

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: ____/____/____

Voluntary Self-Identification of "Protected" Veteran Status

Why are you being asked to complete this form?

1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - A person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I DON'T WISH TO ANSWER

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

Your Name: _____

Today's Date: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:

Job Title: _____ Date of Hire: _____