



Bus Driver Application

Position applied for: Driver Monitor Mechanic Other: _____

Name: _____ Phone: _____

(Last, First, M)

Home

Address: _____

Number

Street Name

PO Box #

Cell

City

State

Zip

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

(Proof of US Citizenship or immigration status will be required upon employment)

Date available to begin work: Available Immediately ____/____/____

Have you ever been convicted of a crime in the past? Yes No

If yes, identify crime: (optional) _____

(Such conviction may be relevant to employment, since all employees need to be qualified through outside agencies)

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No

If yes, explain: _____

Has any license, permit or privilege ever been suspended or revoked? Yes No

If yes, explain: _____

RESIDENCE HISTORY (PAST 3 YEARS)

<i>Number</i>	<i>Street Name</i>	<i>PO Box #</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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CDL INFORMATION

A VALID CDL IS REQUIRED TO HOLD A DRIVING POSITION - LIST ALL LICENSES HELD IN THE PAST 3 YEARS FOR ALL STATES YOU'VE HELD LICENSES IN

CDL License Class: _____ Number: _____ Endorsements: _____ Restrictions: _____
 Expiration Date: ____/____/____ State: _____

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 Expiration Date: ____/____/____ State: _____

DRIVING EXPERIENCE

Equipment Class	Type (Van, Flat, Truck)	Dates		Approx. # of Miles Total
		From	To	

ACCIDENT RECORD FOR PAST 3 YEARS

Dates	Nature of Accident (Head-On)	Number of Fatalities	Number of Injuries	Chemical Spills
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS

Date Convicted	Violation	State of Violation	Penalty (forfeited bond, collateral and/or points)

EMPLOYMENT HISTORY

(list your last 3 employers, assignments or volunteer activities starting with most recent (include military))

From: ___/___/___ To: ___/___/___ Employer: _____

Title: _____ Address: _____

Supervisor: _____

Reason for Leaving: _____

Phone: () ___-___ Rate/Salary: Start \$___per ___ Ending \$___per ___

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in an DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

From: ___/___/___ To: ___/___/___ Employer: _____

Title: _____ Address: _____

Supervisor: _____

Reason for Leaving: _____

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EDUCATIONAL BACKGROUND

NAME	ADDRESS	YEARS COMPLETED	GRADUATE	COURSE OF STUDY
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR(S): _____
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	DEGREE(S): _____

REFERENCES

NAME AND ADDRESS	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

Corvus Bus & Charter, Inc. is an Equal Employment Opportunity Employer

It is understood to me that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for providing such information.

Signature of Applicant: _____ Date: ____/____/____

FROM WHAT SOURCE DID YOU FIND OUT ABOUT THIS EMPLOYMENT OPPORTUNITY?

- A current employee? Please provide name: _____
- Media? Please provide specific source: _____