

JOHNSON SCHOOL BUS SERVICE, INC.

Employee Information Form (Answer all questions - please print or type)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions regardless of race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) Applied For	Date of Application
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"I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other personal 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 in my application or interview(s) my result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

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."

Signature _____ Date _____

Name _____ Social Security No. _____
_____ Last First Middle Initial

Address _____
_____ Street City _____
_____ Phone _____

Date of Birth: _____ Edmunds Bus employment start date: _____

Have you ever worked for Johnson Bus before? Where/when? _____ Position: _____

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

_____	_____	_____
State	License Number	Expiration Date

Current CDL classes held: _____ Current CDL endorsements held: _____

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes No If

B. Has any license, permit, or privilege ever been suspended or revoked? Yes No

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

_____ If YES, explain if you wish. _____

EMPLOYMENT HISTORY

We are required to request criminal, safety background and drug testing information from previous CDL-related employers.

Please provide employment information for all employers in the past three (3) years. You are required to provide commercial motor vehicle-related employment information for the previous ten (10) years.

CURRENT OR LAST EMPLOYER: Name _____ Phone Number: _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/yr) (month/yr) Reasons for Leaving _____ Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No Account for any period between jobs—include dates (month/yr) and reason*
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NEXT PREVIOUS EMPLOYER: Name _____ Phone Number: _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/yr) (month/yr) Reasons for Leaving _____ Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part

NEXT PREVIOUS EMPLOYER: Name _____ Phone Number: _____ Street Address _____ City _____ State _____ Zip _____ Position Held _____ From _____ To _____ (month/yr) (month/yr) Reasons for Leaving _____ Were you subject to the FMCSRs** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part

* Any gaps in employment and/or unemployment must be explained.

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Use additional paper if needed.

Driving Experience

If no driving experience within the last 3 years – check here

CLASS OF EQUIPMENT	TYPE OR EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE # OF MILES
		FROM	TO	
School Bus <small>(Greater than 8 passengers)</small>	N/A	_____	_____	_____
Motorcoach <small>(Greater than 8 passengers)</small>	N/A	_____	_____	_____
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Other: _____	Van, Reefer, Tank, Flat,	_____	_____	_____

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Accident History (3 years)

If no driving experience within the last 3 years – check here

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?	
_____	_____	_____	_____	_ Yes	_ No
_____	_____	_____	_____	_ Yes	_ No
_____	_____	_____	_____	Yes	No

Traffic Convictions and Forfeitures (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here

DATE CONVICTED (month/year)	VIOLATION (other than parking violations)	STATE OF VIOLATION	PENALTY
_____	_____	_____	_____
_____	-	_____	-
_____	-	_____	-
_____	-	_____	-

Notes:

Employment Start Date: ____ / ____ / ____ Location: _____

Record of Employee Conversations - *record all employer / employee communications, written or oral*

Date	Reason for Conference	Supervisor
Date	Reason for Conference	Supervisor
Date	Reason for Conference	Supervisor
Date	Reason for Conference	Supervisor
Date	Reason for Conference	Supervisor

Employment Separation

Separation	Reporting
Date	Supervisor:
Circle one:	
Quit	Dismissed Retired