



DRIVER'S APPLICATION FOR EMPLOYMENT
APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

10367 Randleman Road
Randleman, NC 27317
Phone: (336) 498-9000
FAX: (336) 498-2204

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE.

Applicant Name: _____ Date: ____/____/____

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, 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 connection with my application for: a) employment (including contract for services), or b) residency. I understand that consumer reports or investigative consumer reports which may contain public record information may be requested by Holiday Tours, Inc. or made on me including consumer credit, criminal records, driving records, education, prior employer verification, workers compensation claims and others. These reports will include experiences along with reasons for termination of past employment. Further, I understand that Holiday Tours will be requesting information from various Federal, State and local agencies regarding my past activities.

I hereby authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

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 alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date: ____/____/____

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JOB DESCRIPTION: Motorcoach Operator

Key Result Area: Driving the Motorcoach (Impact: 30%)

- 1) Maintain safety for passengers at all times.
- 2) Maintain at least 10 seconds of following distance on open roads.
- 3) Obey all posted speed limits.
- 4) Plan your route in advance according to the information on the itinerary.
- 5) Complete your log book at every change of duty status.
- 6) You may be required to drive up to 10 hours a day and/or a combination of driving and on duty not to exceed 15 hours in a 24 hour period according to the FMCSR's.
- 7) Know the Emergency Evacuation procedure for the motorcoach in case the need arises.

Key Result Area: Customer Service (Impact: 25%)

- 1) Arrive at your pick up location on-time and with a smile on your face.
- 2) Confirm all logistical information with the customer at the start of the trip.
- 3) Assist passengers on and off the coach at each stop.
- 4) Load/Unload luggage for all passengers.
- 5) Be in company uniform at all times.
- 6) Must keep a professional appearance and demeanor at all times while on duty; and while in uniform, or while wearing any form of advertisement for Holiday Tours, Inc. This is while maintaining the highest standard of personal hygiene and/or grooming.
- 7) Before departing the pick up location you should complete a safety speech and/or play the safety DVD provided to you from Holiday Tours, Inc.
- 8) At the final drop-off location you are responsible for checking the coach for any items left by the customer.

Key Result Area: Vehicle Operation (Impact: 25%)

- 1) Review the previous drivers DVIR.
- 2) Complete a DVIR every time you drive a motorcoach. Document all malfunctions.
- 3) Perform required DOT Pre-trip at the start of the day to ensure vehicle is safe, clean, and ready for travel.
- 4) Perform walk around inspection at each stop during your trip.
- 5) Perform DOT Post-trip inspection at the end of each work day.
- 6) We operate several types of vehicles with most of the fleet being Prevost. You should make yourself familiar with the different vehicle types and how they operate.
- 7) From time to time there will be on the road failures (mechanical and/or trip issues). You should contact Operations at 336-823-3980 if it is during normal operating hours. If the problem occurs after hours you should contact the on-call Operations team member at 888-792-1206.

Key Result Area: Area's of documentation and compliance (Impact: 10%)

- 1) Complete RODS(Record of Duty Status/Logs) accurate and current to every change of duty status per FMCSR Part 395.
- 2) Complete DVIR(Driver Vehicle Inspection Report) for each day work and/or for each vehicle operate in one day per FMCSR Part 396.11.
- 3) Complete a Trip Cost Report for each assignment according to the company policy.
- 4) Complete a Driver's Expense Report for each assignment according to the company policy.

Key Result Area: Communication with internal staff (Impact: 10%)

- 1) Notify Dispatch promptly of any changes in regard to phone numbers were you can be reached.
- 2) Keep Dispatch informed of your available time and the time that you will need off.
- 3) Communicate with Dispatch for any type of on-the-road failures.
- 4) When Dispatch calls you please respond promptly.
- 5) You will be given items back in your locker, when you receive these items (example: Log, DVIR, or Safety inquiries, etc) please return to the appropriate person in a timely manner.

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MINIMUM QUALIFICATIONS

- 1) High school diploma or GED equivalent
- 2) US Citizen or permanent Visa
- 3) Must have a vehicle driver's license for at least three years
- 4) Must have CDL class A or B with Passenger and air brake endorsements.
- 5) Must have an acceptable driving record (MVR) with less than 4 points
- 6) No DUI/DWI convictions within the last 10 years from the citation date, and has demonstrated better judgement since. Must not have had multiple DUI/DWI convictions.
- 7) Is able to read, write, and converse in English, understand traffic signs, as well as respond to official inquiries and fill out all required reports
- 8) Must have no conviction of a felony in the past 20 years
- 9) Must comply with all other applicable qualifications for employment established by regulation and by the company
- 10) Must satisfactorily demonstrate acceptable driving behaviors during road test
- 11) You will be subject to the drug and alcohol regulations issued by the FMCSA, Title 49 CFR Part 40 and 382

PHYSICAL QUALIFICATIONS

- 1) Must be able to lift up to 70 pounds
- 2) Must be able to sit for long periods of time (possibly up to 8 hours)
- 3) Must be able squat or bend over multiple times in a day
- 4) Must be able to stand for long periods of time (possibly up to 1 hour) without assistance or the aid of crutches, canes, or other devices
- 5) Must be able to walk for long periods of time (possibly up to 1 hour) without assistance or the aid of crutches, canes, or other devices
- 6) The most important qualification in order to safely operate a commercial motor vehicle is the physical qualification.
- 7) You must be able to complete a DOT medical card according to FMCSR Part 391 Subpart E.
- 8) According to the FMCSA, you may not drive if:
 - Have lost a foot, leg, hand, or arm unless you have been granted a skill performance evaluation certificate
 - Have an impairment of the finger, hand, arm, foot, or leg that inhibits your ability to perform tasks associated with driving a commercial motor vehicle. Unless you have been granted a skill performance evaluation certificate
 - Have an established medical history or clinical diagnosis of diabetes mellitus currently requiring insulin for control
 - Have high blood pressure that will interfere with driving
 - Have poor hearing
 - Have vision affecting your ability to see with both eyes; objects that are far away, objects to the side, or traffic signal colors; (glasses or contact lenses may be used to correct some of the abilities)
 - Have any mental problems that will interfere with your ability to drive a commercial motor vehicle safely
 - Have chronic asthma, emphysema, or chronic bronchitis that cause you to have chest or breathing problems
 - Have heart disease, causing you chest pain, fainting, or shortness of breath
 - Have any sickness that will not allow you to safely drive a commercial motor vehicle such as loss of consciousness and/or loss of ability to control the vehicle

By signing below you agree that you have read and reviewed the above Job Description and that you can satisfactorily meet all requirements of the job.

Signature _____ Date ____/____/____

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Name: _____
Last First Middle Maiden

Present Address: _____
Number Street City State Zip

How long? _____ Telephone: (____) ____ - _____ Social Security Number: _____ - _____ - _____

Previous Addresses: _____ E-Mail Address: _____

Number Street City State Zip How Long? _____
yr./mo.

Number Street City State Zip How Long? _____
yr./mo.

Number Street City State Zip How Long? _____
yr./mo.

Do you have the legal right to work in the United States? Yes No Date of Birth ____/____/____

Driver's License #: _____ Issuing State: _____ Can you provide proof of age? Yes No

Have you worked for this company before? Yes No

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

Reason for leaving: _____

Are you now employed? Yes No If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Have you ever been bonded? Yes No If yes, name of bonding company: _____

Employment desired: FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When will you be available to start work? _____ Available hours per week: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain fully on a separate sheet of paper. Conviction of 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?

Yes No

If yes, explain if you wish:

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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. Please fully complete employment dates and pay/salary information as well.

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.

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Name of employer: Address: City, State, Zip Code: Phone:	Name of last supervisor	Employment Dates	Pay or salary
		From:	Start:
		To:	Final:
	Your last job title:		
Reason for leaving (be specific):			
Were you subject to the FMCSRs [§] while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer: Address: City, State, Zip Code: Phone:	Name of last supervisor	Employment Dates	Pay or salary
		From:	Start:
		To:	Final:
	Your last job title:		
Reason for leaving (be specific):			
Were you subject to the FMCSRs [§] while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of employer: Address: City, State, Zip Code: Phone:	Name of last supervisor	Employment Dates	Pay or salary
		From:	Start:
		To:	Final:
	Your last job title:		
Reason for leaving (be specific):			
Were you subject to the FMCSRs [§] while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

[§]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 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

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EMPLOYMENT HISTORY

(Please list employers in reverse order starting with the most recent. Add another sheet if necessary.)

Name of employer: Address: City, State, Zip Code: Phone:	Name of last supervisor	Employment Dates	Pay or salary
		From: To:	Start: Final:
	Your last job title:		
	Reason for leaving (be specific):		

Were you subject to the FMCSRs^S while employed? Yes No

Name of employer: Address: City, State, Zip Code: Phone:	Name of last supervisor	Employment Dates	Pay or salary
		From: To:	Start: Final:
	Your last job title:		
	Reason for leaving (be specific):		

Were you subject to the FMCSRs^S while employed? Yes No

Name of employer: Address: City, State, Zip Code: Phone:	Name of last supervisor	Employment Dates	Pay or salary
		From: To:	Start: Final:
	Your last job title:		
	Reason for leaving (be specific):		

Were you subject to the FMCSRs^S while employed? Yes No

OTHER COMMERCIAL VEHICLE EXPERIENCE (NOT LISTED ABOVE)

VEHICLE TYPE	DATES	VEHICLE TYPE	DATE

EDUCATION

Please circle the highest grade completed:

1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Name of Last School Attended: _____

City, State: _____

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ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ROLLOVER, 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

DATE	LOCATION	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 #	TYPE	CLASS TYPE	PASSENGER ENDORSEMENT?	EXPIRATION DATE
				<input type="checkbox"/> REGULAR <input type="checkbox"/> CDL	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> REGULAR <input type="checkbox"/> CDL	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___
			<input type="checkbox"/> REGULAR <input type="checkbox"/> CDL	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> YES <input type="checkbox"/> NO	___/___/___

- 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		APPROX # OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH <input type="checkbox"/> YES <input type="checkbox"/> NO	-			
SCHOOL BUS (MORE THAN 8 PASSENGERS) <input type="checkbox"/> YES <input type="checkbox"/> NO	-			
SCHOOL BUS (MORE THAN 15 PASSENGERS) <input type="checkbox"/> YES <input type="checkbox"/> NO	-			
OTHER _____				

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List the states you have operated in for the 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):

Do you have a current DOT physical? Yes No Expiration Date: ____/____/____

Doctor's National Registry Number: _____

Do you have 5 years or 100,000 miles experience in large vehicle operation? Yes No

Are you familiar with DOT pre-trip requirements? Yes No

Customer service is a priority to Holiday. Do you consider yourself to be a "people person"? Yes No

Have you ever tested positive on a substance abuse test? Yes No

If yes, please explain: _____

Have you ever refused to take a substance abuse test? Yes No

If yes, please explain: _____

What is the most important aspect of driving a motorcoach?

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What are your thoughts on uniform requirements?

If the customer is in charge, how would you (as the driver) handle an unsatisfied customer?

Have you ever been convicted of a felony or DUI? Yes No

If yes, please explain:

Are you applying for full-time or part-time work? Full-Time Part-Time

Why would you like to drive a motorcoach?

What are your feelings about having to follow other drivers in a certain order driving down the road?

Which do you consider more important, customer satisfaction or safety?

Why did you choose Holiday? (flyer, radio, signs, etc.)

GUILFORD COUNTY SCHOOLS (GCS) RELEASE OF INFORMATION FORM

The purpose of this form is to notify you, in accordance with present federal law that a background report, including a criminal records check, will be obtained on you in consideration for employment and/or in the course of your employment with the Guilford County Schools. I understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

Last Name: _____ First: _____

Middle: _____ Other (Maiden, Aliases, etc.): _____ Gender _____

Present Address: _____ Social Security #: _____ - _____ - _____

City: _____ State: _____ Zip Code: _____

Date of birth: _____ Home Phone: () _____ Driver's License #: _____ State: _____
Month Day Year

This information is voluntary and will not affect your opportunity for employment or terms or conditions of employment.

Ethnicity: Are you of **Hispanic or Latino** ethnicity-a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race? **Yes** **NO**

Race: Please check one or more of the descriptions below corresponding to the racial group(s) with which you identify:

American Indian or Alaska Native – A person having origins of North and South America (including Central America) and maintain tribal affiliation or community attachment.

Asian –A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

In consideration with this request, I authorize all corporations, former employers, credit agencies, education institutions, law enforcement agencies, city, state, county and federal courts, and military services to release information about my background, including but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public record history, to the person or company with which this form has been filed, or its agents. This releases the aforesaid parties from any liability and responsibility for collecting the above information. I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Please list all cities, counties and states in which you have lived within the past 20 years. Attach another page if necessary:

Street	City	County	State	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any felony or misdemeanor criminal convictions, guilty pleas, pleas of no contest, deferred prosecutions, prayers for judgment, and pending charges. Your listing should include DWI/DUI convictions, guilty pleas etc. but exclude minor traffic violations. Please provide date(s), court of jurisdiction, and state.

Are you a retiree of the NC Teachers and State Employees Retirement System? yes no

If yes, when did you retire? _____ (mm/dd/yyyy) If yes, have you served a six month break in service? yes no

Position nominated for: _____ Previously worked for GCS: yes no

School/Location: _____ Applicant's Signature: _____ Date: _____

MANDATORY USE FOR ALL ACCOUNT HOLDERS
IMPORTANT NOTICE
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

1. In connection with your application for employment with Holiday Tours (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from 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.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

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:

2. I authorize Holiday Tours (“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.

3. 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.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

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 (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant’s written or electronic consent prior to accessing the Applicant’s PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant’s consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**

LAST UPDATED 10/29/2012