



APPLICATION INFORMATION

Last Name _____ First Name _____ DATE _____
 Street Address _____ APT/UNIT # _____
 City _____ State _____ Zip _____
 Phone (____) _____ E-mail Address _____
 Date of birth (required for commercial drivers) ____/____/____ Can you provide proof of age? Yes / No
 Date Available _____ Desired Salary _____
 Are you a citizen of the United States? Yes / No If no, are you authorized to work in the U.S.? Yes / No
 Have you ever worked for this company? Yes / No If so, when? _____
 Have you ever been convicted of a felony? Yes / No If yes, explain: _____

I AM INTERESTED IN:

Full Time Part Time
 Sub

DRIVER'S LICENSE INFORMATION

Do you have any license restrictions? Yes / No
 If YES, please explain: _____
 Driver's License # _____ State _____
 Expiration _____ Class _____
 Endorsements _____ Any Points or DWI/DUI? Yes / No

ACCIDENT RECORD - For past 3 years or more (attach sheet if more space is required) / If none, write NONE:

	Dates	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

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
 If YES to either question, please give details: _____

DRIVING EXPERIENCE (Check Yes or No)

Class of Equipment	Yes / No	Circle Type of Equipment	From (M/Y) To (M/Y)	Aprox # of Miles (Total)
Straight Truck	Yes / No	(VAN, TANK, FLAT, DUMP, REFER)		
Tractor & Semi Trailer	Yes / No	(VAN, TANK, FLAT, DUMP, REFER)		
Tractor - Two Trailers	Yes / No	(VAN, TANK, FLAT, DUMP, REFER)		
Tractor - Three Trailers	Yes / No	(VAN, TANK, FLAT, DUMP, REFER)		
Motorcoach - School Bus (8+ passengers)	Yes / No	(VAN, TANK, FLAT, DUMP, REFER)		
Motorcoach - School Bus (15+ passengers)	Yes / No	(VAN, TANK, FLAT, DUMP, REFER)		

List states operated in for last 5 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):

Is there any reason you might be unable to perform the functions of the job 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	Name _____	Date	
		From (Mo/Yr) _____	To (Mo/Yr) _____
Address _____		Position held _____	
City _____ State _____ Zip _____		Salary/Wage _____	
Contact Person _____ Phone Number () _____		Reason for leaving _____	
Were you subject to the FMCSRs while employed? Yes / No			
Was your job designated as a safety-sensitive function in any DUI-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes / No			
/ No			

EMPLOYER	Name _____	Date	
		From (Mo/Yr) _____	To (Mo/Yr) _____
Address _____		Position held _____	
City _____ State _____ Zip _____		Salary/Wage _____	
Contact Person _____ Phone Number () _____		Reason for leaving _____	
Were you subject to the FMCSRs 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	Name _____	Date	
		From (Mo/Yr) _____	To (Mo/Yr) _____
Address _____		Position held _____	
City _____ State _____ Zip _____		Salary/Wage _____	
Contact Person _____ Phone Number () _____		Reason for leaving _____	
Were you subject to the FMCSRs 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			Date	
Name	_____			From (Mo/Yr)
Address	_____			To (Mo/Yr)
City	State	Zip	_____	
Contact Person	_____			Position held
		Phone Number	() _____	
Salary/Wage				
Reason for leaving				
Were you subject to the FMCSRs 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				

EDUCATIONAL RECORD					
	Yes / No	School Name	City / State	GED/Diploma/Degree	Field of Study
High School	Yes / No				
College	Yes / No				
Professional or Technical Schools	Yes / No				
Graduate or Post Graduate	Yes / No				

REFERENCES			
List three close friends who can, and are willing to, furnish detailed information about your background for the past three to five years:			
Reference Name	Address	City / State	Telephone Number
			() _____
			() _____
			() _____

MILITARY SERVICE	
Branch _____	From _____ To _____
Rank at Discharge _____	
If other than honorable, please explain:	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature _____	Date _____

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 inquires 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).	
Signature _____	Date _____

PLEASE READ AND CHECK NEXT TO EACH STATEMENT THAT YOU UNDERSTAND & AGREE:	
<input type="checkbox"/>	TRUE & COMPLETE: This Certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge
<input type="checkbox"/>	ADDITIONAL PHYSICALS: I understand my continued employment as a school bus driver will require I undergo annual physical examinations as mandated by federal and state law.
<input type="checkbox"/>	RELEASE FROM LIABILITY: 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.
<input type="checkbox"/>	FALSE OR MISLEADING: 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, I am required to abide by all rules or regulations of the company.
<input type="checkbox"/>	AT-WILL EMPLOYER: Fisher Bus is an at-will employer residing in the State of New York.
Signature _____	Date _____

An electronic signature/approval (e-signature) is defined as an electronic identifier that is created by a computer and is intended by the party using it to have the same intent, affect and authority as the use of a manual (either written or facsimile) signature and is legally binding under the Electronic Signatures Act (Public Law No: 106-229).