



Driver Employment Application

Date: _____

4.0 School Services of *COMPANY NAME*

Note to applicant: Please advise us in advance if you require an accommodation to complete this application.

General Information					
Last Name		First	Middle	Date of Birth: / /	
				Required by FMCSR Part 391.21 (b) (2)	
Address: Street		City	State	Zip	How Long?
Phone Numbers:		Email address:		SS#	
Home	Cell			Required by FMCSR Part 391.21 (b) (2)	
List all addresses for the past 5 years					
Street	City	County	State	Zip	How Long?

How were you referred to us:		Salary Requirements:		Date available to start:	
Have you ever worked for 4.0 School Services? Yes <input type="checkbox"/> No <input type="checkbox"/>		Where?		When?	
Are you a citizen of the US?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, are you legally allowed to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever pleaded guilty, no contest or been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details:					

Employment History

All employment for the past 10 years must be noted below, including jobs held while in school or in the military starting with most recent.

Employer Name:		Dates employed:(mo/yr) From: / To: /		Salary/pay rate: Beginning: Ending:	
Employer address:		Phone #		Supervisors name:	
Position(s) held:		Briefly explain your job duties and responsibilities:			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for leaving:			

Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)? Yes ___ No ___

Was this position safety sensitive subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

Employer Name:		Dates employed:(mo/yr) From: / To: /		Salary/pay rate: Beginning: Ending:	
Employer address:		Phone #		Supervisors name:	
Position(s) held:		Briefly explain your job duties and responsibilities:			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason for leaving:			

Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)? Yes ___ No ___

Was this position safety sensitive subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

Employment History (continued)

Employer Name:	Dates employed:(mo/yr) From: / To: /	Salary/pay rate: Beginning: Ending:
Employer address:	Phone #	Supervisors name:
Position(s) held:	Briefly explain your job duties and responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving:	

Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)? Yes ___ No ___

Was this position safety sensitive subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

Employer Name:	Dates employed:(mo/yr) From: / To: /	Salary/pay rate: Beginning: Ending:
Employer address:	Phone #	Supervisors name:
Position(s) held:	Briefly explain your job duties and responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving:	

Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)? Yes ___ No ___

Was this position safety sensitive subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

Employer Name:	Dates employed:(mo/yr) From: / To: /	Salary/pay rate: Beginning: Ending:
Employer address:	Phone #	Supervisors name:
Position(s) held:	Briefly explain your job duties and responsibilities:	
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Reason for leaving:	

Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)? Yes ___ No ___

Was this position safety sensitive subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ___ No ___

License Information

List all drivers licenses or permits held in the past 3 years.

State	License #	Type	Expiration Date

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
2. Has any license, permit or privilege ever been suspended or revoked? Yes No

If "yes" to any of the above, explain:

Driving Experience

	Class of Equipment	Type of equipment (van, tank, flat, etc.)	Dates		Approximate number of miles
			From	To	
Auto or Van					
Straight Truck					
Bus/Motor coach					
Tractor Trailer					

List all states where you have held a CDL in the last five years:

List special driving courses or training you have received:

How many years of driving experience do you have? ___ Less than 3 years ___ 3 years or more

Accident Record for past 3 years				
	Date	Nature of accident	Fatalities	Injuries (other than yourself)
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
Applicants Statement and Release				

I authorize 4.0 School Services to make investigations and inquiries of my personal, employment , educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries with my application.

I understand that information I provide regarding current and previous employers may be used, and that those employers 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:

1. Review information provided by previous employers;
2. Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
3. Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

THIS APPLICATION IS NOT INTENDED TO CREATE A CONTRACT BETWEEN 4 POINT 0 SCHOOL SERVICES AND/OR THE BUS SERVICE LISTED ABOVE, AND ANY APPLICANT. ANY EMPLOYMENT WITH THE COMPANY IS EMPLOYMENT AT WILL AND CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE, FOR ANY LAWFUL REASON.

I acknowledge that any offer of employment is conditioned upon my taking a pre-employment drug test, receipt of satisfactory results of such a test, receipt of satisfactory background checks and passing the DOT physical.

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. In the event I am employed, I understand that false or misleading information given on my application or interview may result in discharge at any time.

Applicants signature

Date