**COAST TO COAST TOURS, LLC**

**DRIVER’S APPLICATION**

**FOR EMPLOYMENT**

Applicant Name (print)

Company Address

Date of Application

City State Zip

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

**TO BE READ AND SIGNED BY APPLICANT**

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 the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature

Date

# FOR COMPANY USE

**PROCESS RECORD**

APPLICANT HIRED DATE EMPLOYED DEPARTMENT

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

REJECTED

POINT EMPLOYED CLASSIFICATION

SIGNATURE OF INTERVIEWING OFFICER

**TERMINATION OF EMPLOYMENT**

DATE TERMINATED DEPARTMENT RELEASED FROM DISMISSED VOLUNTARILY QUIT OTHER TERMINATION REPORT PLACED IN FILE SUPERVISOR

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services.

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# APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for

Name Social Security No.

Last First Middle

List your addresses of residency for the past 3 years. Current Address

Previous

Street

State Zip Code

City

Phone How Long?

How Long?

yr./mo.

Addresses

Street

Street Street

City

City City

State & Zip Code

State & Zip Code State & Zip Code

How Long? How Long?

yr./mo.

yr./mo. yr./mo.

Do you have the legal right to work in the United States?

Date of Birth

(Required for Commerical Drivers)

Can you provide proof of age?

Have you worked for this company before? Where?

Dates: From To Position Reason for leaving

Who referred you? Rate of pay expected

Have you ever been bonded?

(Answer only if a job requirement)

Name of bonding company

Can you perform, with or without reasonable accommodation, the essential functions of the job [as described in the attached job description]? YES NO

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER | | | DATE | | | |
| NAME | | | FROM  MO. | YR. | TO  MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY STATE | ZIP |  | SALARY/WAGE | | | |
| CONTACT PERSON | PHONE NUMBER |  | REASON FOR LEAVING | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? | YES | 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? YES NO | | | | | | |

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**EMPLOYMENT HISTORY (continued)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER | | | DATE | | | |
| NAME | | | FROM  MO. | YR. | TO  MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY STATE | ZIP |  | SALARY/WAGE | | | |
| CONTACT PERSON | PHONE NUMBER |  | REASON FOR LEAVING | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? | YES | 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? YES NO | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER | | | DATE | | | |
| NAME | | | FROM  MO. | YR. | TO  MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY STATE | ZIP |  | SALARY/WAGE | | | |
| CONTACT PERSON | PHONE NUMBER |  | REASON FOR LEAVING | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? | YES | 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? YES NO | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER | | | DATE | | | |
| NAME | | | FROM MO. | YR. | TO MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY STATE | ZIP |  | SALARY/WAGE | | | |
| CONTACT PERSON | PHONE NUMBER |  | REASON FOR LEAVING | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? | YES | 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? YES NO | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER | | | DATE | | | |
| NAME | | | FROM  MO. | YR. | TO  MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY STATE | ZIP |  | SALARY/WAGE | | | |
| CONTACT PERSON | PHONE NUMBER |  | REASON FOR LEAVING | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? | YES | 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? YES NO | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| EMPLOYER | | | DATE | | | |
| NAME | | | FROM  MO. | YR. | TO  MO. | YR. |
| ADDRESS | | | POSITION HELD | | | |
| CITY STATE | ZIP |  | SALARY/WAGE | | | |
| CONTACT PERSON | PHONE NUMBER |  | REASON FOR LEAVING | | | |
| WERE YOU SUBJECT TO THE FMCSRs† WHILE EMPLOYED? | YES | 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? YES NO | | | | | | |

\* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

† The Federal Motor Carrier Safety Regulations (FMCSRs) 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 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATES | | NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES | HAZARDOUS MATERIAL SPILL |
| LAST ACCIDENT NEXT PREVIOUS  NEXT PREVIOUS |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE**

|  |  |  |  |
| --- | --- | --- | --- |
| LOCATION | DATE | CHARGE | PENALTY |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Driver | STATE | LICENSE NO. | CLASS | ENDORSEMENT(S) | EXPIRATION DATE |
| licenses or |  |  |  |  |  |
| permits held |
|  |  |  |  |  |
| in the past |
|  |  |  |  |  |
| 3 years |
|  |  |  |  |  |  |

1. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?
2. Has any license, permit, or privilege ever been suspended or revoked? IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS

**DRIVING EXPERIENCE CHECK YES OR NO**

YES NO

YES NO

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLASS OF EQUIPMENT** | | | | | CIRCLE TYPE OF EQUIPMENT | DATES FROM(M/Y) TO(M/Y) | | APPROX. NO. OF MILES (TOTAL) |
| STRAIGHT TRUCK | YES | | NO | | (VAN,TANK,FLAT,DUMP,REFER) |  |  |  |
| TRACTOR AND SEMI-TRAILER | | YES | NO |  | (VAN,TANK,FLAT,DUMP,REFER) |  |  |  |
| TRACTOR - TWO TRAILERS | | YES | NO |  | (VAN,TANK,FLAT,DUMP,REFER) |  |  |  |
| TRACTOR - THREE TRAILERS | | YES | NO |  | (VAN,TANK,FLAT,DUMP,REFER) |  |  |  |
| MOTORCOACH - SCHOOL BUS | | YES | NO | More than 8 passengers |  |  |  |  |
| MOTORCOACH - SCHOOL BUS | | YES | NO | More than 15 passengers |  |  |  |  |
| OTHER | |  | | |  |  |  |  |

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED

(NAME) (CITY, STATE)

**TO BE READ AND SIGNED BY APPLICANT**

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

Signature: Date:

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