



# Employment Application

(Tour & Charter 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: \_\_\_\_\_





# 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: \_\_\_\_\_

How long since leaving last employment? \_\_\_\_\_

Are you now employed? \_\_\_\_\_

Rate of pay expected \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Name of bonding Company \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_

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.

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

#1

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

#2

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

#3

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





## Employment History Continued...

#4

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

#5

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

#6

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



Last updated May 2015



CITY TOURS INC.

### EXPERIENCE AND QUALIFICATIONS – OTHER

WHAT QUALITIES DO YOU POSSES THAT WOULD HELP YOU WITH THIS JOB? \_\_\_\_\_

WHY DO YOU THINK YOU WOULD BE THE BEST FIT FOR OUR COMPANY? \_\_\_\_\_

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:** \_\_\_\_\_

