

DRIVER EMPLOYMENT APPLICATION



This application form is intended to be used in evaluating your qualifications for employment. This is not an employment contract. **Please answer all appropriate questions completely and accurately.** False or misleading statements during the interview or on this form are grounds for terminating the application process, or if discovered after employment, for terminating employment. Our policy at Palmer Bus Service is to provide equal opportunity to all qualified persons without regard to race, creed, color, religious belief, marital status, sex, age, national origin, ancestry, the presence of disabilities, or veteran status. Depending on the position applied for, you may be asked to complete a form authorizing release of information related to your credit or criminal history.

Last Name		First Name		Middle Name	Date
Street Address				Home Telephone	
City		State		Zip	Cell Phone
Have you ever applied for employment or been employed with Palmer Bus Service?					Email
Yes No If yes: Month _____ Year _____					
Social Security Number			Date of Birth		When will you be available to begin work?
How did you hear about employment opportunities at Palmer Bus Service?					Referred By (if applicable)
Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?					Yes No

RESIDENCY

If your above address is less than 5 years continue listing them below to cover the previous 5 year period:

Dates:		Street Address	City	State	Zip
To	From				

DRIVER LICENSE INFORMATION

List all licenses held in the last 5 years

State	Driver License Number	Expiration Date

DRIVING EXPERIENCE (IF APPLICABLE)

Please list all previous driving experience. If none, please enter NONE

Dates:		Type of Vehicle Driven	Approximate Miles Driven
To	From		

DRIVING ACCIDENTS

Please list all accidents incurred in the last 5 years. If none, please enter NONE

Date	Describe the Accident	Injuries	Fatalities

TRAFFIC VIOLATION CONVICTIONS

Please list all traffic violation convictions in the last 5 years. If none, please enter NONE

Date	Violation	State	Occurred in a Commercial Vehicle	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency? If Yes; provide state of issuance and explanation		Yes	No
State of Issuance	Explanation		

EMPLOYMENT HISTORY

Please start with your present / recent employer. Account for the last 10 years (383.35) including accounts for gaps between employers: (If owner/operator, list carriers leased to)

Company Name	Telephone
Address	Dates of Employment From To
City, State, Zip	Wage Start End
Name of Supervisor	May we contact? Yes No
Position Held	Reason for Leaving
Were you subject to the Federal Motor Carrier Safety Regulations during this period?	Yes No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?	Yes No

Company Name	Telephone
Address	Dates of Employment From To
City, State, Zip	Wage Start End
Name of Supervisor	May we contact? Yes No
Position Held	Reason for Leaving
Were you subject to the Federal Motor Carrier Safety Regulations during this period?	Yes No
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?	Yes No

Signature	Date
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10/2017

TO BE COMPLETED BY EMPLOYER

Application received by (Name and Title)	Date Received
Application reviewed for completeness by (Name and Title)	Date Reviewed
Date of Hire	
Time and Date of Pre-Employment CST	
Time and Date of Pre-Employment CST Results Received	
Date First Used in Safety Sensitive Position	
Date of Termination	
Title	Date
SIGNIFICANT DATES	



PRE-EMPLOYMENT NOTIFICATION

I. Unemployment Compensation

Pursuant to Minnesota Statute 268.08 Subdivision 6. Unemployment compensation benefits are not payable to employees of school districts for any week which commences during a period between two successive academic years or terms and there is a reasonable assurance that the individual will perform the services in the second academic years or terms.

This law was amended effective June 15, 1983, by the addition of a new Subdivision 9. This law now applies to employees of certain contractors for school districts also.

This new law also provides that if benefits are denied to you under this law and you are not offered re-employment opportunity, then you are entitled to a retroactive payment of the benefits for each week for which you file a timely claim for benefits for which your earlier claim was denied solely because of this new law.

The above will serve as your written notice of this law.

Unless otherwise notified verbally or in writing, we welcome you to return in the next academic year and/or term.

I, _____ (print name) acknowledge receipt of a written notice title "Unemployment Compensation" dated.

Signature

Date

Witness Printed Name

Witness Signature

Date

This signature request acknowledgement of receiving this information

II. **At-Will Employment**

I, _____ (print name) acknowledge that the position I am applying for at Palmer Bus Service, Inc. hereinafter (Company) is an at-will position. I understand that if I am employed by the Company I will be an employee-at-will, which means that I may be discharged at any time, and for any reason, with or without cause. I also understand that nothing said to me by the officers or employees of the Company can change my status as an employee-at-will. No one at the Company is authorized to enter into an employment contract for a specified period of time with me. In addition, I understand that the personnel policies and procedures which may be issued from time to time by the Company to its employees are not employment contracts and cannot be considered to be offers of employment contracts.

Signature

Date

Witness Printed Name

Witness Signature

Date