



# Motor Coach Operator & CDL Mechanic 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.

**Please Print**

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State ZIP Code

How long at present address? \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

List all previous addresses in the past 10 years in date order: Number and Street	City	State	Zip code	From MO/YR	To MO/YR

Telephone #: ( ) \_\_\_\_\_ Cell or other #( ) \_\_\_\_\_ Best Time to call: \_\_\_\_\_

May we contact you at work:  Yes  No Type of employment desired:  Full-time  Part-time  Temporary

Date you will be available to start work: \_\_\_\_\_

Have you ever 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 below.** (a conviction will not automatically bar employment):

Nature of Offense	Date of Offense	City	State

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 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18						
School	Name/Address of School	City/State	Graduated	Major/Minor	Degree	Grade Average
High						
College						
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

MO/ YR	Violation	City /State	Conviction Date	Disposition (fine, suspended sentence etc...)

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

MO/ YR	Type of Accident	City/ State	Number injured	Fatality yes/no	Were you cited and convicted of a violation

**APPLICANT'S COMMENTS**

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 \_\_\_\_\_

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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HireRight  
DAC Trucking  
Fax 800-267-4093 (Manual Service)  
Fax 800-257-8069 (Database Retrieval)

HireRight Customer:  
Company Name: Burlington Trailways  
Company Contact Name: Caylie Cherry, HR Director

Fax # 319-753-2916  
HireRight Customer #: 22333

**PART 1- DISCLOSURE AND AUTHROIZATION 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 1 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**. If necessary, attach additional pages, including the date, your name, social security number and signature.

**Previous DOT- Regulated Employer  
Phone Number**

**City**

**State**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, I certify that : (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this Part 1 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 Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FMCSA Notification of Drivers 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 II- CONSUMER REPORT AND INVESTIGATIVE CONSUMER REPORT DISCLOSURE (FOR EMPLOYEMENT 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 II- 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 I.**

Print Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.**

<b>Employer:</b>	<b>Address:</b>	<b>City/ State:</b>	<b>Zip code:</b>	<b>Name and title of immediate Supervisor:</b>
<b>Your position:</b>	<b>Monthly Salary:</b> Start:                      End:	<b>Employed</b> From:                      To:		Position subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No Position falls under Safety Sensitive designation per 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:				
<b>Employer:</b>	<b>Address:</b>	<b>City/ State:</b>	<b>Zip code:</b>	<b>Name and title of immediate Supervisor:</b>
<b>Your position:</b>	<b>Monthly Salary:</b> Start:                      End:	<b>Employed</b> From:                      To:		Position subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No Position falls under Safety Sensitive designation per 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:				
<b>Employer:</b>	<b>Address:</b>	<b>City/ State:</b>	<b>Zip code:</b>	<b>Name and title of immediate Supervisor:</b>
<b>Your position:</b>	<b>Monthly Salary:</b> Start:                      End:	<b>Employed</b> From:                      To:		Position subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No Position falls under Safety Sensitive designation per 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:				
<b>Employer:</b>	<b>Address:</b>	<b>City/ State:</b>	<b>Zip code:</b>	<b>Name and title of immediate Supervisor:</b>
<b>Your position:</b>	<b>Monthly Salary:</b> Start:                      End:	<b>Employed</b> From:                      To:		Position subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No Position falls under Safety Sensitive designation per 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:				
<b>Employer:</b>	<b>Address:</b>	<b>City/ State:</b>	<b>Zip code:</b>	<b>Name and title of immediate Supervisor:</b>
<b>Your position:</b>	<b>Monthly Salary:</b> Start:                      End:	<b>Employed</b> From:                      To:		Position subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No Position falls under Safety Sensitive designation per 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:				
<b>Employer:</b>	<b>Address:</b>	<b>City/ State:</b>	<b>Zip code:</b>	<b>Name and title of immediate Supervisor:</b>
<b>Your position:</b>	<b>Monthly Salary:</b> Start:                      End:	<b>Employed</b> From:                      To:		Position subject to Federal Motor Carrier Safety Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No Position falls under Safety Sensitive designation per 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:				

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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?

- All pre employment Drug & Alcohol test were:        \_\_\_\_\_ Negative        \_\_\_\_\_ Positive
- I refused the Pre-Employment Drug & Alcohol test:        \_\_\_\_\_ No        \_\_\_\_\_ Yes
- 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).
- \_\_\_\_\_ N/A        \_\_\_\_\_ No        \_\_\_\_\_ Yes

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

1.        Had an alcohol test with a result of 0.04 or higher alcohol concentration?    \_\_\_ Yes \_\_\_ No
  
2.        Tested Positive, Adulterated, or Substituted a test specimen for a Controlled Substance?  
          \_\_\_ Yes \_\_\_ No
  
3.        Refused to Submit to a Post-Accident, Random, Reasonable Suspicion, or Follow-up Alcohol  
          or Controlled Substance Test?    \_\_\_ Yes \_\_\_ No
  
4.        Committed other violations of Subpart B of part 382, or Part 40; Federal Motor Carriers Safety  
          Regulations?    \_\_\_ Yes \_\_\_ No
  
5.        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
  
6.        If Yes to question #5 above, 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

Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ 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 DAC services/Hire Rite or other background service used by Burlington Trailways for a complete background check to include SSN trace, criminal history check and if applicable driver's 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 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

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Date of Birth