

Last update May 2015



Employment Application

(GO Airport Shuttle Driver)

Name: _____ Date of Application: _____

Company: _____ City Tours Inc. _____

Address: _____ 1615 S. San Marcos San Antonio, TX 78207 _____

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 & 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 maybe 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 the 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 the 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 accuracy of the information.

Signature: _____ Date: _____

OFFICE USE ONLY

PROCESS RECORD

Applicant Hired: _____ YES or No _____ Date Employed: _____ Department: _____

Classification: _____ Signature of Interviewer: _____



Last update May 2015



APPLICANT TO COMPLETE

ANSWER ALL QUESTIONS — PLEASE PRINT

Positions Applying for: _____

Name: _____ Social Security No: _____

List your addresses of residency for the past 3 years

Cell Phone Number: _____

Current Address _____

_____ Phone Number _____ How Long? _____

Previous Addresses: _____ How Long? _____

_____ How Long? _____

_____ How Long? _____

Do you have the legal right to work in the United States? _____

Date of Birth: ____/____/____

Can you provide proof of age? _____

Have you worked for this company before? _____

Where? _____

Dates: From _____ To _____

Position held _____

Reason for Leaving: _____

Are you now employed? _____

How long since leaving last employment? _____

How did you hear about us? _____

Rate of pay expected _____

Have you ever been bonded? _____

Name of bonding Company _____

Have you ever been convicted of, plead guilty too, or received deferred adjunction for, any felony, or any crime involving dishonesty, violence, or and crime involving sexual misconduct? _____

If yes, please explain. Conviction of a 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 [as described in the attached job description]? If yes, explain. _____





Employment History

All driver applications to drive in *interstate commerce* must provide the following information on all employers during the preceding 10 years. (List complete mailing address, street number, city, state & zip code)

Applicants to drive a commercial motor vehicle* in *intrastate commerce* shall also provide an additional 10 years' information on those employers for whom the applicant operated such vehicle.

#1 **NOTE: List employers in reverse order starting with the most recent. Add another sheet if necessary.**

Company Name:	Dates Employed:
Contact Person:	Position Held:
Address:	Salary / Wage
Phone #:	Reason for Leaving:
Were you subject to the FMCSRs' While Employed? YES or NO	
Was your job designated as a safety-sensitive function in and DOT-REGULATED mode subject to the DRUG & Alcohol testing requirements of 49 CFR part 40? YES or NO	

#2

Company Name:	Dates Employed:
Contact Person:	Position Held:
Address:	Salary / Wage
Phone #:	Reason for Leaving:
Were you subject to the FMCSRs' While Employed? YES or NO	
Was your job designated as a safety-sensitive function in and DOT-REGULATED mode subject to the DRUG & Alcohol testing requirements of 49 CFR part 40? YES or NO	

#3

Company Name:	Dates Employed:
Contact Person:	Position Held:
Address:	Salary / Wage
Phone #:	Reason for Leaving:
Were you subject to the FMCSRs' While Employed? YES or NO	
Was your job designated as a safety-sensitive function in and DOT-REGULATED mode subject to the DRUG & Alcohol testing requirements of 49 CFR part 40? YES or NO	



Employment History Continued...

#4

Company Name:	Dates Employed:
Contact Person:	Position Held:
Address:	Salary / Wage
Phone #:	Reason for Leaving:
Were you subject to the FMCSRs[†] While Employed? YES or NO	
Was your job designated as a safety-sensitive function in and DOT-REGULATED mode subject to the DRUG & Alcohol testing requirements of 49 CFR part 40? YES or NO	

#5

Company Name:	Dates Employed:
Contact Person:	Position Held:
Address:	Salary / Wage
Phone #:	Reason for Leaving:
Were you subject to the FMCSRs[†] While Employed? YES or NO	
Was your job designated as a safety-sensitive function in and DOT-REGULATED mode subject to the DRUG & Alcohol testing requirements of 49 CFR part 40? YES or NO	

#6

Company Name:	Dates Employed:
Contact Person:	Position Held:
Address:	Salary / Wage
Phone #:	Reason for Leaving:
Were you subject to the FMCSRs[†] While Employed? YES or NO	
Was your job designated as a safety-sensitive function in and DOT-REGULATED mode subject to the DRUG & Alcohol testing requirements of 49 CFR part 40? YES or NO	





CITY TOURS INC.

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

DATES	NATURE OF ACCIDENT: (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT:				
NEXT PREVIOUS:				
NEXT PREVIOUS:				

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONT, WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE & QUALIFICATIONS - DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE

- A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES or NO
 B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES or NO

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: _____

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK YES or NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR & SEMI-TRAILER YES or NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS YES or NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR — THREE TRAILERS YES or NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH — SCHOOL BUS (MORE THAN 8 PASSENGERS) YES or NO	-----			
MOTORCOACH — SCHOOL BUS (MORE THAN 15 PASSENGERS) YES or NO	-----			
OTHER _____				

LIST STATES OPERATED IN FOR 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? _____



AIRPORT SHUTTLE
The Only Way to GO



Last update May 2015



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)

EDUCATION

CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 **HIGH SCHOOL:** 1 2 3 4 **COLLEGE:** 1 2 3 4
LAST SCHOOL ATTENDED: _____ CITY, STATE: _____

TO BE READ AND SIGNED BY APPLICANT

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ **DATE:** _____

