



earthlimos  
& BUSES

2901 S. Highland Dr 6A  
Las Vegas, NV 89109  
O: 702-437-1900  
F: 702-260-0725

## **Application for Employment**



2901 S. Highland Dr 6A  
Las Vegas, NV89109

### Drivers Application for Employment

**Applicant Name** \_\_\_\_\_ **Date of Application** \_\_\_\_\_

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 others persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand, also, that I am required to abide by all rules and regulations of Earth Limos & Buses.

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 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 _____ |

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

#### Termination of Employment

|  |                                    |
|--|------------------------------------|
| Date Terminated _____                  | Department Released From _____     |
| Dismissed _____                        | Voluntarily Quit _____ Other _____ |
| Termination Report Place In File _____ | Supervisor _____                   |



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Applicant to Complete

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_
Street City
Phone \_\_\_\_\_ How Long? \_\_\_\_\_
State Zip Code yr. /mo.
Previous Address \_\_\_\_\_
Street City State & Zip Code How Long? \_\_\_\_\_
Street City State & Zip Code yr. /mo.
Street City State & Zip Code How Long? \_\_\_\_\_
Street City State & Zip Code yr. /mo.

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

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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 the bonding company \_\_\_\_\_

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

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

Is there any reason you might not be able to perform the functions of the job which you have applied [as described in the attached job description]?

If yes, explain if you wish.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_



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**Employment History**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street numbers, city, state and zip code.

|                |              |  |                    |         |
|----------------|--------------|--|--------------------|---------|
| Employer       |              |  | Dates: From        | To      |
|                |              |  | Mo. Yr.            | Mo. Yr. |
| Address        |              |  | Position Held      |         |
| City State Zip |              |  | Salary/wage        |         |
| Contact Person | Phone Number |  | Reason for Leaving |         |

Were you subject to the FMCSRs (Federal Motor Coach Safety Regulations) while employed?  
 Yes  No

Were you subject to DOT regulated drug and alcohol testing at your last place of employment (rule 49 CFR 40)?  Yes  NO

|                |              |  |                    |         |
|----------------|--------------|--|--------------------|---------|
| Employer       |              |  | Dates: From        | To      |
|                |              |  | Mo. Yr.            | Mo. Yr. |
| Address        |              |  | Position Held      |         |
| City State Zip |              |  | Salary/wage        |         |
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|                |              |  |                    |         |
|----------------|--------------|--|--------------------|---------|
| Employer       |              |  | Dates: From        | To      |
|                |              |  | Mo. Yr.            | Mo. Yr. |
| Address        |              |  | Position Held      |         |
| City State Zip |              |  | Salary/wage        |         |
| Contact Person | Phone Number |  | Reason for Leaving |         |

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**Employment History (Continued)**

Employer \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Mo. Yr. Mo. Yr.  
 Position Held \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/wage \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Were you subject to the FMCSRs (Federal Motor Coach Safety Regulations) while employed?  
 Yes  No  
 Were you subject to DOT regulated drug and alcohol testing at your last place of employment (rule 49 CFR 40)?  Yes  NO

Employer \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Mo. Yr. Mo. Yr.  
 Position Held \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/wage \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

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 Mo. Yr. Mo. Yr.  
 Position Held \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Salary/wage \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
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**Accident Record** for past 3 years or more (attached sheet if more space is needed) if none, write **none**

| Dates                | Nature of accident<br>(Head-on, rear-end, upset, ECT.) | Fatalities | Injuries | Hazardous<br>Material Spill |
|----------------------|--|------------|----------|-----------------------------|
| <u>Last Accident</u> |  |            |          |                             |
| <u>Next Previous</u> |  |            |          |                             |
| <u>Next Previous</u> |  |            |          |                             |

**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**

List all driver licenses or permits held in the past 10 years

| State         | License NO. | Type | Expiration Date |
|---------------|-------------|------|-----------------|
| <u>Driver</u> |             |      |                 |
|               |             |      |                 |
|               |             |      |                 |

**Licenses**

- 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       | Yes <input type="checkbox"/> No <input type="checkbox"/> |  | Circle Type of Equipment<br>(van, tank, flat, dump, refer) | Dates<br>From (M/Y) To (M/Y)   |       | Approx. No. of miles |
|--------------------------|--|--|--|--------------------------------|-------|----------------------|
|                          | Straight Truck   | Yes <input type="checkbox"/> No <input type="checkbox"/> |  | (van, tank, flat, dump, refer) | _____ |                      |
| Tractor and semi-trailer | Yes <input type="checkbox"/> No <input type="checkbox"/> | (van, tank, flat, dump, refer)                           | _____  | _____                          | _____ |                      |
| Motorcoach-School Bus    | Yes <input type="checkbox"/> No <input type="checkbox"/> | more than 8 pass. ----                                   | _____  | _____                          | _____ |                      |
| Motorcoach-School bus    | Yes <input type="checkbox"/> No <input type="checkbox"/> | more than 15 pass. ----                                  | _____  | _____                          | _____ |                      |
| Other _____              |  |  |  |                                |       |                      |

List States operated in for last five years: \_\_\_\_\_

List Special courses or training that help you as a driver: \_\_\_\_\_  
List any safe driving awards you hold and from where? \_\_\_\_\_

**Experience and Qualifications-Other**

List any trucking, transportation or other experience that may help in your work for this company \_\_\_\_\_

List any courses and training other than shown 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 applicant 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:** \_\_\_\_\_

## **Applicant Statement**

I certify that all information I have provided in order to apply for a secure job with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employers does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause without prior notice, and the employers reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I understand that I am an "at will" employee.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that I will provide all required documents for a driving position at my own expense.

I understand that by submitting this application and subsequent testing for the job does not guarantee a position.

I understand that all positions with Earth Limos and Buses have 90 day probationary periods.

I understand that a driving position requires that I must abide by the shift system which is determined by the company.

I understand that all positions with this company fall under "At Will" employment under the Nevada laws.

I understand that all driving positions are paid on commission basis every two weeks.

I understand that once selected, I will furnish my own clothing, uniform and supplies needed for the job.

I understand that if I quit or am terminated, my last check will be issued in 72 hours.

I understand that frequent call offs, coming in late for a shift, failure to accurately report rides or deliver revenue or insubordination to management or management directives may result in termination of my job with this company.

I also understand that all documents I will submit will become property of the company. I must keep duplicates for my own records. None of the documents will be returned once submitted regardless of the outcome.

### **DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_