



DRIVER'S APPLICATION FOR EMPLOYMENT
APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

10367 Randleman Road
Randleman, NC 27317
Phone: (336) 498-9000
FAX: (336) 498-2204

Date of Application: _____

Applicant Name: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

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 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 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: ____/____/____



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PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE.

Name: _____
Last First Middle Maiden

Present Address: _____ How long at Present Address? _____
Street City State Zip

Telephone: _____ Cell Phone: _____ Social Security Number: _____ - _____ - _____

Previous Addresses: _____ E-Mail Address: _____

Street City State Zip How Long? _____
yr./mo.

Street City State Zip How Long? _____
yr./mo.

Street City State Zip How Long? _____
yr./mo.

Do you have the legal right to work in the United States? Yes No Date of Birth ____/____/____

Who referred you? _____ Rate of pay expected: _____

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

Have you ever been convicted of a crime or serious traffic violation? Yes No
If yes, please explain fully on a separate sheet of paper. Conviction of crime is not an automatic bar to employment—all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No
If yes, explain if you wish:

EDUCATION

Please select the highest grade completed:
1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Name of Last School Attended: _____

City, State: _____

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. Please fully complete employment dates and pay/salary information as well. (List employers in reverse order, starting with the most recent.)

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.

* 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.

EMPLOYER		DATE	
NAME		FROM MO YR	TO MO YR
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
WERE YOU SUBJECT TO THE FMCSRs [§] WHILE EMPLOYED?		YES NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN AN 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	
WERE YOU SUBJECT TO THE FMCSRs [§] WHILE EMPLOYED?		YES NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN AN 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	
WERE YOU SUBJECT TO THE FMCSRs [§] WHILE EMPLOYED?		YES NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN AN 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	
WERE YOU SUBJECT TO THE FMCSRs [§] WHILE EMPLOYED?		YES NO	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN AN 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 AN DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40?				
			YES	NO

[§]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 10,0001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ROLLOVER, 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

DATE	LOCATION	CHARGE	PENALTY
___/___/___			
___/___/___			
___/___/___			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years.

DRIVER LICENSES	STATE	LICENSE #	TYPE	CLASS TYPE	PASSENGER ENDORSEMENT?	EXPIRATION DATE
				<input type="checkbox"/> REGULAR <input type="checkbox"/> CDL	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> REGULAR <input type="checkbox"/> CDL	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___
			<input type="checkbox"/> REGULAR <input type="checkbox"/> CDL	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___

- 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 the answer to either A or B is Yes, give details:

List the states you have operated in for the 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?

DRIVING EXPERIENCE Check Yes or No

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX # 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			
MOTORCOACH <input type="checkbox"/> YES <input type="checkbox"/> NO	-			
SCHOOL BUS (MORE THAN 8 PASSENGERS) <input type="checkbox"/> YES <input type="checkbox"/> NO	-			
SCHOOL BUS (MORE THAN 15 PASSENGERS) <input type="checkbox"/> YES <input type="checkbox"/> NO	-			
OTHER _____				

Do you have a current DOT physical? Yes No Expiration Date: ____/____/____
 Doctor's National Registry Number: _____

Have you ever tested positive on a substance abuse test? Yes No

If yes, please explain:

Have you ever refused to take a substance abuse test? Yes No

If yes, please explain:

Why would you like to drive a motorcoach?

Application Certification

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.

Applicant Signature _____

Date _____