



Tornado Bus Company

8630 ERL Thornton Fwy
Dallas, Tx. 75228

DRIVER'S APPLICATION FOR EMPLOYMENT

Please fill completely

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 non-job related disability

Date of Application: _____ Position Applied for: _____

Name: _____
Last First Middle

Date of Birth: ____ / ____ / ____ Social Security No. : _____

List your address of residence for the past 3 years.

CURRENT ADDRESS:

_____ Street

_____ City State Zip Code

_____ Phone Years at this address

PREVIOUS ADDRESSES:

Street City State Zip Code How Long?

Street City State Zip Code How Long?

Street City State Zip Code How Long?

Do you have the legal right to work in the United States? _____

Have you worked for this company before ? _____ Where ? _____

DATES:

From: _____ To: _____ Rate of pay _____ Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied _____

If yes, please explain: _____

EMPLOYMENT HISTORY

All driver applications to drive in interstate commerce must provide the following information on all employers during the preceeding 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 vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

LAST EMPLOYER			DATES	
Name:			From: mm/yy	To: mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:		Phone Number:	Reason For Leaving:	
Were you subject to DOT regulations while working for this employer? () Yes () No				
Were you required to perform Safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? () Yes () No				
2nd LAST EMPLOYER			DATES	
Name:			From: mm/yy	To: mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:		Phone Number:	Reason For Leaving:	
Were you subject to DOT regulations while working for this employer? () Yes () No				
Were required to perform Safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? () Yes () No				
3rd LAST EMPLOYER			DATES	
Name:			From: mm/yy	To: mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:		Phone Number:	Reason For Leaving:	
Were you subject to DOT regulations while working for this employer? () Yes () No				
Were you required to perform Safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? () Yes () No				
4th LAST EMPLOYER			DATES	
Name:			From: mm/yy	To: mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:		Phone Number:	Reason For Leaving:	
Were you subject to DOT regulations while working for this employer? () Yes () No				
Were required to perform Safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? () Yes () No				
5th LAST EMPLOYER			DATES	
Name:			From: mm/yy	To: mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:		Phone Number:	Reason For Leaving:	

Were you subject to DOT regulations while working for this employer? () Yes () No

Were required to perform Safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? () Yes () No

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON: REAR END, UPSET, ETC)	FATALITIES	INJURIES
Last accident.			
Next Previous:			
Next Previous:			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE,WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

HIGHEST GRADE COMPLETED: _____ DEGREE(S) _____

LAST SCHOOL ATTENDED: _____
NAME CITY

DRIVER EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
LIST ALL UNEXPIRED CMV OPERATOR'S LICENSES ISSUED TO YOU				

Have you ever been arrested, convicted or received a suspended sentence for violations of misdemeanors or felonies.	X YES	X NO
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?		
B. Has any license, permit, or privilege ever been suspended or revoked?		
C. Have you ever been convicted of DUI; DWI; Reckless Driving; or Leaving the scene of an accident?		
D. Have you ever been convicted of Drug Possession/Distribution or any other Drug Violations?		
E. Have you ever been or are you now on Probation or Parole?		
F. Have you ever been in violation of the DOT Drug and Alcohol testing regulations?		

Note: If you respond yes to any of the above, it does not mean that you are not eligible for employment.

IF THE ANSWER TO ANY QUESTION ABOVE IS YES, PLEASE EXPLAIN BELOW.

DRIVER EXPERIENCE AND QUALIFICATIONS

STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
DOUBLES/TRIPLES				
MOTOR COACH				
SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

DO YOU HAVE SNOW AND MOUNTAIN EXPERIENCE? _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER? _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN THAT SHOWN ON THIS APPLICATION:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT: This certifies that this application was completed by myself, and that all information is true and correct to the best of my knowledge.

I authorize the employer to make investigations and inquiries of my personal, employment, financial, medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, school, health care providers, and all other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given on my application or interviews may result in termination. I understand, also, that I am required to abide by all rules and regulations set forth in company policies.

APPLICANT'S SIGNATURE

DATE

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELLOW AVERAGE	POOR	APPROVED BY/DATE APPROVED
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. EXPERIENCE						
5. TRAFFIC RECORD						
6. CRIMINAL RECORD						
7. APPEARANCE						

PROCESS RECORD

<input type="checkbox"/> APPLICANT HIRED	<input type="checkbox"/> APPLICANT REJECTED
DATE QUALIFIED:	REASON FOR REJECTION:
DRIVER CLASS:	
EMPLOYEE CODE:	

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT RECORD

DATE TERMINATED:	REASON FOR TERMINATION:
TERMINATION REPORT PLACED IN FILE?	<input type="checkbox"/> DISMISSED
ELIGIBLE FOR RE-EMPLOYMENT?	<input type="checkbox"/> VOLUNTARY QUIT
SUPERVISOR SIGNATURE	<input type="checkbox"/> OTHER