

APPLICATION FOR EMPLOYMENT

INCLUDE A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVER'S LICENSE.
MAKE SURE WRITING IS LEGIBLE.

Applicants are considered without regard to race, creed, color, sex, religion, age or national origin.

ANNETT BUS LINES
130 Madrid Drive
Sebring, Florida 33876-8105

Date of Application: ___/___/___

Position Applied for: _____

PERSONAL DESCRIPTION

Full Name: _____ Social Security No.: _____
Address: _____ How long at this Address? _____

Telephone No.: _____
Single: _____ Separated: _____ Widowed: _____
Married: _____ Divorced: _____ No. of Dependents and Ages: _____
Date of Birth _____

.....
In case of emergency, notify: _____
Name Address Telephone

.....
If Part Time, check days/hours of your availability:

___ Mon ___ to ___ am/pm ___ Tue ___ to ___ am/pm ___ Wed ___ to ___ am/pm ___ Thu ___ to ___ am/pm ___ Fri ___ to ___ am/pm
___ Sat ___ to ___ am/pm ___ Sun ___ to ___ am/pm

PRE-EMPLOYMENT QUESTIONS

Are you a: Smoker ___? Non-Smoker ___?

Have you ever been:

	Yes	No
1. On probation	___	___
2. Arrested	___	___
3. Put in Jail	___	___
4. Unable to be Bonded	___	___
5. Committed any crime in any state punishable by law	___	___
6. Are you now under any of the above conditions	___	___
7. If Yes to any of the above, explain below. If you need more space, continue on the second page.		

I certify that the above answers are true and I understand that any false or misleading statements may be reason for denial of worker's compensations benefits and/or termination of employment. This application becomes null and void thirty (30) days from the date of application. Any application not completed in full will not be considered. **ENTER N/A in all blank lines that do not apply to you.**

Your Signature _____ Date ___/___/___

Personnel Director's Signature _____ Date ___/___/___

ANNETT BUS LINES IS A DRUG FREE/SMOKE FREE WORKPLACE

Please do not write below this line

HIRE: _____ P.O. BOX #: _____
TRAIN: _____ MVR: _____
DEPT/EMPL#: _____ DOT PHY: _____
DVR'S LIC#: _____ EXPIRATION DATE: _____

COMPANY POLICIES

If damage is caused to the vehicle you are driving and it is your fault, you will pay for the first \$100.00 of each accident/incident. Attendance at a 16 hour Accident Prevention Workshop is mandatory in a non-pay status.

If you are a driver and you run out of fuel due to your fault, you will be liable to pay all the expenses needed to get the vehicle back on the road.

Late pick-ups due to driver's fault will result in a \$50.00 fine.

All towing charges are paid by the driver when it's the driver's fault.

Under Department of Transportation Mandate and being that this company is a Drug Free/Smoke Free Workplace, all employees will be required to submit to "Pre-Employment and Random Drug and Alcohol Testing" as prescribed in company policy. Do you agree to follow any and all directives issued by the company to comply with Department of Transportation Regulations and Company Policy?

Yes _____
Signature/Date

Witness _____
Signature/Date

No _____
Signature/Date

Witness _____
Signature/Date

NOTE: A PRE-EMPLOYMENT DRUG TEST IS RQUIRED BY ALL APPLICANTS OFFERED EMPLOYMENT. REFUSING THIS TEST OR RANDOM TEST WILL RESULT IN NOT BEING CONSIDERED FOR EMPLOYMENT OR TERMINATION OF EMPLOYMENT IF ALREADY EMPLOYED.

MUST BE READ AND SIGNED BY APPLICANT

I agree and understand that any misrepresentation given above shall be considered an act of falsification. I agree and understand that the employer or his agents may investigate my background (Motor Vehicle Record Check) (MVR), and (Criminal Background Check) to ascertain if any and all information of concern to my employment is factual. I agree and understand that if hired, I will be on an introductory/probationary period of not less than 90 days, during which time I may be discharged without recourse.

This, therefore, certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Date

Applicant's Signature

SUMMARY OF INTERVIEW:

Accepted for employment: Yes ___ No ___ Position _____
Starting Pay: \$ _____ per Hour/Week Start Work ___/___/___
Interviewed by: _____ Date ___/___/___
Approved by: _____ Date ___/___/___

Revised 3/09 (File name: Application for Employment)

PRIOR EMPLOYMENT HISTORY

List all employers (not just driving jobs) for the **last ten (10) years**. Start with most recent employer, including military experience and work backward. If unemployed more than 1 month, **list as separate item** as "unemployed." (Attach a separate sheet of paper if necessary.) Gaps in employment must be explained.

___ Check here if you **DO NOT** wish us to contact your current employer at this time.

Current Employer: _____	Phone: _____	Supervisor: _____
Address: _____	City/State/Zip _____	Position: _____
Duties: _____	From: _____	To: _____
		Start Wages: _____
Reason for Leaving: _____		Final Wages: _____
Were you subject to the Federal Motor Carrier Safety Regulations 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 Part 40? ___ Yes ___ No		

Employer: _____	Phone: _____	Supervisor: _____
Address: _____	City/State/Zip _____	Position: _____
Duties: _____	From: _____	To: _____
		Start Wages: _____
Reason for Leaving: _____		Final Wages: _____
Were you subject to the Federal Motor Carrier Safety Regulations 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 Part 40? ___ Yes ___ No		

Employer: _____	Phone: _____	Supervisor: _____
Address: _____	City/State/Zip _____	Position: _____
Duties: _____	From: _____	To: _____
		Start Wages: _____
Reason for Leaving: _____		Final Wages: _____
Were you subject to the Federal Motor Carrier Safety Regulations 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 Part 40? ___ Yes ___ No		

Employer: _____	Phone: _____	Supervisor: _____
Address: _____	City/State/Zip _____	Position: _____
Duties: _____	From: _____	To: _____
		Start Wages: _____
Reason for Leaving: _____		Final Wages: _____
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Employer: _____	Phone: _____	Supervisor: _____
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Duties: _____	From: _____	To: _____
		Start Wages: _____
Reason for Leaving: _____		Final Wages: _____
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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 Part 40? ___ Yes ___ No		

EXPERIENCE and QUALIFICATIONS

List current valid driver's license: _____/_____/_____
State Type Number Expires

Have you ever been denied a permit, license, or privilege to operate a motor vehicle? _____ Has your license, permit, or privilege to operate a motor vehicle ever been suspended or revoked? _____ If yes, please explain: _____

Do you have a current DOT Physical? ___ Yes ___ No
Expiration Date: ___/___/_____

Information provided on this form regarding safety will be verified by contacting prior employers.

You have "Due Process" rights including:

- 1. A right to review the information received.
- 2. The right to have errors corrected by the prior employer and for that employer to retransmit corrected information.
- 3. The right to have a rebuttal statement attached to the information alleged to be in error, if the prior employer and applicant cannot agree on the accuracy.

I acknowledge the above due process rights: _____
Signature

DRIVING EXPERIENCE

Types of Vehicles you have been licensed to operate (truck, tractor trailer, bus, van, car, etc.) _____

List number of years driving each type of vehicle _____

ACCIDENT RECORD FOR THE LAST THREE* YEARS

*10 years for Motor Coach Drivers

Date: _____ Nature of Accident: _____ Any Fatalities? _____ Any Injuries? _____

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TRAFFIC CONVICTIONS FOR THE LAST THREE * YEARS

*10 years for Motor Coach Drivers

Date: _____ State: _____ Charge: _____ Penalty: _____ Type of Vehicle _____

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Date: _____ State: _____ Charge: _____ Penalty: _____ Type of Vehicle _____

Have you ever been convicted of driving under the influence of alcohol or drugs? ___ Yes ___ No

Have you ever been convicted of a crime? Explain _____

Have you ever worked for this company before? ___ Yes ___ No Where? _____ When? _____

Position? _____ Reason for Leaving? _____

Name of any relatives that work for Annett Bus Lines? _____

EDUCATION



Elementary: _____

High School: _____

College: _____

Special Training: _____

All Equipment/Office machines or special skills you are proficient in: _____



Are you now employed? _____ When will you be available? _____ Are you prevented from lawful employment in this country because of immigration status? _____ Have you served in the U.S. Armed Forces? _____

Branch: _____ From: ___/___/___ To: ___/___/___ Rank at Discharge? _____ Was discharge other than honorable? _____

Explain: _____

