

PAUL'S BUS SERVICE

APPLICATION FOR EMPLOYMENT

NAME _____
 (FIRST) (MIDDLE) (MAIDEN NAME, IF ANY) (LAST)

ADDRESS _____ HOW LONG? _____
 (STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____

TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

 (STREET) (CITY) (STATE & ZIP CODE) #YEARS _____

 (STREET) (CITY) (STATE & ZIP CODE) #YEARS _____

POSITION APPLYING FOR _____

EDUCATION

	Elementary	High School	Technical School	College
Where (City/State)				
Years Attended				
Did you Graduate?				

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one diver's license." I certify that I do not have more than one motor vehicle license." O certify that I do not have more than one motor vehicle license, that information for which is listed below

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT , ETC)	DATES		APPROX. NO OF MILES (TOTAL)
		TO	FROM	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
SCHOOL BUS				
OTHER				

ACCIDENT CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER OF FATALITIES	NUMBER INJURIES	WERE YOU CITED?
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (Forfeited bond, Collateral and/or points)

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(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license permit or privilege to operate a motor vehicle?	YES	NO
If yes, explain _____		
B. Has any license, permit or privilege ever been suspended or revoked?	YES	NO
If yes, explain _____		
C. Have you ever applied to this company before?	If yes	Month _____ Year _____
D. Have you ever worked for Paul's Bus Service before?	If yes	Month _____ Year _____

EMPLOYMENT RECORD

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: Street number and name, city, state and zip code.

LAST NAME	EMPLOYER:						
ADDRESS					PHONE		
POSITION HELD		FROM		TO		SALARY	
REASON FOR LEAVING							
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MONTH/YEAR) ANY REASON.							
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by the previous employer?						YES <input type="checkbox"/> NO <input type="checkbox"/>	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?						YES <input type="checkbox"/> NO <input type="checkbox"/>	
SECOND LAST NAME	EMPLOYER:						
ADDRESS					PHONE		
POSITION HELD		FROM		TO		SALARY	
REASON FOR LEAVING							
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MONTH/YEAR) ANY REASON.							
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by the previous employer?						YES <input type="checkbox"/> NO <input type="checkbox"/>	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?						YES <input type="checkbox"/> NO <input type="checkbox"/>	
THIRD LAST NAME	EMPLOYER:						
ADDRESS					PHONE		
POSITION HELD		FROM		TO		SALARY	
REASON FOR LEAVING							
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MONTH/YEAR) ANY REASON.							
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSR's) while employed by the previous employer?						YES <input type="checkbox"/> NO <input type="checkbox"/>	

the previous employer?	
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR Part 40?	YES <input type="checkbox"/> NO <input type="checkbox"/>

How did you hear about Paul's Bus Service? _____

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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 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 current/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.

_____ DATE	_____ APPLICANT'S SIGNATURE
This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.	

_____ DATE	_____ APPLICANT'S SIGNATURE
Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.	