



An Equal Opportunity Employer

**Doing it safely, the first time!**

## EMPLOYMENT APPLICATION

QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO AGE, SEX, RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEXUAL ORIENTATION, DISABILITY, MARITAL, OR VETERAN STATUS.

Please print clearly using a black pen. Be sure to read and complete the entire application. Incomplete applications will not be considered for employment. If something does not apply to you or your situation, please list No or Not Applicable. Information listed on this application is reviewed to ensure accuracy.

PLEASE SELECT DESIRED LOCATION (CHECK ONE)				
<input type="radio"/> Upland <input type="radio"/> Etiwanda				
PERSONAL INFORMATION				
LAST NAME	FIRST	MIDDLE	TODAY'S DATE	
<b>Please list maiden or any other names that you have used or worked under in your lifetime below.</b>				
PREVIOUS NAME:				
ADDITIONAL PREVIOUS NAME(S):				
SOCIAL SECURITY NUMBER:		DATE OF BIRTH: <small>As required by FMSCR Part 391.21 (b) (2)</small>		
<b>PLEASE LIST ALL ADDRESSES THAT YOU HAVE HAD FOR THE LAST 10 YEARS – ATTACH ADDITIONAL SHEETS IF NECESSARY.</b>				
ADDRESS	CITY	STATE	ZIP	FROM WHEN TO WHEN? to
ADDRESS	CITY	STATE	ZIP	FROM WHEN TO WHEN? to
HOME PHONE NUMBER		CELL PHONE NUMBER		EMERGENCY CONTACT AND PHONE NUMBER
EMPLOYMENT INFORMATION				
DO YOU CURRENTLY HOLD A VALID? CA - CDL Y/N		CA - SCHOOL BUS Cert. Y/N		
HAVE YOU SERVED AS A MEMBER OF THE UNITED STATES MILITARY? <input type="checkbox"/> Yes <input type="checkbox"/> No			DATES OF SERVICE: to	
HAVE YOU EVER WORKED FOR VISSER BUS SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No	POSITION(S) HELD?	WHERE DID YOU WORK FOR US?	FROM WHEN TO WHEN? to	
HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH Visser Bus Services PRIOR TO TODAY? <input type="checkbox"/> Yes <input type="checkbox"/> No	POSITION(S) YOU HAVE APPLIED FOR AND DATE(S)?		ARE YOU PREVENTED FROM BECOMING LAWFULLY EMPLOYED IN THE U.S. BECAUSE OF YOUR VISA OR IMMIGRATION STATUS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHAT DATE WOULD YOU BE AVAILABLE TO START WORKING OR BEGIN TRAINING?			WOULD YOU ACCEPT EMPLOYMENT IN ANOTHER CITY? <input type="checkbox"/> YES PREFERENCE: <input type="checkbox"/> No	
HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN YOUR POSITION WITH ANY EMPLOYER? <input type="checkbox"/> No <input type="checkbox"/> Yes IF YES, PLEASE EXPLAIN BELOW				
HAVE YOU EVER BEEN CONVICTED OF A CRIME? (NOTE A CRIME CONVICTION DOES NOT NECESSARILY MEAN YOU WILL NOT BE HIRED.) IF YES, PLEASE EXPLAIN:				
HOW DID YOU FIND OUT ABOUT Visser Bus Services? <input type="checkbox"/> EMPLOYEE REFERRAL, LIST HIS /HER NAME:				
<input type="checkbox"/> OUR SIGN <input type="checkbox"/> NEWSPAPER AD <input type="checkbox"/> INTERNET <input type="checkbox"/> RADIO AD <input type="checkbox"/> FLYER <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> OTHER:				

**NOTE: WE REQUIRE ALL SERIOUS APPLICANTS TO BE FINGERPRINTED AND TO UNDERGO PRE-EMPLOYMENT DRUG TESTING. ANY OFFER OF EMPLOYMENT OR CONTINUATION OF EMPLOYMENT IS CONTINGENT UPON FAVORABLE RESULTS.**

**Visser Bus Services IS REQUIRED BY FEDERAL REGULATION TO VERIFY YOUR IDENTITY AND ENSURE THAT YOU ARE ELIGIBLE TO LEGALLY WORK WITHIN THE JURISDICTION OF THE UNITED STATES OF AMERICA. PLEASE BE PREPARED TO PRESENT ALL REQUIRED DOCUMENTATION WITHIN 3 DAYS OF THE DATE OF YOUR COMPLETED I-9 FORM.**

**EDUCATION – attach additional sheet if needed**

HIGH SCHOOL	CITY & STATE	LAST YEAR ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> No <input type="checkbox"/> Yes	AWARDED GED? <input type="checkbox"/> No <input type="checkbox"/> Yes	COUNTY & STATE
TECH/TRADE SCHOOL	CITY & STATE	LAST YEAR ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> No <input type="checkbox"/> Yes	ATTAINED DEGREE? <input type="checkbox"/> No <input type="checkbox"/> Yes	MAJOR
COLLEGE	CITY & STATE	LAST YEAR ATTENDED	DID YOU GRADUATE? <input type="checkbox"/> No <input type="checkbox"/> Yes	ATTAINED DEGREE? <input type="checkbox"/> No <input type="checkbox"/> Yes	MAJOR

**LIST ALL VALID DRIVER LICENSES – attach additional sheet if needed**

STATE ISSUED	LICENSE #	DATE EXPIRES	CLASS	CDL <input type="checkbox"/> No <input type="checkbox"/> Yes	SCHOOL BUS Cert. <input type="checkbox"/> No <input type="checkbox"/> Yes
STATE ISSUED	LICENSE #	DATE EXPIRES	CLASS	CDL <input type="checkbox"/> No <input type="checkbox"/> Yes	SCHOOL BUS Cert. <input type="checkbox"/> No <input type="checkbox"/> Yes

- HAVE YOUR DRIVING PRIVILEGES EVER BEEN SUSPENDED IN ANY STATE?  No  Yes
- HAVE YOUR DRIVING PRIVILEGES EVER BEEN REVOKED IN ANY STATE?  No  Yes
- HAVE YOU EVER APPLIED FOR ANY TYPE OF DRIVERS LICENSE IN ANY STATE AND BEEN DENIED ONE?  No  Yes
- HAVE YOU EVER BEEN DISQUALIFIED UNDER ANY PART OF THE FEDERAL MOTOR CARRIER SAFETY REGULATION?  No  Yes
- HAVE YOU EVER HELD A CDL IN ANY OTHER STATE?  No  Yes LIST STATE(S):
- HAVE YOU EVER DRIVEN A SCHOOL BUS BEFORE?  No  Yes IF YES LIST COMPANY NAME AND YEAR(S):
- IN THE PAST 2 YEARS HAVE YOU FAILED OR REFUSED TO TAKE A DOT MANDATED PRE-EMPLOYMENT TEST?  No  Yes
- HAVE YOU EVER FAILED A RANDOM DRUG TEST?  No  Yes

**If you have answered yes to any of the above questions, please attach a separate sheet listing the details to the back of this application.**

**DRIVING EXPERIENCE – attach additional sheet if needed**

	CAR / SUV/ VAN	TRUCK- ¾ TON OR LESS	BUS	SEMI TRUCK	OTHER
MAKE & MODEL					
CLASS OF EQUIPMENT					
YEARS DRIVING					
APPROXIMATE NUMBER OF MILES DRIVEN					
LIST ANY DRIVER TRAINING COURSES YOU HAVE HAD.			LIST ANY DRIVING AWARDS YOU HAVE RECEIVED.		

	LIST DETAILS OF COLLISION	TICKET ISSUED	INJURIES	FATALITIES
DATE OF LAST COLLISION:		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
DATE OF PREVIOUS COLLISION:		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
DATE OF NEXT PREVIOUS COLLISION:		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes

**DOCUMENT DRIVING VIOLATIONS – attach additional sheet if needed**

	CITY & STATE	DATE	CHARGE	RESOLUTION
LIST ALL TRAFFIC AND PENALTIES THAT YOU HAVE OVER THE LAST 3 YRS, OTHER THAN PARKING				

## EMPLOYMENT HISTORY

Document the last 10 years of your employment history in chronological order. Attach additional sheets if necessary. You must explain any breaks in employment during this period. Example: stay at home mom from [insert date] to [insert date].

EMPLOYER NAME	EMPLOYMENT DATES (MONTH / YEAR) To	STARTING SALARY	ENDING SALARY
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SUPERVISORS NAME	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE NUMBER
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ADDRESS	CITY	STATE	ZIP
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DESCRIBE THE POSITION(S) HELD AND BRIEFLY DESCRIBE YOUR DUTIES AND RESPONSIBILITIES.

PLEASE LIST REASON FOR LEAVING.

Was your job designated a safety-sensitive function in any DOT Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40?  Yes  No

Were you subject to the FMCSRs while employed?  Yes  No

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Was your job designated a safety-sensitive function in any DOT Regulated mode subject to the Drug and Alcohol Testing Requirements of 49 CFR Part 40?  Yes  No

Were you subject to the FMCSRs while employed?  Yes  No

## GENERAL INFORMATION

LIST CURRENT MEMBERSHIPS IN SOCIAL ORGANIZATIONS. PLEASE EXCLUDE ANY THAT INDICATE RACE, AGE, SEX, NATIONAL ORIGIN, DISABILITY, RELIGIOUS PREFERENCE, MARITAL STATUS OR SEXUAL ORIENTATION.

LIST HOBBIES AND INTERESTS. PLEASE EXCLUDE ANY THAT INDICATE RACE, AGE, SEX, NATIONAL ORIGIN, DISABILITY, RELIGIOUS PREFERENCE, MARITAL STATUS OR SEXUAL ORIENTATION.

PLEASE USE THIS SPACE TO TELL US ANY OTHER INFORMATION THAT YOU FEEL WOULD BE AN IMPORTANT FACTOR IN YOUR BEING HIRED. ATTACH ADDITIONAL SHEET IF NEEDED.

## APPLICANT'S STATEMENT

IF HIRED ON AS AN EMPLOYEE OF Visser Bus Services YOU AGREE AND UNDERSTAND THAT SUCH EMPLOYMENT IS TERMINABLE AT WILL, EITHER BY YOURSELF OR Visser Bus Services OR ANY OF ITS SUBSIDIARIES OR AFFILIATES, AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE, WITH OR WITHOUT NOTICE. ADDITIONALLY, YOU ACKNOWLEDGE THAT EMPLOYMENT IS NOT FOR A SPECIFIC DURATION.

I UNDERSTAND THAT THE FAIR CREDIT REPORTING ACT, PUBLIC LAW 91-508, REQUIRES THAT I BE ADVISED THAT ROUTINE INQUIRY MAY BE MADE DURING Visser Bus Services INITIAL OR SUBSEQUENT PROCESSING WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER AND GENERAL REPUTATION. I ALSO UNDERSTAND THAT UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE INQUIRY, IF ONE IS MADE, WILL BE PROVIDED TO ME. I ALSO UNDERSTAND THAT I AM ENTITLED TO A FREE COPY OF THE WRITTEN REPORT GENERATED BY THE INQUIRY, IF ONE IS MADE.

I UNDERSTAND THAT I HAVE A RIGHT TO REQUEST CORRECTION OF ERRONEOUS INFORMATION IN RECORDS RECEIVED PURSUANT TO PARAGRAPH (I) OF SECTION 391.23(J)(1) OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS MUST SEND THE REQUEST FOR THE CORRECTION TO THE PREVIOUS EMPLOYER THAT PROVIDED THE RECORDS TO Visser Bus Services, Inc.

I AUTHORIZE Visser Bus Services AND ITS REPRESENTATIVES TO INQUIRE OF MY CURRENT AND FORMER EMPLOYERS AND ANY OTHERS WHO KNOW ME OR KNOW OF ME TO CONDUCT BACKGROUND EVALUATIONS, CRIMINAL HISTORY CHECKS, EMPLOYMENT EVALUATIONS, MANDATED PRE-EMPLOYMENT TESTING RESULTS, REFUSAL(S) TO TEST, ALCOHOL TESTS OF >.04, RANDOM TESTING INFORMATION, RETURN TO DUTY AND FOLLOW UP TESTING COMPLIANCE, AS APPLICABLE, AND I HEREBY EXPRESSLY AUTHORIZE SUCH INQUIRIES AND RELEASE Visser Bus Services AND IT'S EMPLOYEES AND AGENTS, FORMER EMPLOYERS AND THEIR AGENTS FROM ALL LIABILITY FOR ANY DAMAGES ON ACCOUNT OF THEIR FURNISHING SUCH INFORMATION.

I ACKNOWLEDGE THAT WE REQUIRE ALL SERIOUS APPLICANTS TO BE FINGERPRINTED, UNDERGO PRE-EMPLOYMENT DRUG TESTING, SUBMIT TO PHYSICAL EXAMINATION'S AS NECESSARY TO DETERMINE ABILITY TO PERFORM AND CONTINUE TO PERFORM ESSENTIAL DUTIES OF THE POSITION, SUBMIT TO RANDOM, POST COLLISION AND REASONABLE SUSPICION DRUG AND ALCOHOL SCREENING THROUGHOUT THE TERM OF EMPLOYMENT AS DEEMED NECESSARY BY Visser Bus Services AND THAT ANY OFFER OF EMPLOYMENT OR CONTINUATION OF EMPLOYMENT IS CONTINGENT UPON FAVORABLE RESULTS.

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.

My signature certifies that I have read, understand, and agree to the entire application. I understand that any false or negative information may result in the reconsideration of my ability to be an employee of Visser Bus Services.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_