



## 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 a vehicle.

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		TELEPHONE	REASON FOR LEAVING	

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
 Were you subject to 49 CFR part 40 substance and alcohol testing during this period?

Yes \_\_\_\_\_ No \_\_\_\_\_  
 Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		TELEPHONE	REASON FOR LEAVING	

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
 Were you subject to 49 CFR part 40 substance and alcohol testing during this period?

Yes \_\_\_\_\_ No \_\_\_\_\_  
 Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		TELEPHONE	REASON FOR LEAVING	

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
 Were you subject to 49 CFR part 40 substance and alcohol testing during this period?

Yes \_\_\_\_\_ No \_\_\_\_\_  
 Yes \_\_\_\_\_ No \_\_\_\_\_

EMPLOYER			DATE	
NAME			FROM	TO
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		TELEPHONE	REASON FOR LEAVING	

Were you subject to the Federal Motor Carrier Safety Regulations during this period?  
 Were you subject to 49 CFR part 40 substance and alcohol testing during this period?

Yes \_\_\_\_\_ No \_\_\_\_\_  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Attach additional sheet if necessary for additional employers

List all periods of unemployment since you finished school.

From \_\_\_\_\_ To \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_

How did you spend this time? (Do not provide any specific information related to medical conditions.)

Have you ever been fired, laid off, or asked to resign by an employer? Yes \_\_\_\_ No \_\_\_\_

May we contact the employers listed above? Yes \_\_\_\_ No \_\_\_\_ If no, please explain:

Are you on layoff status and eligible for recall or eligible for referral for hire by a hiring house or employment service? Yes \_\_\_\_ No \_\_\_\_

Do you plan to work for any other employer or engage in self-employment during your period of employment with Rochester City Lines? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

Are there any employer policies, requirements, terms or conditions of employment or types of work which you are unwilling to accept if you are offered employment? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain:

ACCIDENT RECORD FOR PAST 5 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED). IF NONE, WRITE "NONE".

DATES	TYPE OF ACCIDENT (HEAD-ON, REAR-END, ROLLOVER, ETC.)	FATALITIES	INJURIES

Traffic convictions and forfeitures for the past 5 years (other than parking violations). If none, write "NONE".

Location	Date	Charge	Penalty

**EDUCATION**

Circle the highest grade completed 1 2 3 4 5 6 7 8 High School 9 10 11 12 Years of College 1 2 3 4 5

Last School attended \_\_\_\_\_

Name of School City State

## DRIVER EXPERIENCE AND QUALIFICATIONS

### DRIVERS LICENSES

STATE	LICENSE NUMBER	TYPE	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 \_\_\_
- C. Have you ever tested positive in a pre-employment drug test? Yes \_\_\_ No \_\_\_
- D. Have you ever refused to take a drug test? Yes \_\_\_ No \_\_\_
- E. Do you have a current, valid, and unrestricted driver's license(s)? Yes \_\_\_ No \_\_\_
- F. Have you received DWI, DUI, or other driving violations Yes \_\_\_ No \_\_\_
- G. Have you ever had auto insurance denied or canceled? Yes \_\_\_ No \_\_\_

**IF THE ANSWER IS YES to any of the above, ATTACH A STATEMENT GIVING DETAILS.**

### DRIVING EXPERIENCE

IF NONE, WRITE "NONE".

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	FROM	TO	TOTAL MILES
STRAIGHT TRUCK				
TRACTOR, SEMI-TRAILER				
TRACTOR-DOUBLES-TRIPLES				
MOTORCOACH-SCHOOLBUS				
OTHER				

List states operated in 4 of the last 5 years \_\_\_\_\_

### ADDITIONAL TRAINING

List any trucking, transportation, or other experience that may help in you work for this company:

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List any additional courses, training, special skills, or equipment you can work with:

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Have you served in the Military? Yes \_\_\_ No \_\_\_ If yes, what branch, rank, and nature of discharge:

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Briefly describe any military training or experience related to the position for which you are applying:

Are you acquainted with anyone who is or was employed by our company? Yes \_\_\_\_ No \_\_\_\_ If yes, who and how do you know them? \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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.

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. I hereby release employers, schools, health care providers and other persons from all liability in responding inquires and releasing information in connection with my application. Applicant has the right to review information provided by previous employers. The right to have errors in the information corrected by the previous employer and that new information is re-sent to the prospective employer. The applicant also has the right to attach a rebuttal statement to the alleged erroneous information, if both parties cannot agree on the accuracy of the information.

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 Rochester City Lines. Applications will only be kept for 30 days. Applicants would need to re-apply afterwards if not contacted.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

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**FOR HUMAN RESOURCE PERSONNEL USE ONLY**  
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Date Reviewed \_\_\_\_\_

Interview? Yes \_\_\_\_ No \_\_\_\_

Date \_\_\_\_\_

Hold

Hire

Employee Status: FTE \_\_\_\_\_

PT \_\_\_\_\_

Split \_\_\_\_\_

Start Date \_\_\_\_\_

Employee ID # \_\_\_\_\_

Hourly/Salary Rate: \_\_\_\_\_

Comments:

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