Date Terminated: _____ Department Released from: _____ Supervisor: _____

Reason for Termination: Dismissed/Fired Voluntarily Quit Other _____

Termination Report placed in File Yes No Date: _____

Applicant to Complete

(Answer all questions – please print)

POSITION APPLIED FOR	
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Part Time Full Time Temporary Seasonal Other _____

NAME	Last		First		Middle	
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Social Security Number	
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List your residential address(es) for the past 3 years

Street ADDRESS					
City		State		Zip	

Previous address(es)

Street ADDRESS					
City		State		Zip	

Street ADDRESS					
City		State		Zip	

Street ADDRESS					
City		State		Zip	

Do you have the legal right to work in the United States Yes No

Date of Birth	Month	Day	Year

Can you provide proof of age?	Yes	
	No	

Have you worked for this company before? Yes No If yes, Where?: _____

Dates: From _____ To _____ Rate of pay: _____ Position: _____

Reason for leaving: _____

Are you currently employed? Yes No If not, how long since last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? Yes No If yes, please provide name of bonding company _____

Is there any reason you might not be able to perform the functions of the job for which you have applied? Yes No

If yes, please explain: _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 yrs. (total of 10 yrs.) information on those employers for whom the applicant operated such vehicle.

NOTE: List employers in descending order starting with the most recent. **Add additional sheet(s) as necessary.**

EMPLOYER	DATE
Name	FROM TO
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE #	REASON FOR LEAVING
MAY WE CONTACT THE EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	ELIGIBILITY FOR REHIRE? YES <input type="checkbox"/> NO <input type="checkbox"/>
WHERE YOU SUBJECT TO THE FMCSRs** WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO	CDL DRIVER Applicants ONLY

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* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

** Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 or more, (2) is designed or used to transport more than 8 passengers (including driver), OR (3) any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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LICENSES

	State	License No.	Class	Endorsement(s)	Expiration Date
Drivers Licenses held in past 3 years must be shown					

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No

If you answered "yes" to A or B, give details _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REFER			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REFER			
TRACTOR – TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REFER			
TRACTOR – THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	VAN TANK FLAT DUMP REFER			
MOTORCOACH – SCHOOL BUS More than 8 passengers <input type="checkbox"/> YES <input type="checkbox"/> NO	--			
MOTORCOACH – SCHOOL BUS More than 15 passengers <input type="checkbox"/> YES <input type="checkbox"/> NO	--			
OTHER _____				

ACCIDENT RECORD for Past 3 Years (attach sheet if more space is needed)

DATE OF ACCIDENT	WERE YOU AT FAULT?	WERE YOU TICKETED?	NATURE OF ACCIDENT (Head-On, Rear-end, Upset, Etc.)	FATALITIES	INJURIES

TRAFFIC CONVICTIONS AND FORFEITURES for past 3 years (other than parking violations) if None write NONE

LOCATION	DATE	CHARGE	PENALTY

List any courses, training, experience, special equipment or technical materials that may help in your work with this company: _____

Please provide all levels of education.

EDUCATION

SCHOOL	NAME AND ADDRESS	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA/ DEGREE
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

Please list at least two (2) business references who are not relatives and one (1) personal reference.

NAME and POSITION	COMPANY	ADDRESS	PHONE	TYPE
				<input type="checkbox"/> Business <input type="checkbox"/> Personal
				<input type="checkbox"/> Business <input type="checkbox"/> Personal
				<input type="checkbox"/> Business <input type="checkbox"/> Personal
				<input type="checkbox"/> Business <input type="checkbox"/> Personal

TO BE READ AND SIGNED BY APPLICANT

By signing here, I acknowledge that this application was completed by me and that all entries on it and all information provided are true and complete to the best of my knowledge.

Signature _____ Date: ____/____/____