



Application for Employment



2901 S. Highland Dr 2E
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? _____
yr. /mo.

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

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

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 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 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			Date			
Name			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 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 40 ? Yes NO

Employer			Date			
Name			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 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 40 ? Yes NO

Employer			Date			
Name			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 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 40 ? Yes NO



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Employment History (Continued)

<u>Employer</u>		<u>Date</u>	
<u>Name</u>		From	To
		Mo. Yr.	Mo. Yr.
<u>Address</u>		Position Held	
<u>City</u>	<u>State</u>	<u>Zip</u>	
		Salary/wage	
<u>Contact Person</u>		<u>Phone Number</u>	
		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 40 ? Yes NO

<u>Employer</u>		<u>Date</u>	
<u>Name</u>		From	To
		Mo. Yr.	Mo. Yr.
<u>Address</u>		Position Held	
<u>City</u>	<u>State</u>	<u>Zip</u>	
		Salary/wage	
<u>Contact Person</u>		<u>Phone Number</u>	
		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 40 ? Yes NO

<u>Employer</u>		<u>Date</u>	
<u>Name</u>		From	To
		Mo. Yr.	Mo. Yr.
<u>Address</u>		Position Held	
<u>City</u>	<u>State</u>	<u>Zip</u>	
		Salary/wage	
<u>Contact Person</u>		<u>Phone Number</u>	
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Accident Record for past 3 years or more (attached sheet if more space is needed) if none, write none

Table with columns: Dates, Nature of accident, Fatalities, Injuries, Hazardous Material Spill. Includes rows for Last Accident, Next Previous, Next Previous.

Traffic Convictions and forfeitures for the past 3 years (other than parking violations) if none, write none

Table with columns: 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

Table with columns: State, License NO., Type, Expiration Date. Includes a row for Driver.

Licenses

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
B. 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

Table with columns: Class of Equipment, Circle Type of Equipment, Dates, Approx. No. of miles. Includes rows for Straight Truck, Tractor and semi-trailer, Motorcoach-School Bus, Motorcoach-School bus, Other.

List States operated in for last five years:

Show Special courses or training that 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 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: