

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name: _____ Date of Application: _____
(Print)

Company: DeCAMP BUS LINES
Address: P O BOX 581, 101 GREENWOOD AVENUE
City: MONTCLAIR State: NJ Zip: 07042

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, martial status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or 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, schools, health care providers and 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 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). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY OF REASONS SHOULD BE PLACED IN FILE)
SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions – please print)

Position(s) Applied for _____

Name _____ Social Security No. _____
 Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____
 Street _____ City _____
 State _____ Zip Code _____ Phone _____ How Long? _____
 yr./mo.

Previous Addresses _____ How Long? _____
 Street _____ City _____ State & Zip Code _____ yr./mo.
 _____ How Long? _____
 Street _____ City _____ State & Zip Code _____ yr./mo.
 _____ How Long? _____
 Street _____ City _____ State & Zip Code _____ yr./mo.

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

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
 (Required for Commercial Drivers)

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

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? _____ Rate of pay expected _____

Have you even been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 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.)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP	SALARY WAGE	
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
WHERE YOU SUBJECT TO THE FMCSRs ⁺ 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				

EMPLOYMENT HISTORY (continued)

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
WHERE YOU SUBJECT TO THE FMCSRs [†] 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			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
WHERE YOU SUBJECT TO THE FMCSRs [†] 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			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
ADDRESS	POSITION HELD			
CITY	STATE	ZIP		
CONTACT PERSON	PHONE NUMBER			REASON FOR LEAVING
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYER			DATE	
NAME	FROM MO.	YR.	TO MO.	YR.
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EMPLOYER			DATE	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

[†]The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 lbs or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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	HAZARDOUS MATERIAL SPILL
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

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPOX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLEET, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLEET, DUMP, REFER)			
TRACTOR - TWO TRAILERS _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLEET, DUMP, REFER)			
TRACTOR - THREE TRAILERS _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLEET, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 8 passengers			
MOTORCOACH - SCHOOL BUS _____ <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 15 passengers			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____

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 SHOWN ELSEWHERE IN THIS APPLICATION

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

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE)

TO BE READ AND SIGNED BY APPLICANT

This 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.

Signature: _____

DATE: _____

Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

_____ Cell Phone: _____

Available to Work:

Weekday: AM _____ PM _____ Other _____

Saturday: AM _____ PM _____ Other _____

Sunday: AM _____ PM _____ Other _____

PRE-EMPLOYMENT URINALYSIS

CONSENT AGREEMENT

The Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations, Section 391.103 Pre-employment testing requirement apply to driver-applicant for this company.

391.103 Pre-employment testing requirements.

- (a) A motor carrier shall require a driver applicant who the motor carrier intends to hire or use to be tested for the use of controlled substances as a prequalification condition.
- (b) A driver-applicant shall submit to controlled substance testing as a prequalification condition.
- (c) Prior to collection of urine sample under Section 391.107 of this subpart, a driver-applicant shall be notified that the sample will be tested for the presence of controlled substances.

As a condition of my Employment Application, I consent to the urine sample collection controlled substance testing.

I understand a positive test for controlled substances based on the Urinalysis Test medically disqualify me from the operation of a commercial motor vehicle for this company.

The Medical Review Officer will maintain the results of the Urinalysis Test. Negative positive results will be reported to the company.

My written authorization is required for the Urinalysis Test results to be given to other parties.

I have read and understand the above conditions for the Pre-Employment Urinalysis Consent Agreement.

APPLICANT'S NAME (Type or Print)

APPLICANT'S SIGNATURE

_____/_____/_____
MONTH DAY YEAR

WITNESSED BY:

COMPANY REPRESENTATIVE'S SIGNATURE

_____/_____/_____
MONTH DAY YEAR

PRE-EMPLOYMENT REFERENCE CHECK

DATE _____ / _____ / _____

Attention: _____

The applicant named below has told us that he/she previously worked for your Company. We would appreciate your furnishing us with as much of the information requested below as possible. We assure you that any information you may give will be treated confidentially.

An early reply will be greatly appreciated.

Sincerely yours,

 Title
DeCamp Bus Lines
PO Box 581, Montclair, NJ 07042

APPLICANT'S SIGNATURE: _____

APPLICANT'S NAME: _____ Social Security/
Insurance Number

DATES IN YOUR EMPLOY: FROM _____ TO _____ SALARY \$ _____ PER _____

POSITION HELD: _____

Is the information listed above correct? Yes _____ No _____ If no, please supply the correct information below.

Why did applicant leave your company? _____

Would you re-employ? Yes _____ No _____ If no, why not? _____

Please rate applicant on the following characteristics:

	POOR	FAIR	AVERAGE	VERY GOOD	EXCELLENT
QUALITY OF WORK					
QUANTITY OF WORK					
SUITABILITY FOR POSITION					
**PERSONAL APPEARANCE					
ATTEDANCE					
DEPENDABILITY					
COOPERATIVENESS					
CREATIVENESS					

**If relevant to the particular job.

DATE _____ / _____ / _____ SIGNED _____ TITLE _____

DeCamp Bus Lines

CANDIDATE FOR EMPLOYMENT	
Name:	_____
Social Security Number:	_____ - _____ - _____
Position:	_____
Hire date:	_____

Date: _____

I hereby authorize the above-named company to release the information requested below to DeCamp Bus Lines.

Signature: _____ Date: _____

Dear Sir/Madam:

The above named individual is a candidate for employment at DeCamp Bus Lines and, as such, we are conducting a background verification. Any information you can provide in the following areas would be greatly appreciated.

Dates Employed From _____ to _____ Position: _____

Reason for Leaving (Please Circle One)

Resignation Discharge* Lay-Off Other* *Please explain _____

Eligible for Rehire: Yes NO (If "NO" please explain): _____

Pursuant to (49 CFR Part 40) of the DOT Drug and Alcohol Regulation, DeCamp Bus Lines is required to obtain the following information for the preceding two years from records maintained by former employers.

DOT REQUIREMENTS:

- 1) Has subject tested positive for controlled substances?
No: _____ YES: _____ DETAILS: _____
- 2) Has subject's alcohol test received a concentration result of 0.04 or greater?
No: _____ YES: _____ DETAILS: _____
- 3) Has subject refused to be tested within the past two years?
No: _____ YES: _____ DETAILS: _____
- 4) Has the subject violated any other DOT regulations?
No: _____ YES: _____ DETAILS: _____
- 5) As appropriate, document the successful completion of DOT return-to-duty requirements including follow-up tests.
Not Applicable: _____ Applicable: _____ DETAILS: _____

REMARKS: _____

Name: _____ Signature: _____

Position: _____ Date: _____

To help us expedite the processing of this application, please fax it back to us within 5 – 7 business days. If you are unable to fax the information, please forward to the address listed below:

Fax to Attention: _____

Mailing Address: 101 Greenwood Avenue P.O. Box 581 Montclair, NJ 07042
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FTA APPLICANT/DRIVER CERTIFICATION STATEMENT FORM

COSI ON BEHALF OF COMPANY Applicant/Driver Certification Statement SECTION I: TO BE COMPLETED BY APPLICANT

In accordance with 49 CFR §40.25 you as the an applicant seeking to begin performing safety-sensitive duties for the first time with COMPANY must document whether you have engaged in any prohibited drug and/or alcohol conduct with a previous DOT-regulated employer (s) who have employed you during any period during the two (2) years before date of application with *COMPANY*. I understand that, in accordance with DOT regulations the *COMPANY* is required to contact the DOT-regulated employer (s) for which I have been employed with during any period during the two (2) years before date of application with *COMPANY*.

I certify that this information is complete and accurate. I understand that failure to accurately report information may result in my not being retained for employment by the *COMPANY*.

Applicant's Name:
Applicant's Social Security Number:
Date of Application:
Applicant's Signature:

Drug and Alcohol Testing History Information To Report

	Yes	No	Date of Violation
In accordance with 49 CFR §40.25 I have information to report	___	___	
Verified positive controlled substance test result	___	___	
Refusal to be tested (including verified adulterated or substituted test results)	___	___	
Confirmed alcohol test result with a concentration of 0.04 or greater	___	___	
Other violations of DOT drug and alcohol testing regulations	___	___	
Completion of Return-to-Duty Process in accordance with 49 CFR §40, Sub O	___	___	
If you have answered YES to any of the above drug and alcohol testing violations please provide below a brief description of the occurrence:			
At the time of the violation I was an applicant	___	___	
At the time of the violation I was an employee	___	___	

Please list below the name of both the employer that has the information on the violation and/or the completion of my Return-to Duty Process and the Substance Abuse Professional (SAP) who provided my evaluation and recommendations.

Name of Previous Employer and/or company applied to:
Designated Employer Representative (DER):
Company Address:
Company Phone Number:
SAP Name:
SAP Telephone Number:
SAP E-mail Address:
SAP Address:

DeCamp Bus Lines

Important Notice Regarding Background Reports From The PSP Online Service

In connection with your application for employment with *DeCamp 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). If the Prospective Employer uses any information it obtains from the 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. 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:

I authorize *DeCamp 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.

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.

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 (Printed)