

Application For Employment

Job Applied For * First Name * Middle Last Name * Social Security No. *

Present Address City State ZIP County Years At This Address

Email Address * Date of Birth *

Phone No. * Other Phone No.

Applying for: (Click for Check Mark)
 Full Part Time

Have you ever worked for River Trails Transit Lines, INC, (Tri-State Travel) and when?

How did you hear about River Trails Transit Lines, INC (Tri-State Travel), or who referred you?

Do you have the legal right to work in the United States? YES NO

Commercial Driver's License

Name - Exactly as it appears on your driver's license * Maiden or other name used

CDL Type * (Click for Check Mark) CDL Expiration Date * Air Brake Restriction? *

A B C None Yes No

Endorsements (check all that apply) * Years of Experience for CDL Classification Currently Held *

H T N X P

Current Driver's License Number * Issuing State * Current DOT Medical Card * DOT Medical Card Expiration Date

 Yes No

Driving/Hauling Experience

Equipment	Yrs Exp	Equipment	Yrs Exp	Equipment	Yrs Exp

Do you have a TWIC Card?:
 Yes No

What is your TWIC expiration date?:

Do you have a passport?: (Click for Check Mark)

Yes No

Passport Number?:

Passport Expiration date?:

Education

	Name and Location of School	Years Attended	Diploma/Certification
High school			
College			
Trade or Business School			

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

List driving awards held and who presented them:

Additional Licenses

List ALL additional licenses held in the past 5 years.

State	License no.	Class	Endorsement(s)	Expiration date

(Click for Check Mark)

Yes No - Has any license, permit, or privilege ever been suspended, revoked, or denied? *

(1) Date suspended or revoked:

(1) Details

(2) Date suspended or revoked:

(2) Details

(3) Date suspended or revoked:

(3) Details

(Click for Check Mark)

Yes No - Have you ever been convicted for driving under the influence of drugs or alcohol? *

Yes No - Have you ever tested positive or refused to test on any pre-employment drug and / or alcohol test administered by an employer to which you applied for but did not obtain safety sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 2 years? *

Accident Review for Past 5 Years

No Accidents to report.

(Click for Check Mark)

	Dates	(head-on, rear-end, overturn, etc.)	Fatalities	Injuries	Vehicle Type
Last Accident					<input type="radio"/> Personal <input type="radio"/> Commercial

Traffic Convictions & Forfeitures for Past 5 Years

(Click for Check Mark)

No Traffic Convictions or Forfeitures to report.

Location	Date	Charge(other Than Parking Violations) See Below	Penalty

Charge:

Employment History

You must provide accurate dates of employment and phone numbers covering the last ten years (per DOT regulation). We cannot hire you without verifying employment. If you need to list additional employers, click "Add Another Employer" below.

EMPLOYER #1

Company * Supervisor's Name Supervisor Phone Salary

Street Address City State Zip Code

Position Held * From Date (mm/yy) * To Date (mm/yy) *

Reason For Leaving *

Driving/Hauling Experience With This Employer

Hauling What? Number of Months: Equipment

(Click for Check Mark)

Were you subject to the FMCSRs while employed by this employer? *

Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40? *

Yes No

EMPLOYER #2

Company * Supervisor's Name Supervisor Phone Salary

Street Address City State Zip Code

Position Held * From Date (mm/yy) * To Date (mm/yy) *

Reason For Leaving *

Driving/Hauling Experience With This Employer

Hauling What? Number of Months: Equipment

(Click for Check Mark)

Were you subject to the FMCSRs while employed by this employer? *

Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40? *

Yes No

Employer #3

Company * Supervisor's Name Supervisor Phone Salary

Street Address City State Zip Code

Position Held * From Date (mm/yy) * To Date (mm/yy) *

Reason For Leaving *

Driving/Hauling Experience With This Employer

Hauling What? Number of Months: Equipment

(Click for Check Mark)

Were you subject to the FMCSRs while employed by this employer? *

Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40? *

Yes No

Employer #4

Company * Supervisor's Name Supervisor Phone Salary

Street Address City State Zip Code

Position Held * From Date (mm/yy) * To Date (mm/yy) *

Reason For Leaving *

Driving/Hauling Experience With This Employer

Hauling What? Number of Months: Equipment

Driving/Hauling Experience With This Employer

Hauling What? Number of Months: Equipment

(Click for Check Mark)

Were you subject to the FMCSRs while employed by this employer? *

Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40? *

Yes No

Employer #5

Company * Supervisor's Name Supervisor Phone Salary

Street Address City State Zip Code

Position Held * From Date (mm/yy) * To Date (mm/yy) *

Reason For Leaving *

Driving/Hauling Experience With This Employer

Hauling What? Number of Months: Equipment

Were you subject to the FMCSRs while employed by this employer? *
 Yes No

(Click for Check Mark)

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40? *

Yes No

May we contact current employer? Yes No (Click for Check Mark)

Were you subject to the FMCSRs while employed by this employer? *
 Yes No

(Click for Check Mark)

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40? *

Yes No

Employer #6

Company * Supervisor's Name Supervisor Phone Salary

Street Address City State Zip Code

Position Held * From Date (mm/yy) * To Date (mm/yy) *

Reason For Leaving *

Driving/Hauling Experience With This Employer

Hauling What?

Number of Months:

Equipment

Were you subject to the FMCSRs while employed by this employer? *

Yes No

(Click for Check Mark)

Was your job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as by 49 CFR part 40? *

Yes No

May we contact current employer? Yes No (Click for Check Mark)

Please provide the name of an emergency contact?:

Emergency contact phone number?:

What relationship is this emergency contact to you?:

Please provide the name of a second emergency contact?:

Second emergency contact phone number?:

What relationship is the second emergency contact to you?:

Please list your last 3 years of residency:

Address

City

State

Zip Code

Address

City

State

Zip Code

Address

City

State

Zip Code

Authorization

Non CDL By clicking "Send" below, I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, any falsified statements on this application shall be grounds for dismissal. Under the provisions of the Fair Credit Reporting Act, the Americans With Disabilities Act, the Drivers Privacy Protection Act and all other applicable federal, state, and local laws I authorize investigation of all statements contained herein as well as authorize the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise.

I hereby release and hold harmless any person, firm, or entity that discloses information in accordance with this authorization, as well as my prospective employer, and its agents, from any liability that may otherwise result from the request for, use of, or disclosure of, any or all of the foregoing information. The above-mentioned investigations may include, but are not limited to, information as to my character, general reputation, work history, or lifestyle, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history records; or any other public record.

I understand that consumer reports which may contain public record information may be requested, at the discretion of my prospective employer, which may include names, dates of employment, reason for termination, work experience, traffic records, workers compensation claims, etc. I have the right, under the provisions of the Fair Credit Reporting Act and the Drivers Privacy Protection Act to request all such information from the reporting agency, upon proper identification, and to request the nature and substance of all information; and the receipt of any reports on me, which the reporting agency has, or will, furnish for the two preceding years. I am also entitled to a copy of my consumer rights under the Fair Credit Reporting Act. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative.

(Click for Check Mark)

* I hereby agree and consent to completing this application and background investigation process electronically. I understand that I will be signing this application and all forms related to this application electronically and that the electronic signatures appearing on these documents are the same as my handwritten signature for the purposes of validity, enforceability and admissibility.

You have the right to withdraw your consent to sign electronically at any time by calling the number listed at the top of this page. You can print and retain a copy of any electronically signed documents by clicking on the PDF symbol in the top right corner of that document.

As part of the application process we require that the following standard consent forms be completed. You do not have to fill these forms out. They will be automatically completed using the information you provided above. Please review each form in its entirety. After reading each form check the box next to it indicating your intention to sign and submit it along with your application.

(Click for Check Mark)

- * Consent for Release of Info Form
- * Disclosure and Authorization Form

This certifies that this application was completed by me and that all entries and the information herein are true and complete to the best of my knowledge.

Print Name *

Signature (Click Check Box and type name under signature)

Date

*For the Employer Purposes Only

1st Interview Date: 2nd Interview Date: Approved Decline Rejection Date:

Date Approved by Insurance: