

APPLICATION FOR EMPLOYMENT

INCLUDE A COPY OF YOUR SOCIAL SECURITY CARD AND DRIVER'S LICENSE. Fill in all blanks if it does not apply to you, then mark that it does not apply. MAKE SURE WRITING IS LEGIBLE.

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

Who recommended you, or how did you come to apply for a position with our company? _____

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.: _____

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: _____

1.
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.

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 _____

No _____
Signature/Date _____

NOTE: A PRE-EMPLOYMENT DRUG TEST IS REQUIRED 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 passenger and airbrake endorsements? ___ Yes ___ No

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 _____

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

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: _____

Turn over for one more page.

MANDATORY USE FOR ALL MONTHLY ACCOUNT HOLDERS

**IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Annett Bus Lines ("Prospective Employer"), it may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

2. I authorize Annett Bus Lines ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain a driver's written or electronic consent prior to accessing the driver's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain a prospective driver's consent. The language must be used in whole, exactly as provided. The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.

APPLICATIONS

FILL OUT COMPLETELY. IF AN ITEM DOES NOT APPLY, **DO NOT LEAVE BLANK**—WRITE IN N/A, not applicable, does not apply, etc.