

# Application for Employment

James River Bus Lines / Carey VIP Chauffeured Services

Office Use Only: Location: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
First Middle Last

\*Current Address \_\_\_\_\_  
Street City State Zip

\*If the above address is less than three years, list below all residences for the past three years. (Use an extra sheet if needed)

Street City State Zip

Street City State Zip

Position applying for: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

Who referred you? \_\_\_\_\_ Where did you here about JRBL? \_\_\_\_\_

Have you ever worked for JRBL before? \_\_\_\_\_ Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Where? \_\_\_\_\_ Rate of Pay: \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Names of any relatives employed by JRBL \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If not, how long since your last employment? \_\_\_\_\_

## EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 MBA PHD

Last school attended: \_\_\_\_\_  
Name Address

## GENERAL

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Have you ever worked for JRBL under another name? \_\_\_\_\_ If so, under what name? \_\_\_\_\_

## DRIVER EXPERIENCE & QUALIFICATION

ANSWER THE QUESTIONS IN THIS SECTION ONLY IF APPLYING FOR DRIVER POSITION

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

The U.S. Department of Transportation requires that driver applicants state their date of birth. (§ 391.21 (b)(2))  
(Month/day/year)

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**LICENSES**

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

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

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If you have answered "Yes" to A, B or C, attach a statement giving details.

**DRIVING EXPERIENCE**

**Class of Equipment** \_\_\_\_\_

**Type of Equipment** \_\_\_\_\_

(Van, Tank, Flat, Etc.)

Dates	From	To	Approximate Total Miles
Motor Coach			
School Bus			
Straight Truck			
Tractor & Semi-Trailer			

List states operated in during last five years

\_\_\_\_\_  
List special courses or training that will help you as a driver

\_\_\_\_\_  
List driving awards held and who awards were presented by

**ACCIDENT REVIEW FOR PAST 3 YEARS (ATTACH SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED)**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS**

Location	Date	Charge	Penalty

**EMPLOYMENT RECORD**

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. They must also show commercial driver employment for the ten years immediately preceding this year period. §391.21 (b)(10),(11)

Start with **last or current** position, including military experience, and work back. (Attach a separate sheet of paper if necessary)

**Current Employer:** \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Salary \_\_\_\_\_

In this position, were you: Subject to the FMCSR's? \_\_\_\_\_ Alcohol and drug tested under DOT regulation? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Company:** \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Salary \_\_\_\_\_

In this position, were you: Subject to the FMCSR's? \_\_\_\_\_ Alcohol and drug tested under DOT regulation? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Company:** \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Salary \_\_\_\_\_

In this position, were you: Subject to the FMCSR's? \_\_\_\_\_ Alcohol and drug tested under DOT regulation? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**Company:** \_\_\_\_\_ Supervisor's Full Name: \_\_\_\_\_

Full Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

Salary \_\_\_\_\_

In this position, were you: Subject to the FMCSR's? \_\_\_\_\_ Alcohol and drug tested under DOT regulation? \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**MAINTENANCE EXPERIENCE & QUALIFICATIONS**

INDICATE TRAINING & EXPERIENCE IN THE FOLLOWING	FORMAL TRAINING	YEARS OF EXPERIENCE
DIESEL ENGINE REPAIR		
BODY WORK		
HEAVY TRANSMISSION REPAIR		
AUTO PAINTING		
ELECTRICAL REPAIR		
BRAKES		
LIGHT MAINTENANCE		
WELDING		
AIR CONDITIONING/HEAT		
ENGINE COOLING SYSTEMS		
MACHINE SHOP		
AUTOMOTIVE AUDIO/VIDEO		
AUTOMOTIVE DETAILING		

**APPLICANT MUST READ AND SIGN**

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history and alcohol and drug test history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal. If hired, I agree to abide by all the rules and policies of the employer.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

**FOR OFFICE USE – DO NOT WRITE IN THIS SPACE**

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE							
	Superior	Good	Fair	Below Average	Poor	Record on File	Interviewers Initials
Application							
Interview							
Physical Exam							
Past Employment							
Road Test							
Police & Traffic Record							

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_