

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Please Print)

Contact Numbers Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Company **Continental Buslines and Charters**  
Address **8805 Arkansas**  
City **Houston** State **TX** Zip **77093**

In accordance 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 investigation my safety performance history as required by 49CFR 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 \_\_\_\_\_ Rejected \_\_\_\_\_

Date Employed \_\_\_\_\_ Point Employed \_\_\_\_\_

Department \_\_\_\_\_ Classification \_\_\_\_\_

(if rejected, summary report of reasons should be placed in file)

Signature of interviewing officer \_\_\_\_\_

### Termination Of Employment

Date Terminated \_\_\_\_\_ Department Released From \_\_\_\_\_  
Dismissed \_\_\_\_\_ Voluntary Quit \_\_\_\_\_ Other \_\_\_\_\_  
Termination Report Placed In File \_\_\_\_\_ Supervisor \_\_\_\_\_

## Application To Complete

(answer all questions - please print)

Position(s) applied for \_\_\_\_\_  
 Name Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Social Security No. \_\_\_\_\_

List your addresses of residency for the past 3 years.

Current Address Street \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_ Yr./mo.  
 Previous Addresses Street \_\_\_\_\_ City \_\_\_\_\_ State & zip code \_\_\_\_\_ How Long? \_\_\_\_\_ Yr./mo.  
 Street \_\_\_\_\_ City \_\_\_\_\_ State & zip code \_\_\_\_\_ How Long? \_\_\_\_\_ Yr./mo.  
 Street \_\_\_\_\_ City \_\_\_\_\_ State & zip code \_\_\_\_\_ How Long? \_\_\_\_\_ Yr./mo.

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

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (required for commercial drivers) Can you provide proof of age? \_\_\_\_\_

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_  
 Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
 (answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-in circumstances will be considered

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

### 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 if necessary.)

EMPLOYER			DATE			
NAME	FROM	TO	MO.	YR.	MO.	YR.
ADDRESS	POSITION HELD					
CITY STATE ZIP	SALARY/WAGE					
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING			
WHERE YOU SUBJECT TO THE FMCSTs† 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?						

**EMPLOYMENT HISTORY (continued)**

EMPLOYER			DATE	
NAME			FROM MO.                      YR.	TO MO.                      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
WHERE YOU SUBJECT TO THE FMCSTs† 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?				

EMPLOYER			DATE	
NAME			FROM MO.                      YR.	TO MO.                      YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON			REASON FOR LEAVING	
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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?				

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ADDRESS			POSITION HELD	
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\* 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 operation 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 to transport more than 8 passengers (including the driver), OR (3) is of any size and used to transport hazardous materials in a quantity requiring placarding.

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

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 \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT			CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y) TO (M/Y)	APPROX NO. OF MILES (TOTAL)
	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	<input type="checkbox"/> YES	<input type="checkbox"/> NO	MORE THAN 8 PASSENGERS	---	
MOTORCOACH-SCHOOL BUS	<input type="checkbox"/> YES	<input type="checkbox"/> 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 ARE TRUE AND COMPLETED TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_