

Motor Coach Operator Application for Employment

Burlington Trailways 906 Broadway Street West Burlington Iowa 52655



We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization. Please fill in every blank on the application if N/A put N/A.

Applicant name: _____ Date: _____
Last First Middle

Address: _____
Street City State Zip

How long at present address? _____ Date of Birth: _____ SSN: _____

List all previous addresses in the past 10 years in date order:

_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____
_____	From: _____	To: _____

Telephone: () _____ Cell or other phone: () _____ Email: _____

Best time to call: _____ May we contact you at work: ☐ yes ☐ no Best time to call: _____

Type of Employment desired: ☐ full-time ☐ part-time ☐ temporary

Date you will be available to start work: _____

Have you submitted an application here before? ☐ yes ☐ no
If yes give dates and positions: _____

Are you able to meet the attendance requirements? ☐ yes ☐ no

Have you ever been previously employed by our organization? ☐ yes ☐ no
If yes give dates From: _____ To: _____

Can you submit proof of legal employment authorization and identity? ☐ yes ☐ no

If you are under 18, can you furnish a work permit if it is required? ☐ yes ☐ no

Have you ever been convicted of a crime in the last 7 years? ☐ yes ☐ no
If yes please explain the nature of each offense, date, city and state: (a conviction will not automatically bar employment)

Have you ever used another name? ☐ yes ☐ no
If yes name used: _____

Have you ever entered into an agreement with any former employer or other person that may restrict your ability to work for our company? (non-compete agreement) ☐ yes ☐ no
If yes please explain: _____

How were you referred to us? _____

Education

Circle last year of school completed

School	Name/Address of School	City, State	Graduated	Major/Minor	Degree	GPA
High						
Collage						
Graduate						
Post Grad						
Technical Vocational Military						

List Each Unexpired State Motor Vehicle Operators License or Permit:

Drivers License or Permit #	Issuing state	Expiration date

Has your driver's license, operators permit, or privilege to operate a motor vehicle ever been revoked, denied, or suspended?

☐ yes ☐ no If yes, state: _____ year: _____

Details, facts, and circumstances for revoked denied or suspended drivers license, permit, or privilege:

Check type of Vehicle operated and how long driving:

<input type="checkbox"/> Car/SUV	Years driving: _____	Annual mileage: _____
<input type="checkbox"/> Pick- up truck gvwr <10,000 lbs	Years driving: _____	Annual mileage: _____
<input type="checkbox"/> Bus	Years driving: _____	Annual mileage: _____
<input type="checkbox"/> Tractor/Trailer gvwr >10,000 lbs	Years driving: _____	Annual mileage: _____
<input type="checkbox"/> Straight truck	Years driving: _____	Annual mileage: _____
<input type="checkbox"/> Other Vehicle type: _____	Years driving: _____	Annual mileage: _____

List traffic citation convictions (other than parking) Last 5 years- Continue on separate sheet if necessary.

Month/Year	Violation	City, State	Conviction Date	Disposition (fine, suspended sentence...)

List all accidents involved in as a driver- continue on separate sheet if necessary.

Month/Year	Type of Accident	City, State	# injured	Fatality, Y/N	Cited and convicted of a violation, Y/N

HireRight	HireRight Customer	Fax # 319-753-2916
DAC Trucking	Company Name: Burlington Trailways	HireRight Customer # 22333
Fax 800-267-4093 (Manual Service)	Company Contact: Robert Berry	
Fax 800-257-8069 (Database Retrieval)		

**PART I – DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR
EMPLOYMENT PURPOSES – 49 CFR PART 391.23, DOT DRUG AND ALCOHOL TESTING**

In accordance with DOT Regulation 49 CFR Part 391.23, I hereby authorize release of my DOT-regulated drug and alcohol testing records by the DOT-regulated employer(s) listed below to HireRight for the purpose of HireRight transmitting such records to the HireRight customer listed above. I understand that information/documents released pursuant to this Part I is limited to the following DOT-regulated testing items, including pre-employment testing results, occurring during the previous **three (3) years**: (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested (including adulterated and/ or substituted tests); (iv) other violations of DOT drug and alcohol testing regulations (i.e., violations of 49 CFR 382 Subpart B); (v) information obtained from previous employers of a drug and alcohol rule violation; and (vi) any documentation of completion of the return-to-duty process following a rule violation.

If any company listed below furnishes HireRight with information concerning items (i) through (vi) above, I also authorize such company to furnish the following information to HireRight, if applicable: (i) dates of my negative drug and/or alcohol tests and/or tests with results below 0.04 during the previous three (3) years; and (ii) the name and phone number of any substance abuse professional who evaluated me during the previous **three (3) years**. List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**.

List all DOT-regulated employers you have applied with and/or worked for in a safety-sensitive function during the previous **three (3) years**. If necessary, attach additional pages, including the date, your name, social security number and signature.

Previous DOT-Regulated Employer	City	State	Phone Number
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____
_____	_____	_____	(____) _____-_____

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part I disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; and (vi) facsimile or photographic copies of this authorization are as valid as an original.

Print Name: _____ Social Security #: _____

Applicant Signature: _____ Date: _____

Date of Birth: _____

FMCSA Notification of Driver Rights

In compliance with 49 CFR Part 40 §391.23 you have certain rights regarding the safety performance history information that will be provided to prospective employers. I) You have the right to review information provided by previous employers. II) You have the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to prospective employers. III) You have the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information. (2) Drivers who have previous DOT regulated employment history in the preceding three years and wish to review previous employer-provided investigative information must submit a written request to prospective employers. This may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prospective employers must provide this information within five business days of receiving the written request. If prospective employers have not yet received the requested information from the previous employer, then the five day deadline will begin when the requested safety performance history information is received. If you have not arranged to pick up or receive the requested records within 30 days of prospective employers making them available, the prospective employers may consider you to have waived your request to review the record.

PART 2: Consumer Report And Investigative Consumer Report Disclosure (For Employment Purposes)

In connection with your employment or application for employment (including contract for services) and in accordance with applicable laws, HireRight may obtain or assemble consumer reports and /or investigative consumer reports (collectively, "Reports") which may include information about you related to: previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), safety performance including accident history and inspection history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, credit history, creditworthiness, credit capacity, bankruptcy filings, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, HireRight clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers").

Upon providing proper identification and complying with any applicable legal requirements, you have the right to request the nature and substance of all information in HireRight's files pertaining to you at the time of your request, including but not limited to: (i) whether any Reports have been provided by HireRight to other parties; (ii) identification of any Suppliers utilized by HireRight in compiling such Reports; and (iii) identification of any recipients of Reports furnished by HireRight within the **two (2) year** period preceding your request. HireRight may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

- ☐ Check this box if you are applying for employment in **California** and/or you are a California resident and, in either case, you wish to receive a copy of your **credit report or investigative consumer report** if one is obtained or assembled by HireRight. Pursuant to the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file by submitting proper identification and paying applicable costs for such file, if required by law, by contacting HireRight in person or by mail. HireRight is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person a person of your choice may accompany you, provided that this person furnishes proper identification.

☐ Check this box if you are applying for employment in **Oklahoma** and/or you are an Oklahoma resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

☐ Check this box if you are applying for employment in **Minnesota** and/or you are a Minnesota resident and, in either case, you wish to receive a copy of your **consumer report** if one is obtained or assembled by HireRight.

PART 3: Authorization For Release Of Information (For Employment Purposes)

I hereby authorize HireRight to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize HireRight and the HireRight customer named above ("Customer") to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release HireRight and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in HireRight's possession and my employment history with Customer if I am hired, may be supplied by HireRight to other HireRight customers for legally permissible purposes; provided, such information will not include the Drug and Alcohol Information set forth in Part I above, unless I have given a separate specific consent for HireRight to share such information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part II disclosure and authorization for release as well as the attached FMCSA Notification of Driver Rights and any applicable state law notices; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize HireRight and any person or entity contacted by HireRight to furnish the above-mentioned information; and (vii) facsimile or photographic copies of this authorization are as valid as an original.

Note: This authorization does not apply to drug & alcohol info. Addressed in Part 1.

Print name: _____ SSN: _____ Birth Date: _____

Applicant Signature: _____ Date: _____

Employment History

You must account for all activities, including past employment (part time and or full time), schooling, military service or periods of unemployment. List your previous employers beginning with the current or most recent.

Employer: _____ Position held: _____

Address: _____ Telephone: () _____
Street City State Zip

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Starting Salary: _____ Ending Salary: _____

Position subject to Federal Motor Carrier Safety Regulations? ☐ yes ☐ no

Position falls under Safety Sensitive designation per 49CFR Part 40? ☐ yes ☐ no

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone: () _____
Street City State Zip

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Starting Salary: _____ Ending Salary: _____

Position subject to Federal Motor Carrier Safety Regulations? ☐ yes ☐ no

Position falls under Safety Sensitive designation per 49CFR Part 40? ☐ yes ☐ no

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone: () _____
Street City State Zip

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Starting Salary: _____ Ending Salary: _____

Position subject to Federal Motor Carrier Safety Regulations? ☐ yes ☐ no

Position falls under Safety Sensitive designation per 49CFR Part 40? ☐ yes ☐ no

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone: () _____
Street City State Zip

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Starting Salary: _____ Ending Salary: _____

Position subject to Federal Motor Carrier Safety Regulations? ☐ yes ☐ no

Position falls under Safety Sensitive designation per 49CFR Part 40? ☐ yes ☐ no

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone: ()
Street City State Zip

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Starting Salary: _____ Ending Salary: _____

Position subject to Federal Motor Carrier Safety Regulations? ☐ yes ☐ no

Position falls under Safety Sensitive designation per 49CFR Part 40? ☐ yes ☐ no

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone: ()
Street City State Zip

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Starting Salary: _____ Ending Salary: _____

Position subject to Federal Motor Carrier Safety Regulations? ☐ yes ☐ no

Position falls under Safety Sensitive designation per 49CFR Part 40? ☐ yes ☐ no

Reason for leaving: _____

Employer: _____ Position held: _____

Address: _____ Telephone: ()
Street City State Zip

Immediate supervisor and title: _____

Dates employed: from _____ to _____ Starting Salary: _____ Ending Salary: _____

Position subject to Federal Motor Carrier Safety Regulations? ☐ yes ☐ no

Position falls under Safety Sensitive designation per 49CFR Part 40? ☐ yes ☐ no

Reason for leaving: _____

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Please comment on how your education and prior experience qualify you for the type of employment you are seeking. Detail any past responsibilities and strong personal attributes. Note any special course work, honors, activities, and special projects, or any other data which would have a direct bearing on the job for which you are applying:

References

List 3 references' names, telephone numbers, and years known (do not include relatives or employers):

Name	Title	Relationship to you	Telephone #	# of years known
Name	Title	Relationship to you	Telephone #	# of years known
Name	Title	Relationship to you	Telephone #	# of years known

Signature

Important: Please read carefully before signing.

Public law requires us to inform you that a routine inquiry may be made during processing of this application through a consumer reporting agency as to your characteristics and mode of living. Information as to the nature and scope of this inquiry will be provided upon written request.

Applicants accepted for employment are hereby notified that employment and compensation or benefits can be changed or terminated with or without cause, and without notice at any time at the option of either the Company or employee. No representative of the Company other than the Chief Executive Officer of Burlington Trailways has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

It is further understood that employment will be contingent upon successfully passing a pre employment physical examination and a drug screen as determined by the employer.

I authorize educational institutions, employers, law enforcement authorities, organizations and individuals having relevant information concerning me to release such information and I release all concerned from any liability in connection therewith.

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

I certify 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.

Applicant signature: _____ Date: _____

Applicant Certification

A. During the past three (3) years (from the date below), have you ever tested "Positive" or have you refused to be tested on any "pre employment" drug and alcohol test administered by any employer to which you have applied for a safety sensitive transportation job, and which job you did not obtain?

Burlington Trailways hereby certifies as follows:

- All pre employment Drug & Alcohol test were ☐ negative ☐ positive
- I refused the Pre-Employment Drug & Alcohol test ☐ yes ☐ no
- Were you required to, and did you; comply with the "Return to Duty" requirements of 49CFR, Part 40, Subparagraph O? (if yes, documentation of successful completion must be furnished to Burlington Trailways) ☐ yes ☐ no ☐ n/a

B. During the past three (3) years, (from the date below), have you ever:

- Had an alcohol test with a result of 0.04 or higher alcohol concentration? ☐ yes ☐ no
- Tested Positive, Adulterated, or Substituted a test specimen for a Controlled Substance? ☐ yes ☐ no
- Refused to Submit to a Post-Accident, Random, Reasonable Suspicion, or Follow-up Alcohol or Controlled Substance Test? ☐ yes ☐ no
- Committed other violations of Subpart B of part 382, or Part 40; Federal Motor Carriers Safety Regulations? ☐ yes ☐ no
- If you violated a DOT Drug and Alcohol Regulation, did you undertake and complete a program prescribed by a Substance Abuse Professional (SAP)? (if yes, please send documentation of such back with this application) ☐ yes ☐ no
- If Yes to the previous question, have you subsequently had an alcohol test result of 0.04 or greater, a verified positive drug test, or have you refused to be tested? ☐ yes ☐ no

Signature: _____ Printed Name _____ Date: _____

Job Description: BTW Motor Coach Operator

Job Summary

Position responsibilities include the physical possession of the Motor Coach assigned for the dispatch, other company vehicles assigned, the passengers and their safety including assisting passengers on and off the motor coach, all Package Express under Bus Bill, all Baggage checked onto the bus and transported in the bus luggage bays, all money collected from fare paying passengers, accounting for all passenger tickets and Bus Bills handled, the transporting of and discharging of all manifested and charter/ tour passengers, and to transport and deliver inter-office/ depot mail.

Knowledge and Skills Required

- Read, write, and speak English fluently. Ability to speak foreign languages helpful.
- Complete all required paperwork in a timely manner that is legible and neat
- Normal High School mathematical skills
- Possess and maintain a Commercial Drivers License. Class B with Air Brakes and Passenger endorsement minimum.
- Possess and maintain a DOT physical
- Safely, efficiently, and courteously drive all company vehicles including Motor Coaches of at least 45' in length on all public highways and required private property, including cities and mountainous regions in all weather conditions; knowledge of defensive driving techniques.
- Knowledge & practical use of the US Department of Transportation (DOT) regulations pertaining to the driving of Commercial Vehicles.
- Maintaining a driving record that is free of all major traffic citations and that is free of major "at fault" accidents.
- Ability to load / unload baggage and package express by hand up to a weight permissible by existing tariffs.
- Treat all passengers, company personnel, and others associated with your assigned work in a courteous and professional manner.
- Work with other company personnel as members of a TEAM. This requires the Driver to coordinate activities with others, and to function simultaneously as a whole unit.

Objectives and Activities

70%-Driving: Drive Motor Coaches, and other company vehicles, as dispatched on Regularly Scheduled Inter-City Service runs, Charter Trips, Tours, or any other trips as required. This may include, as required, waiting with Motor Coach for your passengers to return from their scheduled activities.

10%- Plan, coordinate, and interface: with other drivers and company personnel in order to execute the dispatch trip as a cohesive unit. This will require advance trip planning, and communication with others while performing the driving duties.

5%- Vehicle inspections and maintenance: as directed by BTW maintenance personnel. Fuel the vehicle when needed, and check routinely all fluid levels and pressures.

5%-Paper Work and Communications: Document hours of service logs, vehicle Cab Cards, inspection records, Charter/ Tours dispatches and envelopes, receipt management for all expenses, and other sundry paper work. Call/check in daily with Company Dispatch and Maintenance personnel frequently, and on an as need basis. All paper work is to be submitted at the conclusion of the assignment, but no later than the next morning.

5%-Baggage & Package Express handling: Load/Unload baggage and package express as needed. Maintain records as required so that control is maintained of all items. Note any overage/shortage problems, and report to BTW supervisory personnel immediately.

5%- Drivers Education: Attend all Driver and Safety Meetings as directed by your Supervisor.

Non-Essential Job Tasks/Demands

None

I have read and understand the duties of the position I am applying for. I am able to meet the performance requirements of the position as outlined above.

Signature: _____ Printed Name _____ Date: _____

Burlington Trailways Authorization to Verify Information

For an applicant to be considered for employment they must be truthful on their application. Burlington Trailways may run all prospective applicants thru Courts Online to determine if there are any convictions in the Court System that the applicant failed to divulge on the application and/or background information form. If an applicant is found to have convictions after indicating on the application they have no convictions and or failed to put on the background information form convictions this may invalidate the application and or terminate employment if employed whenever it may be discovered. If the applicant feels that the convictions are not valid then the applicant will need to contact the Court System in which the conviction is posted to have their records checked and if needed corrected. The application will be suspended and retained for the one year retention period. If the applicant is able to receive a retraction from the court stating that the conviction was not from that of the applicant or was a clerical error and should not have been a conviction the application will be reinstated and the applicant may once again be considered for employment. Again the application will be retained for the 1 year retention period.

If the applicant is found to have no additional convictions other than any convictions listed on the application then the applicant may at the discretion of Burlington Trailways move to the next step of the hiring process. All non driver applications will be run thru the Employment Source, Inc or other background service used by Burlington Trailways for a complete background check to include SSN trace, criminal history check and if applicable drivers license check. All driver Applicants will be run thru DAC services/Hire Rite or other background service that Burlington Trailways is currently using for driver applicants for their MVR and other applicable checks for drivers.

Applicants who pass the background checks may be eligible for employment. An Applicant does not have to be conviction free, however if there are convictions they need to be forthcoming so as not to appear to be trying to hide information.

I _____ agree that Burlington Trailways may check my Court

Printed Name

records and further understand that failure to disclose information may invalidate my application. I have received the Summary of Your Rights under the Fair Credit Reporting Act. I release Burlington Stage Lines Ltd. dba Burlington Trailways from any liability and responsibility for obtaining and verifying information from the Courts, and or any other means of verifying my application or information provided to Burlington Trailways.

Signature of applicant: _____

Social Security Number: _____ Birth Date: _____