3465 Astrozon Place Colorado Springs, CO 80910-1028 (719) 590-8687 · (800) 772-6254 Fax (719) 590-4919



875 W 64th Avenue Building "C" Denver, CO 80221-2464 (303) 572-8687 · (877) 726-2546 Fax (303) 438-2118

APPLICATION FOR EMPLOYMENT

| Date of Application: | | | | | ı | Revised 1/26/2015 | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------|--------------------------------|------------|----------------------------|--------------------|--|
| What position are you app Motorcoach Operator Dispatcher | lying for? Vehicle Service Te Other: | chnician | Mechanic | Inside Sal | es/Customer Service | | |
| Full Name: | | | | Phone Nu | ımber: | | |
| Last | First | Middle | | | | | |
| When are you available to What schedules are you av | | | it category to do kends Eve | | Full Time Nights Other: | Part Time | |
| List addresses for the past | 3 years: | | | | | | |
| Current Address: | | | | | How long? | | |
| Street | | City | State | Zip | | | |
| Previous Address: | | | | | How long? | | |
| Street | | City | State | Zip | Unlana? | | |
| Street | | City | State | Zip | How long? | | |
| | | , | | r | How long? | | |
| Street | | City | State | Zip | | | |
| Do you agree to participate in Ramblin Express' pre-employment and random drug screen programs? Yes No List all convictions, pleadings of nolo contendere and deferred judgments you have had in the past seven (7) years. Include the city, county, state and year of decision. Exclude parking tickets. Please note, a criminal background investigation may be conducted. | | | | | | | |
| Convictions, pleas of nolo contendere, deferred judg | ments | City | County | | State | Year | |
| A "yes" answer does not automatically disqualify you from employment as the nature of the offense, date and job for which you are applying will also be considered. | | | | | | | |
| Education | High School | С | ollege/Universit | :у С | Graduate/Professiona | I/Trade/Apprentice | |
| School name (city/state) | | | | | | | |
| Years completed | | | | | | | |
| Diploma/Degree | | | | | | | |
| Course of study | | | | | | | |
| | | Offi | ice Use Only | | | | |
| Applicant Hired: Yes | No | | | | | | |
| Date Employed: | | | | | | | |
| Department: | Po | sition: | | | | | |

Work Experience – list employers in reverse order starting with the most recent; use an additional sheet of paper if needed

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 a vehicle. Starting with your present or most recent employer, list all employment for the last ten (10) years. You must complete this section, even if you are submitting a resume.

| Company Name | Telephone | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------|--|
| Address | Employed from (month/year) | Employed to (month/year) | |
| Supervisor | Starting wage | Ending wage | |
| Job title/description of work | 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 | | | |
| Company Name | Telephone | | |
| Address | Employed from (month/year) | Employed to (month/year) | |
| Supervisor | Starting wage | Ending wage | |
| Job title/description of work | Reason for leaving | | |
| Were you subject to the FMCSRs ^t while employed? Yes No | | | |
| Was your job designated as a safety-sensitive function in any DOT-regulated mo alcohol testing requirements of 49 CFR part 40? | de subject to the drug and | Yes No | |
| Company Name | Telephone | | |
| Address | Employed from (month/year) | Employed to (month/year) | |
| Supervisor | Starting wage | Ending wage | |
| Job title/description of work | 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 mo alcohol testing requirements of 49 CFR part 40? | de subject to the drug and | Yes No | |
| Company Name | Telephone | | |
| Address | Employed from (month/year) | Employed to (month/year) | |
| Supervisor | Starting wage | Ending wage | |
| Job title/description of work | 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 moalcohol testing requirements of 49 CFR part 40? | de subject to the drug and | Yes No | |

This area was intentionally left blank – work experience is continued on the next page.

| Company Name | Telephone | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------|--|
| Address | Employed from (month/year) | Employed to (month/year) | |
| Supervisor | Starting wage | Ending wage | |
| Job title/description of work | 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 malcohol testing requirements of 49 CFR part 40? | node subject to the drug and | Yes No | |
| Company Name | Telephone | | |
| Address | Employed from (month/year) | Employed to (month/year) | |
| Supervisor | Starting wage | Ending wage | |
| Job title/description of work | 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 malcohol testing requirements of 49 CFR part 40? | node subject to the drug and | Yes No | |
| *Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to any size vehicle used to transport hazardous materials in a quantity requiring pl | | ers (including driver), or | |
| †The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone or commerce to transport passengers or property when the vehicle: (1) weighs or used to transport more than 8 passengers (including the driver), OR (3) is of any quantity requiring placarding. | has a GVWR of 10,001 lbs. or | more, (2) is designed or | |
| References – give two (2) persons other than former employers or relatives Name and address References – give two (2) persons other than former employers or relatives | ationship Phone num | ber Years acquainted | |
| Nume und dadress | ationship Fhone hain. | rears acquaintea | |
| | | | |
| Are you licensed to operate a motor vehicle? Do you have a current DOT medical card? Accident record for the past three (3) years: Nature of accident Any fatalities? | Any injuries that req | | |
| Traffic convictions for the past three (3) years (other than parking violations): Location Date (head-on, rear-end, upset, etc.) (yes/no) State Charge | (yes/no | | |
| | | | |

| Have you ever been devehicle? | enied a lice | ense, permit or privilege to | o operate a | a motor | Yes | No | |
|------------------------------------------------------------------------------------------------|---------------|------------------------------------------------|--------------|---------------------|----------------|----|----------------------------------|
| If yes, give details: | | | | | | | |
| Has any license, perm | it, or drivin | g privilege ever been susp | pended or | revoked? | Yes | No | |
| If yes, give details: | | | | | | | |
| Driver Qualifications If you are applying for How long have you ha CDL? What is your date of b | id your | onal driving position, you | must comp | lete this section. | | | |
| what is your date or b | State | License number | Class | Endorsen | aant(s) | | Expiration date |
| Drivers licenses/permits | State | License number | Cluss | Endorsen | ieiii(s) | | expiration date |
| Driver Experience | | <u> </u> | • | | | • | |
| Class of equipment | | Type of equipment (van, tank, flat, bus, etc.) | | Date from | Ι Ιλατρ το Ι Ι | | Approximate no. of miles (total) |
| Straight truck | | | | | | | |
| Tractor trailer (single) | | | | | | | |
| Tractor trailer (double | e/triple) | | | | | | |
| Motorcoach | | | | | | | |
| School bus | | | | | | | |
| Other: | | | | | | | |
| List states operated in | for the las | t five years: | | | | | |
| Training/skills List any specialized tra | aining, spec | cial job-related skills, qual | ifications o | r equipment experio | ence. | | |

ACKNOWLEDGEMENT/CONSENT FOR SUBSTANCE ABUSE TESTING

Please read each statement carefully before signing.

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, marital status, veteran status, disability, genetic information, or any other protected group status.

I authorize the investigation of any or all statements contained in this application and also authorize any person, educational institutions, law enforcement agencies, city, state, county and federal courts, military service, current employer, past employers, credit agencies, and organization named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that this application or subsequent employment does not create a contract of employment, nor guarantee employment for any definite period of time. If employed, I understand that my employment with Ramblin Express is at will and my employment

may be terminated at any time, with or without cause and with or without notice. Also that I may voluntarily terminate my employment with Ramblin Express at any time, with or without cause.

Ramblin Express' management reserves the right to require overtime, flexible work schedules, and travel to other locations as a normal condition of employment.

Ramblin Express does substance abuse testing. All applicants for employment will be tested before they begin employment with Ramblin Express. We do not intend to hire applicants that cannot successfully pass our initial substance abuse testing and criminal background check.

I, the undersigned applicant/employee of Ramblin Express hereby consent to allow Ramblin Express or company authorized facility to collect blood, urine, breath, saliva or otherwise, specimens from me for post-employment offer testing for the presence of alcohol, illegal drugs or controlled substances conducted pursuant to Ramblin Express' drug/alcohol workplace policy. Further, I give my consent for the release of the test results to the appropriate members of company management. I have read, understand and by my signature, consent to these statements.

I understand that any false information or omission may disqualify me from further consideration for employment, and may result in my dismissal if discovered at a later date. I understand also, that I am required to abide by all safety rules and regulations and employment guidelines of Ramblin Express.

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 a 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.

| I certify that this employment application was completed by me and that all entries on it and all information provided in this application |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| and in the interview(s) are true and complete to the best of my knowledge. |

| Signature of applicant | Date |
|------------------------|------|

FAIR CREDIT REPORTING ACT DISCLOSURE

You are hereby notified that a consumer report or an investigative consumer report may be obtained from a consumer reporting agency, other agency or directly by this employer for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee or volunteer.

In accordance with the provisions of Section 604(b)(2)(a) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Reform Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

| Signature of applicant | _ | Date | | |
|------------------------|---|------|--|--|
| | | | | |
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| | | | | |
| | | | | |
| Date of birth | | | | |