



El Expresso Bus Company

820 Lockwood, Dr
Houston, TX 77020

DRIVER'S APPLICATION FOR EMPLOYMENT

Please fill completely

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, or non-job related disability

Date of Application: _____ Position Applied for: _____

Name: _____

Date of Birth: _____ / _____ / _____ Social Security No. : _____

List your address of residence for the past 3 years.

CURRENT ADDRESS: _____
Street

City State Zip Code

Phone Years at this address

PREVIOUS ADDRESSES:

Street	City	State	Zip Code	How Long?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Have you worked for this company before ? _____ Where ? _____

DATES:
From: _____ To: _____ Rate of pay _____ Reason for leaving: _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied _____

If yes, please explain: _____

EMPLOYMENT HISTORY

All driver applications to drive in interstate commerce must provide the following information on all employers during the preceeding 3 years. List complete mailing address, street, number, city, state, and zip code. Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 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 as necessary.)

LAST EMPLOYER			DATES	
Name:			From:	To:
			mm/yy	mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:	Phone Number:		Reason For Leaving:	
Were you subject to DOT regulations while working for this employer? () Yes () No				
Were you required to perform Safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? () Yes () No				
2nd LAST EMPLOYER			DATES	
Name:			From:	To:
			mm/yy	mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:	Phone Number:		Reason For Leaving:	
Were you subject to DOT regulations while working for this employer? () Yes () No				
Were required to perform Safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? () Yes () No				
3rd LAST EMPLOYER			DATES	
Name:			From:	To:
			mm/yy	mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:	Phone Number:		Reason For Leaving:	
Were you subject to DOT regulations while working for this employer? () Yes () No				
Were you required to perform Safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? () Yes () No				
4th LAST EMPLOYER			DATES	
Name:			From:	To:
			mm/yy	mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:	Phone Number:		Reason For Leaving:	
Were you subject to DOT regulations while working for this employer? () Yes () No				
Were required to perform Safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? () Yes () No				
5th LAST EMPLOYER			DATES	
Name:			From:	To:
			mm/yy	mm/yy
Address:			Position Held:	
City	State	Zip Code	Salary/Wage/Per Mile/percentage	
Contact Person:	Phone Number:		Reason For Leaving:	
Were you subject to DOT regulations while working for this employer? () Yes () No				
Were required to perform Safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? () Yes () No				

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
Last accident.			
Next Previous:			
Next Previous:			

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

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

HIGHEST GRADE COMPLETED: _____ DEGREE(S) _____

LAST SCHOOL ATTENDED: _____
NAME CITY

DRIVER EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
LIST ALL UNEXPIRED CMV OPERATOR'S LICENSES ISSUED TO YOU				

Have you ever been arrested, convicted or received a suspended sentence for violations of misdemeanors or felonies.	X YES	X NO
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?		
B. Has any license, permit, or privilege ever been suspended or revoked?		
C. Have you ever been convicted of DUI; DWI; Reckless Driving; or Leaving the scene of an accident?		
D. Have you ever been convicted of Drug Possession/Distribution or any other Drug Violations?		
E. Have you ever been or are you now on Probation or Parole?		
F. Have you ever been in violation of the DOT Drug and Alcohol testing regulations?		

Note: If you respond yes to any of the above, it does not mean that you are not eligible for employment.

IF THE ANSWER TO ANY QUESTION ABOVE IS YES, PLEASE EXPLAIN BELOW.

DRIVER EXPERIENCE AND QUALIFICATIONS

STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
DOUBLES/TRIPLES				
MOTOR COACH				
SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

DO YOU HAVE SNOW AND MOUNTAIN EXPERIENCE? _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER? _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

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 THAT SHOWN ON THIS APPLICATION:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AND SIGNED BY APPLICANT: This certifies that this application was completed by myself, and that all information is true and correct to the best of my knowledge.

I authorize the employer to make investigations and inquiries of my personal, employment, financial, medical history and other related matters as may be 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, school, health care providers, and all other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given on my application or interviews may result in termination. I understand, also, that I am required to abide by all rules and regulations set forth in company policies.

APPLICANT'S SIGNATURE

DATE

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELLOW AVERAGE	POOR	APPROVED BY/DATE APPROVED
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. EXPERIENCE						
5. TRAFFIC RECORD						
6. CRIMINAL RECORD						
7. APPEARANCE						

PROCESS RECORD

() APPLICANT HIRED	() APPLICANT REJECTED
DATE QUALIFIED:	REASON FOR REJECTION:
DRIVER CLASS:	
EMPLOYEE CODE:	

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT RECORD

DATE TERMINATED:	REASON FOR TERMINATION:
TERMINATION REPORT PLACED IN FILE?	() DISMISSED
ELIGIBLE FOR RE-EMPLOYMENT?	() VOLUNTARY QUIT
SUPERVISOR SIGNATURE	() OTHER



Previous Employer Inquiry

I hereby authorize release of information in regards to my general employment history and Department of Transportation regulated drug and alcohol testing records by my previous employer to the prospective employer making these inquiries. I understand this release is in accordance with CFR Part 40.25 and Part 391.23 of the Federal Motor Carrier Safety Regulations I also understand the information released by my previous employer is limited to the past three years.

Applicant Signature: _____ Date: _____

From: **El Expreso Bus Company**

To: _____ Date: _____

Name: _____ Social Security Number: _____

The above named driver has made an application for employment with this company as an OTR / local driver.

_____ states that they were employed by you from _____

to _____. Please reply to the inquiries below in respect to this to this applicant.

Your reply will be held in the strictest of confidence and will in no way involve you in any responsibility.

Are the employment dates stated above correct? _____

What were the employees duties? _____

Did the applicant drive motor vehicles for you? If so, please indicate what type of vehicles were driven

___ Passenger ___ Motor coach ___ Other

___ Straight Truck ___ Tractor-Semitrailer

Was the applicant a responsible driver? _____ Was the applicant competent? _____

Reason for leaving your employment? _____ Discharged Resignation Laid Off

Did the driver have any accidents while under your employment? If yes explain.

In the past three years did the applicant have any DOT drug and alcohol violations?

Did the employee have alcohol tests with a result of .04 or higher? Yes [] No []

Did the employee have a verified positive controlled substance test? Yes [] No []

Did the employee ever refuse an alcohol or controlled substance test? Yes [] No []

Did the previous employer report a DOT drug and alcohol violation to you? Yes [] No []

If you answered "yes" to any item listed above, did the employee complete the return to duty process? Yes [] No []

Note: Previous employer if you answered "Yes" to any item listed above, you must transmit a copy of all appropriate documentation (e.g., Control Custody Forms, MRO result reports, Blood Alcohol Testing forms, Substance Abuse Professional reports, return to duty and follow-up testing records.)name and title of person providing information listed above:

Name: _____

Phone: _____

Address: _____

Date: _____



REQUEST FOR DRIVING RECORD

NAME OF APPLICANT _____

ADDRESS _____

DATE OF BIRTH _____ SOCIAL SECURITY # _____

COMMERCIAL DRIVERS LICENSE # _____ STATE _____

I hereby authorize you to release the following information to El Expreso Bus Company for purposes of investigation as required by section 391.23 0 of the Federal Motor Carrier Safety Regulations. This authorization shall remain in effect over the course of employment and reports may be ordered periodically during the course of my employment. You are released from any liability, which may result from furnishing such information.

(Applicant's Signature)

(Date)

1. In accordance with the provisions of section 604 and section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act:

REQUESTED BY

(Name of Company)

(Name of Requestor)

(Street Address)

(Signature)

(Cit/State/Zip Code)

(Date)



EMPLOYEE SCREENING RELEASE

www.DISA.com

APPLICANT/EMPLOYEE COMPLETE THE FOLLOWING

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested from DISA Inc. that may include information as to my character, general reputation, personal characteristics, mode of living and credit standing.
 - a. I understand that as directed by company policy and consistent with the job described, that information such as but not limit to criminal and warrant records, social security number verification, credit and financial information, education, driving history, employment history, personal references, certifications and professional licenses, drug testing results, address history, and workers compensation records may be obtained.
 - b. I understand that such information may be obtained by direct or indirect contact from former employers, schools, courts, public agencies, or any other agency or institution and through personal interviews with neighbors, friends, associates, acquaintances, or other persons who have such knowledge.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
4. Additional State Law Notices:
 - a. California Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box . The report will be sent directly to me by DISA, Inc. to my most current address listed. I understand that I have the right to inspect visually the files concerning me maintained by an investigative consumer reporting agency during normal business hours upon reasonable notice. The inspection can be done in person if I appear in person and furnish proper identification. I am entitled to a copy of the file for a fee not to exceed the actual cost of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified address. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me. I will receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. The nature and scope of the investigation is as follows:

 - b. Massachusetts Applicants/Employees Only: The nature and scope of the investigation is as follows:

I have a right to obtain a copy of this report. I understand that in the event that I am denied employment based in whole, or in part, on the information obtained in the DISA, Inc. report, I will be provided a copy of the report and a description in writing of my applicable state rights.
 - c. Maine Applicants/Employees Only: I have the right, upon request, to be informed of whether an investigative consumer report was requested. If requested my report will be obtained from DISA, Inc, 12600 Northborough Drive, Suite 300, Houston, TX 77067, 1-800-752-6432. This is the nearest unit designated to handle inquires for DISA, Inc on any reports issued concerning me. I have the right, under Maine law, to request and promptly receive from DISA, Inc. copies of my consumer report(s).
 - d. Minnesota Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box . The report will be sent directly to me by DISA, Inc. to my most

This document contains sensitive information. Keep this document separate from personnel records.



EMPLOYEE SCREENING RELEASE

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current address listed. I also have the right upon my direct request to DISA, Inc. to obtain a complete and accurate disclosure of the nature and scope of the consumer report. The disclosure obtained from DISA, Inc. will be in writing and mailed or delivered within 5 days after the request for the disclosure was received or the consumer report was requested, whichever is later.

- e. New Jersey Applicants/Employees Only: The specific nature and scope of the investigation involving personal interviews includes: _____.
- f. New York Applicants/Employees Only: I have the right, upon written request, to be informed of whether or not a consumer report was requested. If requested my report will be obtained from DISA, Inc, 12600 Northborough Drive, Suite 300, Houston, TX 77067, 1-800-752-6432. I may inspect and receive a copy of my report by contacting DISA, Inc.
- g. Oklahoma Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box . The report will be sent directly to me by DISA, Inc. to my most current address listed.
- h. Washington Applicants/Employees Only: I understand before I am denied employment based in whole, or in part, on the information obtained in the DISA, Inc. report, I will be provided a copy of the report and a description in writing of my applicable state rights.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please Print Your Full Name as it Appears on Your License:

Last	First	Middle
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Please Print Other Names You Have Used: _____

Home Address: _____

Social Security Number: _____ *Date of Birth:* _____

Drivers License Number: _____ *State Issuing License:* _____

By signing this form I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company, or any other source contacted by DISA, Inc. or its agent, to furnish the information described in Section 1. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports. I acknowledge that I have read and understood the Employee Screening Release Authorization form. I understand that if hired my consent will apply throughout the term of my employment.

Signature: _____ *Today's Date:* _____