DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name	Date of Appl	
(Please Print) Contact Numbers C	ell Phone Hor	me Phone
Contact Hambers	www.mar.mar.mar.mar.mar.mar.mar.mar.mar.mar	tors
Company	Continental Buslines and Chart	lers
Address	8805 Arkansas	and the state of t
City_	Houston State TX Zip	77093
I authorize you to mand other related matt medical history will be employers, schools, he information in connect In the event of employers may result in discharge	red for all positions without regard to race, color religion, as, veteran status, non-job related disability, or any other TO BE READ AND SIGNED BY APPL Take such investigations and inquiries of my personal, employment as may be necessary in arriving at an employment decision. The made only if and after a conditional offer of employment has be alth care providers and other persons from all liability in responsion with my application. To owner, I understand that false or misleading information giver the interest of the many application. To provide regarding current and/or previous employed.	sex national origin, age, protected group status. ICANT ent, financial or medical history (Generally, inquiries regarding een extended.) I hereby release inding to inquiries and releasing in in my application or interview(s) d regulations of the company.
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Application To Complete

(answer all questions - please print)

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st your add	resses of residency for	the past 3 years.						
urrent Addr	ess			City		**************************************		********
	Succe			Phone		How Long?		
	State	ZIP Code		ritoric			*******************	Yr./ma.
Previous						How Long?	***************************************	Yr./mo.
Addresses	ztreer		City	State	& zip code	How Long?		11411105
	Street		City	State	& zip code	now cong:	***************************************	Yr./mo.
						How Long?		
	Street		City	State	& zip code		· · · · · · · · · · · · · · · · · · ·	Yr./mo.
	Do you have the le	gal right to work in the	United States?					**********
	of birth		<u> </u>	Can you	ı provide proof of	age?		
	ommercial drivers)	h			Where?			
	orked for this company		n-4	o of Par	vv)iere:	Positio		
Dates:	From	То	Rat	e of Pay		FOSILIC	J11	
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re you now	employed?	**************************************	if not, now long s	ince leaving last		ate of pay expecte	ed .	
	referred you?		· · · · · · · · · · · · · · · · · · ·		110	ate or bay expects	***************************************	
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PAGE 3.		EMPLOYMENT HISTOR					
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NAME		MO. YR. MO.	YŘ.				
ADDRESS							
атту	STATE	SALARY/WAGE REASON FOR LEAVING					
CONTACT PERSON	Pł						
	O THE FMCSTST WHILE EM	IPLOYED? YES NO					
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TESTING REQUIREMEN							
			DATE				
	EMPLO	IYER	FROM 10	***			
NAME			MO. YR. MO. POSITION HELD	YR.			
ADDRESS			SALARY/WAGE				
CITY	STATE	ZIP	REASON FOR LEAVING				
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TESTING REQUIREMENTS OF 49 CFR PART 40?

EMPLOYER

EMPLOYER

FROM VR. MO. VR.
MO. VR.
ADDRESS

CITY STATE ZIP

CONTACT PERSON PHONE NUMBER

WHERE YOU SUBJECT TO THE FMCSTs† 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?

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL

* 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 YEAR		NATURE OF ACCIDENT						HAZARDOUS
DATES LAST ACCIDENT		(HEAD-ON	, REAR-END, UI	PSET, ETC.)	FATALITIES	INJU	IRIES	MATERIAL SPILL
								77777 1177 12 07 121
NEXT PREVIOUS								
NEXT PREVIOUS				***************************************				
TRAFFIC CONVICTION	S AND FORFE	TURES FOR TH	IE PAST 3 YE	ARS (OTHER	THAN PARKIN	IG VIOLATIO	NS) IF NONE	WRITE NONE
LOCATION			DATE		CHARGE		PENALTY	
			(ATTACH SHE	FT IE MORE SP	ACE IS NEEDED)		<u></u>	
		EXPERIENC	E AND QUA	ALIFICATIO	NS - DRIVER			
Driver	STATE	LICENSE NO).	CLASS	ENDORSEN			EXPIRATION DATE
licenses or								
permits held								A A
in the past								
3 years								
 Have you ever bee Has any license, pe 	n denied a licens	e, permit or pri	vilege to oper	ate a motor v	rehicle?	YES		NO
IF THE ANSWER TO	FITHER & OR	BIC VEC CIV	E DETAILS	oked?		YES		NO
II THE ANSWER TO	EII HER A OR	D 13 1E3, GIV	E DETAILS			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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DRIVING EXPERIEN	CE CHECK YE	S OR NO	***************************************		······································			
				T 6	RCLE		44.64	T
CLASS C	F EQUIPMENT						TES	APPROX NO. OF MILES
*********************************	YES	П по		TYPE OF	QUIPMENT	FROM (M/	() TO (M/Y)	(TOTAL)
STRAIGHT TRUCK		tarms		(VAN,TANK,FLAT,C	UMP,REFER)			
TRACTOR AND SEMI-TRAILER	☐ YES	U NO		(VAN,TANK,FLAT,D	UMP,REFER)			
TRACTOR - TWO TRAILERS	YES	NO		(VAN,TANK,FLAT,D	UMP,REFER)			14
FRACTOR-THREE TRAILERS	☐ YES	☐ NO		(VAN,TANK,FLAT,D	UMP,REFER)			
MOTORCOACH-SCHOOL BUS	T YES	□ NO	MORE THAN 8 PASSENGERS	A				
MOTORCOACH-SCHOOL BUS	☐ YES		MORE THAN 15 PASSENGERS					
			PASSENGERS					
THER			****		· · · · · · · · · · · · · · · · · · ·			
LIST STA	TES OPERATED	IN FOR LAST	FIVE YEARS:					
	PECIAL COURS							
V	HICH SAFE DE	IVING AWARE						
TION AND TO LOWING			EXPER	IENCE AND	QUALIFICATIO	ONS - OTHER		
SHOW ANY TRUCKING	, IKANSPORIA	ATION OR OTH	IER EXPERIE	NCE THAT M	AY HELP IN YO	OUR WORK F	OR THIS CON	IPANY

LIST COURSES AND TR	AINING OTHE	THAN SHOW	IN ELCEVALUE	DE INI TUIC A	DDLICATION			
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				EDUCATION	1			
CIRCLE HIGHEST GRAI	E COMPLETE	:1234567	8 HIGH SC			COLLEGE: 1	234	
	OL ATTENDED					(CITY, STATE)		

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION ARE TRUE

DATE:

AND COMPLETED TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: