

Before you begin to complete the attached forms Read this completely

State and Federal Regulations govern our process of screening and documenting driver qualifications. These regulations require us to ask each of the questions listed on the application form, and to acquire your written response to each of these questions. If you fail to answer the questions fully, we cannot process your application in a timely manner, which may delay or prevent us from offering you employment, if you meet our requirements.

These regulations also require us acquire various additional information including a copy of your Commercial Drivers License, Physical Examination Report, and an Original Motor Vehicle Report (dated within 30 days of the date on your application for employment), which must be copied. Thereafter, additional screening checks are required. Each of these items must be completed before employment may be offered.

Completing this application form employment does not guarantee employment, nor is it an offer of employment.

If employment is offered, employment will be subject to company policies, including our Employment At Will Policy.

Included with this packet of information are the following forms:

Application for Employment (4 pages) – answer all questions

Certification of Compliance with Commercial Drivers License Regulations *

Driver Release of Post-Accident Alcohol & Controlled Substances Test Documents *

Prior Employer Inquire * Complete one form for each company for whom you worked during the past three years.

Application for Employment

Le Bus

Driver Name: _____
(First) (Middle) (Last)

ADDRESS: _____ How Long? ___ Yr ___ Mo
(Street) (City) (State & Zip Code)

PHONE NUMBER _____ CELL PHONE NUMBER _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____
(Address for past 3 years)

Address: _____ How Long? ___
(Street) (City) (State & Zip Code)

Address: _____ How Long? ___
(Street) (City) (State & Zip Code)

(Attach sheet if more space is needed to list addresses for the past 3 years)

EXPERIENCE AND QUALIFICATIONS-DRIVER

DRIVER LICENSES USED IN THE LAST 7 YEARS	STATE	LICENSE NO.	TYPE/CLASS & ENDORSEMENTS	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	DATES		APPROX. # MILES (TOTAL)
		FROM	TO	
Charter				
Transit				
School				
Other Types				

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

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

LOCATION	DATE	CHARGE (violation)	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

- 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, LIST DETAILS BELOW

EMPLOYMENT RECORD

NOTE: Regulations require that Employment or Contracted Work Record for at Least 3 Years and Commercial Driving Experience for the Past 10 Years To Be Shown.

LAST

COMPANY NAME _____
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____
POSITION HELD _____ FROM _____ TO _____
RATE OF PAY _____ SUPERVISOR'S NAME & TITLE _____
REASONS FOR LEAVING _____

SECOND TO LAST

NAME _____
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____
POSITION HELD _____ FROM _____ TO _____
RATE OF PAY _____ SUPERVISOR'S NAME & TITLE _____
REASONS FOR LEAVING _____

THIRD TO LAST

COMPANY NAME _____
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____
POSITION HELD _____ FROM _____ TO _____
RATE OF PAY _____ SUPERVISOR'S NAME & TITLE _____
REASONS FOR LEAVING _____

FOURTH TO LAST

COMPANY NAME _____
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____
POSITION HELD _____ FROM _____ TO _____
RATE OF PAY _____ SUPERVISOR'S NAME & TITLE _____
REASONS FOR LEAVING _____

FIFTH TO LAST

COMPANY NAME _____
ADDRESS _____
PHONE NUMBER _____ FAX NUMBER _____
POSITION HELD _____ FROM _____ TO _____
RATE OF PAY _____ SUPERVISOR'S NAME & TITLE _____
REASONS FOR LEAVING _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by a Company to whom you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

YES ___ NO ___

TO BE READ AND SIGNED BY APPLICANT

I understand as required by the Federal Motor Carrier Safety Regulations, 49 CFR, 382.301 Pre-employment testing, and Company policy, all prospective drivers must submit to a controlled substance test involving collection of a urine sample which will be tested for the following controlled substances:

- Marijuana
- Cocaine
- Opiates
- Amphetamines
- Phencyclidine

I understand if I test positive for use of any of these controlled substances, I will be given a reasonable opportunity to confer with the Medical Review Officer before any positive test result is reported to the Company.

I understand if the Medical Review Officer reports to the Company that I have tested positive for use of any of the previously mentioned controlled substances, I will not be offered employment with the Company.

I understand that the Company is required to notify me in advance of testing, of the requirement for testing, under part 382 - Controlled Substances and Alcohol & Use and Testing, and subpart 382.113 Requirement for Notice.

I hereby agree to the terms of this notification, and give my consent to be tested for Controlled Substances.

This certifies that I completed this application, and the entries on it are true and complete to the best of my knowledge.

I hereby authorize LeBus, their agents, representatives, and designees, to make any inquiries into my past employment and/or contracted work experience, driving record, accident record, including inquiries with any state, federal or private agency as they deem appropriate.

Date

Applicant's Signature

Certification of Compliance with Commercial Drivers License Regulations

§383.21 Number of drivers' licenses.

(a) No person who operates a commercial motor vehicle shall at any time have more than one driver's license.

§383.31 Notification of convictions for driver violations.

(a) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State or jurisdiction which issued such license, of such conviction. The notification must be made within 30 days after the date that person has been convicted.

(b) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation), shall notify his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license according to §383.31(a).

(c) Notification. The notification to the State official and employer must be made in writing and contain the following information:

- (1) Driver's full name;
- (2) Driver's license number;
- (3) Date of conviction;
- (4) The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted and any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction(s);
- (5) Indication whether the violation was in a commercial motor vehicle;
- (6) Location of offense; and
- (7) Driver's signature.

§383.33 Notification of driver's license suspensions.

Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business day following the day the employee received notice of suspension, revocation, cancellation, lost privilege, or disqualification.

§392.42 Notification of license revocation.

A driver who receives a notice that his/her license, permit, or privilege to operate a motor vehicle has been revoked, suspended, or withdrawn shall notify the motor carrier that employs him/her of the contents of the notice before the end of the business day following the day he/she received it.

I Certify that I have read, and understand the above Regulations, that I will report any violations, citations, suspension, revocation, cancellation, withdrawal or loss of privilege, or disqualification, and that I have only one Commercial Drivers License, as defined in the Regulations.

(Driver's Signature)

(Date)

(Driver's Name - Printed)

Current Drivers License Number

Issuing State

Expiration

**Driver Authorization
for Release of Post-Accident Alcohol & Controlled
Substances Test Documents**

In the event I am required to submit to Post Accident testing for Alcohol and/or Controlled Substances by any law enforcement agency, regulatory agency, or any person with authority to require these tests, I

(Print Driver Name)

hereby authorize the release of said information to:

**Le Bus
542 S. 2350 W Salt Lake City, Utah 84104**

by any agency, hospital, clinic, MRO, or other party/organization involved in the testing process.

(Driver Signature)

(Date)

(Witness)

(Date)

This authorization is valid until withdrawn, in writing, by the driver

⇒ **If YES** to any of the above * three questions, please list the Substance Abuse Professional's name, address and phone number for further reference. **If YES** to question 4. Please provide details of the violation by attaching a description of the violation.

Substance Abuse Professional's Name: _____

Street: _____ City, State, Zip: _____

Phone Number: _____ Fax _____

Number: _____

Completed By: _____ Date: _____

Thank You for your assistance in this matter. This information will be kept confidential.

For company use only.

This form was (check one) -- Faxed: _____ Mailed: _____ to previous employer on (date): _____

Complete below when information is obtained.

Information received from: _____ Date: _____

Recorded by: _____

Information received via: Fax: _____ Mail: _____ Phone: _____ Personal Interview: _____