



APPLICATION FOR EMPLOYMENT (CDL Drivers)

INSTRUCTIONS: Thank you for your interest in employment with DC Tours & Transportation. Please complete all portions of this employment application to be considered for employment at DC Tours. If you require accommodation during the employment application process, including assistance in the completion of this employment application, please let us know. We are an equal opportunity employer. We do not discriminate on the basis of age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, or any other protected category recognized by Washington, DC and federal laws. This employment application is valid for a three-month period after submission and only for the desired position. Consideration for employment after the three-month period requires completion and submission of a new application. Please print and complete this application, and fax to our office at: 800-526-1967.

PERSONAL INFORMATION

NAME (LAST NAME FIRST) HAVE YOU EVER USED ANY OTHER NAMES? IF SO, PLEASE PRINT. (For background and criminal conviction check)		
PRESENT ADDRESS APT. NO. CITY		STATE
PHONE CELL: E-MAIL:	DATE OF BIRTH: SOCIAL SECURITY NUMBER:	CAN YOU, UPON EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO [NOTE: If offered employment you will be required to submit documentation required by IRCA? <input type="checkbox"/> YES <input type="checkbox"/> NO

DESIRED EMPLOYMENT

DESIRED POSITION*		DATE YOU CAN START	COMPENSATION DESIRED
HAVE YOU EVER APPLIED FOR EMPLOYMENT AT DC TOURS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
HAVE YOU EVER WORKED FOR DC TOURS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE?	WHEN?	
WHO REFERRED YOU TO DC Tours?			
APART FROM RELIGIOUS OBSERVANCES, WILL YOU BE ABLE TO WORK ALL OTHER TIMES? <input type="checkbox"/> YES <input type="checkbox"/> NO			

If hired, you will be required to perform work as assigned by DC Tours.

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DEGREE/CERTIFICATION RECEIVED, SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

PREVIOUS EMPLOYMENT

Please account for last ten (10) years of employment by answering all questions for each employer.

NAME OF PRESENT OR LAST EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLE(S)
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? ? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?	
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS		
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
REASON(S) FOR LEAVING		IF YOU WERE TERMINATED OR ASKED TO RESIGN, PLEASE EXPLAIN:	
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (DOT REGULATIONS) WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS YOUR JOB DESIGNATED AS SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? WERE YOU SUBJECT TO DOT-REQUIRED DRUG AND ALCOHOL TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF NEXT PREVIOUS EMPLOYER			
ADDRESS		CITY	STATE
STARTING DATE		DATE LAST WORKED	JOB TITLE(S)
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?	
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS		
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES			
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (DOT REGULATIONS) WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS YOUR JOB DESIGNATED AS SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? WERE YOU SUBJECT TO DOT-REQUIRED DRUG AND ALCOHOL TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF NEXT PREVIOUS EMPLOYER				
ADDRESS		CITY	STATE	ZIP CODE
STARTING DATE	DATE LAST WORKED		JOB TITLE(S)	
STARTING SALARY/HOURLY RATE	FINAL SALARY/HOURLY RATE	MAY WE CONTACT YOUR SUPERVISOR? £ YES £ NO IF NO, WHY?		
STARTING COMMISSION/BONUS	FINAL COMMISSION/BONUS			
NAME OF SUPERVISOR		TITLE	EMPLOYER'S PHONE NUMBER	
SUMMARIZE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES				
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (DOT REGULATIONS) WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS YOUR JOB DESIGNATED AS SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? WERE YOU SUBJECT TO DOT-REQUIRED DRUG AND ALCOHOL TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO		

EMPLOYMENT GAPS

Explain any periods that you were not working during the past 10 years, other than due to personal illness, injury or disability.

REFERENCES

List name and telephone number of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three personal references who are NOT related to you.

	NAME	TITLE	RELATIONSHIP TO YOU	PHONE NUMBER	NUMBER OF YEARS KNOWN
1					
2					
3					

JOB SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying. If driving is required in the job for which you are applying, please provide your valid driver's license number, expiration date, and state of issuance.

RELATED INFORMATION

If you are a member of any job-related organizations (professional, trade, etc.) or have received any job-related awards or accomplishments, list and describe them. Exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, sexual orientation, or any other protected category recognized by Washington, DC and federal laws.

CDL INFORMATION

DRIVERS LICENSE(S) FOR PAST 3 YEARS

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT)	DATES OF EXPERIENCE FROM TO		APPROX. NO. OF MILES (TOTAL)

ACCIDENT RECORD FOR PAST 3 YEARS

DATES (If none, so state)	NATURE OF ACCIDENT (Head on, rear end, up set, etc.)	FATALITIES OR INJURIES (Number)
LAST ACCIDENT		
NEXT PREVIOUS		
NEXT PREVIOUS		

TRAFFIC CONVICTIONS & FORFEITURES FOR PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?
 YES NO If you answered "YES", you must attach details.

2. Has any license, permit or privilege ever been suspended or revoked?
 YES NO If you answered "YES", you must attach details.

3. For the past two years, have you tested positive or refused to test on any pre-employment drug or alcohol test required by a DOT-regulated employer because you would perform safety-sensitive transportation work? YES NO If you answered "YES", you must identify the DOT regulated employer and when the testing took place. You must provide DC Tours with documentation that you successfully completed the return-to-duty process required by the DOT rules. Failure to provide this documentation to DC Tours within two (2) weeks or other time period determined by DC Tours will result in the withdrawal of any job offer.

CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING

A. I certify that the information contained in this application for employment at DC Tours & Transportation is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered, are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.

B. I understand that if I am offered employment at Kauai Island Utility Cooperative, **MY EMPLOYMENT WITH DC TOURS & TRANSPORTATION IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE BY MYSELF OR DC TOURS.**

C. I understand and agree that only the President of DC Tours & Transportation has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon any other representations regardless of the source.

D. I understand and agree that DC Tours & Transportation may make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide DC Tours with any information (including fact or opinion) they may have regarding me. In consideration of DC Tours' review of this application, I release DC Tours and all providers of any information from any liability which may arise as a result of furnishing and receiving this information. I understand and agree any employment offer or continued employment shall be conditional on the receipt of satisfactory references as determined by DC Tours. If employed by DC Tours, I further authorize DC Tours to provide truthful information (including fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against DC Tours for truthfully communicating any such information to a potential or future employer.

E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with DC Tours, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to DC Tours in accordance with state and/or federal laws. DC Tours will keep such results confidential and disclose the results only to persons who need to know or where required by law. Also, I agree to fully cooperate and provide DC Tours with any additional consent(s) and/or release(s) as required by DC Tours to investigate my employment application.

F. I agree that DC Tours & Transportation may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. DC Tours may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that is more than 10 years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.

G. I understand and agree that if offered employment by DC Tours & Transportation, I may be required to disclose military service information in accordance with law, and that any such employment offer shall be dependant upon the receipt of a satisfactory military record as determined by DC Tours.

H. If hired, I agree not to disclose or use confidential information belonging to prior employers and that I will inform DC Tours of any agreements that would limit my ability to work for DC Tours.

I. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with DC Tours & Transportation if I am employed by DC Tours.

Applicant Signature: _____ Date: _____ Print Name: _____

Authorization

I hereby acknowledge that DC Tours & Transportation has disclosed in writing that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize DC Tours & Transportation and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

Signature: _____ Date: _____

Print Name: _____