



General Information for New Applicants

Rochester City Lines is a private company that was established in 1966. It is owned by George and Marilyn Holter. They also own Richfield Bus Company located in Bloomington, MN.

Rochester City Lines operates a private commuter bus service and a charter bus service. Richfield Bus Company operates a charter bus service in the Twin Cities Metro area. Heartland Tours and Travel is a separate company owned by Daniel Holter and utilizes both Richfield and Rochester buses.

Rochester City Lines operates a commuter bus service that transports people from area towns including: Austin, Bloomington, Burnsville, Byron, Cannon Falls, Chatfield, Chester, Claremont, Dexter, Dodge Center, Dover, Elgin, Eyota, Fountain, Grand Meadow, Owatonna, Pine Island, Plainview, Preston, Racine, Spring Valley, Stewartville, St. Charles, Viola, Wabasha, Winona, Zumbro Falls, and Zumbrota. Commuter bus service is available Monday-Friday. Charter bus service is available for travel in the United States and Canada for private hire. The company has varying sizes of vehicles from mini coaches to 59 passenger motor coaches. Heartland Tours and Travel offers escorted tours throughout the United States and destinations overseas. Passengers on these tours combine motor coach and air travel to reach their destinations.

Peak commuter hours are from 5:00 AM through 8:00 AM and 3:00 PM through 7:00 PM. Charter driver's hours vary according to the trip to which they are assigned. While Rochester City Lines will assist qualified individuals with training for a Commercial Drivers License, there is no compensation for the hours spent in this process. Starting wages for the various types of driving vary and will be discussed during the interview process. The provision and requirement for uniforms and other policies will also be discussed at that time.

Hiring at Rochester City Lines is followed by a 120-day probationary period. Completion of this probationary period is required prior to being eligible for benefits. Employees also must be available for work during all hours the company operates to be benefit eligible. Benefits will be discussed during the hiring process. All applicants for driving, dispatching, and shop mechanic work must submit to a pre-employment drug screen. The same employees must participate in a random drug and alcohol-screening program. All drivers must maintain a valid Minnesota Commercial Drivers License and must notify Rochester City Lines of any moving violation conviction. Drivers must provide a valid DOT medical qualification certificate to Rochester City Lines before being allowed to drive a company vehicle.

RCL01072014

Rochester City Lines

Driver's Application for Employment

1825 North Broadway
Rochester, MN 55906
(507) 288-4353

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, or a non-job related disability.

Date of application _____ Social Security Number _____

Position(s) applied for _____

Name _____

Last

First

Middle Initial

Have you ever used another name or an alias in your previous employment or education, or in connection with a criminal conviction or plea? Yes ___ No ___. If yes, list names:

List your addresses of residence for the past 3 years.

Current address _____

Street

City

State

Zip

Current telephone _____ How long? _____

Previous

Addresses _____

Street

City

State

Zip

How long?

Street

City

State

Zip

How long?

Street

City

State

Zip

How long?

Do you have the legal right to work in the United States? Yes ___ No ___

Date of Birth _____ Can you provide proof of age? Yes ___ No ___

Have you worked for or applied to this company before? Yes ___ No ___

If yes, when? _____

Are you employed now? Yes ___ No ___ If not, how long since leaving last job? _____

Date you can start _____

Who referred you? _____ Rate of pay expected _____

Which (if any) reason(s) you might be unable for perform the functions of the job for which you have applied? _____

Are you available to work at any time of the day or week as needed, including overtime?

Yes ___ No ___. If no, please explain any work scheduling limitations.

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? Yes No
 Were you subject to 49 CFR part 40 substance and alcohol testing during this period? 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? Yes No
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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? Yes No
 Were you subject to 49 CFR part 40 substance and alcohol testing during this period? 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:

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

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

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 _____

FOR HUMAN RESOURCE PERSONNEL USE ONLY

Date Reviewed _____ Interview? Yes ____ No ____

Date _____

Hold Hire Employee Status: FTE ____ PT ____ Split ____

Start Date _____

Employee ID # _____

Hourly/Salary Rate: _____

Comments:

