

APPLICATION FOR EMPLOYMENT

Monticello Bus Service, Inc.
200 S West Union Street
Monticello, IL 61856

APPLICANT INFORMATION

Name: _____			
(First)	(Middle)	(Last)	
Current Address: _____			
(Street)	(City)	(State, Zip)	How Long?
Previous Address(es): _____			
(Street)	(City)	(State, Zip)	How Long?

(Street)	(City)	(State, Zip)	How Long?
Phone #: (____) _____ Date of Birth: _____ Social Security #: _____			
Emergency Contact Name: _____ Relation: _____			
Contact Address: _____ Phone #: (____) _____			

DRIVER'S LICENSE INFORMATION

State	License #	Type	Expiration Date
____/____/____	____/____/____	____/____/____	____/____/____
____/____/____	____/____/____	____/____/____	____/____/____

DRIVER EXPERIENCE

Type of Equipment	From (Date)	To (Date)	Approx. # of Miles
_____	_____	_____	_____
_____	_____	_____	_____

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 you answered yes to either of the above 2 questions, attach a statement of explanation		

TICKETS / ACCIDENTS / ETC.

	Date	Description	# of Injuries / Fatalities
Accident Record for Past 3 Yrs.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Traffic Convictions & Forfeitures for Past 3 Yrs.			
	Location	Date	Charge
	_____	_____	Penalty
	_____	_____	_____
	_____	_____	_____

EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

Employer:	_____	Employed From:	_____	To:	_____
Address:	_____				
Phone:	(____) _____	Supervisor:	_____		
Position:	_____	Reason for Leaving:	_____		
Were 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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employer:	_____	Employed From:	_____	To:	_____
Address:	_____				
Phone:	(____) _____	Supervisor:	_____		
Position:	_____	Reason for Leaving:	_____		
Were 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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employer:	_____	Employed From:	_____	To:	_____
Address:	_____				
Phone:	(____) _____	Supervisor:	_____		
Position:	_____	Reason for Leaving:	_____		
Were 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 & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					

SUPPLEMENTAL EMPLOYMENT RECORD

NOTE: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown.

Employer: _____ **Employed From:** _____ **To:** _____

Address: _____

Phone: (____) _____ **Supervisor:** _____

Position: _____ **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 & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ **Employed From:** _____ **To:** _____

Address: _____

Phone: (____) _____ **Supervisor:** _____

Position: _____ **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 & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ **Employed From:** _____ **To:** _____

Address: _____

Phone: (____) _____ **Supervisor:** _____

Position: _____ **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 & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ **Employed From:** _____ **To:** _____

Address: _____

Phone: (____) _____ **Supervisor:** _____

Position: _____ **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 & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ **Employed From:** _____ **To:** _____

Address: _____

Phone: (____) _____ **Supervisor:** _____

Position: _____ **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 & alcohol testing requirements of 49 CFR Part 40? Yes No

If more space is needed please request another sheet to complete history.

DECLARATION OF EMPLOYMENT STATUS

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From: _____ To: _____

During this time, I was engaged in the following activity:

In addition:

_____ I was not employed by any company or individual

_____ I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle

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 interviews 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 employers 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 the 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: _____