

# Shalimar Tours & Charter

1621 E. CEDAR STREET, ONTARIO, CA 91761 PHONE (909) 923-1100

## APPLICATION FOR EMPLOYMENT

Driver Name: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Previous addresses for the past three (3) years.

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_

Previous Address: \_\_\_\_\_ How Long? \_\_\_\_\_

### EXPERIENCE AND QUALIFICATIONS – MOTORCOACH DRIVER

DRIVER'S LICENSE STATE ISSUED	LICENSE NUMBER	TYPE/CLASS & ENDORSEMENTS	LIC. EXPIRATION

### VEHICLE EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROXIMATE # OF MILES (TOTAL)
		FROM	TO	
<b>BUS</b>				
<b>TRUCK</b>				
<b>OTHER TYPES</b>				

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	INJURIES	FATALITIES
<b>LAST ACCIDENT</b>				
<b>NEXT PREVIOUS</b>				
<b>NEXT PREVIOUS</b>				

**TRAFFIC CONVICTION & FORFEITURES FOR THE PAST 3 YEARS OR MORE**

LOCATION	DATE	CHARGE (VIOLATION)	PENALTY

Do you have a Passenger Endorsement? YES\_\_\_ NO\_\_\_

Do you have Airbrake Endorsement? YES\_\_\_ NO\_\_\_

Do you have a SPAB Certificate? YES\_\_\_ NO\_\_\_

Do you have a School Bus Certificate? YES\_\_\_ NO\_\_\_

Do you have a Medical Examiner Certificated (DL51A?) YES\_\_\_ NO\_\_\_

Do you have an original DMV H6 print out, no later than 30 days old? YES\_\_\_ NO\_\_\_

*(If you answered no to H6, you will be required to submit one before being considered)*

Have you ever tested positive, or refused to test on any pre-employment drug of alcohol test administered by a Company to whom you applied for, but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. YES\_\_\_ NO\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES\_\_\_ NO\_\_\_

Has any license, permit or privilege ever been suspended or revoked? YES\_\_\_ NO\_\_\_

Have you ever been convicted of a crime other than a traffic violation? YES\_\_\_ NO\_\_\_

*(NOTE: Please exclude misdemeanor convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and misdemeanor convictions for which probation was successfully completed or otherwise discharged and the case was judicially dismissed. A conviction is not an automatic bar to employment. Each case will be considered on its own merits)*

IF YES, please explain and state the charge, the court, date of conviction, and the nature of the case:

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**EMPLOYMENT RECORD – PLEASE PROVIDE SEVEN LAST (7) YEARS**

**CURRENT EMPLOYER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

RATE OF PAY \_\_\_\_\_ SUPERVISOR'S NAME & TITLE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Subject to drug/alcohol testing requirements per 49 CFR Part 40 Yes \_\_\_\_\_ No \_\_\_\_\_

**PREVIOUS EMPLOYER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

RATE OF PAY \_\_\_\_\_ SUPERVISOR'S NAME & TITLE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Subject to drug/alcohol testing requirements per 49 CFR Part 40 Yes \_\_\_\_\_ No \_\_\_\_\_

**PREVIOUS EMPLOYER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

RATE OF PAY \_\_\_\_\_ SUPERVISOR'S NAME & TITLE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

Subject to drug/alcohol testing requirements per 49 CFR Part 40 Yes \_\_\_\_\_ No \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

**AT WILL EMPLOYMENT CLAUSE**

*Employment contract provision indicating that employer or employee may terminate the employment relationship at any time with or without cause.*

*In consideration of employer entering into this agreement, employee agrees to conform to the policies and rules of employer in effect. Each party to this agreement also agrees that employee's employment and compensation can be terminated, with or without cause, and without prior notice, at any time, at the option of either employee or employer.*

*If you are hired by this company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.*

**AUTHORIZATION**

*I certify that the facts contained in this application and accompanying resume, if any, are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the company.*

*I understand that any employment is conditioned on the background check. I authorize the company to thoroughly investigate all statements contained in my application or resume and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. I release the Company, any former employers and all references listed above from any and all claims demands or liabilities arising out of or related to such investigation or disclosure.*

*I understand and agree that nothing contained in this application or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "At Will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.*

*If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests and I request that the examining doctor disclose to the Company the results of the examination, which shall remain confidential. I understand that my employment or continued employment, to the extent permitted by the law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired, a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.*

*I authorize you to make such investigations and inquiries of my personal, employment, 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.)*

*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 the Company.*

*I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name