

APPLICATION FOR EMPLOYMENT/COMMERCIAL DRIVER

Applicants are considered without regard to race, creed, color, sex, religion, age, national origin, or disability.

Name of Carrier: **Superior Tours, Inc** Date: _____
 Address: **7100 Milford Industrial Road** **Baltimore** **MD.** **21208**
 Street City State Zip

PERSONAL DESCRIPTION

Full Name: _____ Social Security Number: _____
 Last First Middle Initial Date of Birth: _____
 Address: _____
 Street City State Zip
 Phone Number: _____ Cell Phone Number: _____
 In Case of Emergency Notify: _____

Addresses for the Last Three Years:

Street City State Zip
 Street City State Zip
 Street City State Zip

EXPERIENCE AND QUALIFICATIONS

Valid Driver's License Number: _____ From the State of: _____ Expires On: _____
 License Type (i.e. CLD Class A): _____ List CDL Endorsements: _____
 Have you ever been denied a permit, license, or privilege to operate a commercial motor vehicle? _____
 Has your license, permit or privilege been suspended or revoked? _____
 If yes, explain: _____ Can you provide a current MVR? _____

DRIVING EXPERIENCE

Power Equipment	Type of Equipment	Number of Years	States You Have Driven In
Straight Truck			
Tractor Trailer	Power Unit: _____ Trailer: _____		
Motor Coach	School Bus: _____		
Other (Specify)			

ACCIDENT RECORD LAST THREE YEARS

Date	Nature of Accident	# of Fatalities	# of Injuries	Commercial Vehicle	Automobile Type

TRAFFIC CONVICTIONS AND FORFEITURES LAST THREE YEARS (OTHER THAN PARKING)

State	Date	Charge	Penalty	Commercial Vehicle or Automobile

EDUCATION

Please circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4
 Other Training _____
 Do you have full knowledge of the Federal Motor Carrier Safety Regulations? _____
 Are you now employed? _____ When will you be available? _____
 Are you prevented from lawful employment in this country because of immigration status? _____

EMPLOYMENT HISTORY FOR PAST 3 YEARS - CDL DRIVERS MUST PROVIDE 7 YEARS ADDITIONAL
(USE SEPARATE SHEET IF NECESSARY)

Have you worked for this company before? _____ Where? _____ When? _____

Position _____ Reason for Leaving _____

Last Employer Name: _____ Phone: () _____
Area

Address _____
Street City State Zip

From _____ To _____ Job Description _____ Supervisor's Name _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Administration Regulations (DOT Regulations) while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the the drug and alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT required Drug and Alcohol Testing? Yes No

Second Last Employer Name: _____ Phone: () _____
Area

Address _____
Street City State Zip

From _____ To _____ Job Description _____ Supervisor's Name _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Administration Regulations (DOT Regulations) while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the the drug and alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT required Drug and Alcohol Testing? Yes No

Third Last Employer Name: _____ Phone: () _____
Area

Address _____
Street City State Zip

From _____ To _____ Job Description _____ Supervisor's Name _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Administration Regulations (DOT Regulations) while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the the drug and alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT required Drug and Alcohol Testing? Yes No

Fourth Last Employer Name: _____ Phone: () _____
Area

Address _____
Street City State Zip

From _____ To _____ Job Description _____ Supervisor's Name _____

Reason for Leaving _____

Were you subject to the Federal Motor Carrier Safety Administration Regulations (DOT Regulations) while employed? Yes No

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the the drug and alcohol testing requirements of 49 CFR Part 40? Were you subject to DOT required Drug and Alcohol Testing? Yes No

EMPLOYMENT GAPS

Explain any periods that you were not working: _____

NOTICE TO APPLICANT

Applicant - If employer has not explained or given a job description, make sure one is given to you and that you fully understand what is expected of you prior to answering the following questions.

Can you perform the functions described in the job description? _____

Please explain how, with, or without reasonable accommodation, you will be able to perform those functions. _____

Previous Salary? _____ Salary Desired? _____

Have you ever been bonded? ____ Have you ever been convicted of a felony, misdemeanor or criminal violation? _____

MUST BE READ AND SIGNED BY APPLICANT

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification.

I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual.

I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse.

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.

Applicant's Signature Date

PREVIOUS EMPLOYMENT ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she had a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and 9e))

The prospective employee is required by Sec.40.25(j) to respond to the following questions:

Have you tested positive, or refused to test, on any pre-employment drug 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 two years? Yes No

Have you ever tested positive on any drug or alcohol test administered by an employer for which you performed safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules? Yes No

If you answered yes, can you provide/obtain proof that you have successfully completed the DOT return-to-duty requirements? Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____ Date _____

Witness Signature: _____ Date _____

OFFICE USE ONLY TO BE USED IN CONJUNCTION WITH INVESTIGATION INTO PREVIOUS EMPLOYMENT

First Employer Contacted	_____	_____	_____
	Date	Name of Person Contacted	Results
Second Employer Contacted	_____	_____	_____
	Date	Name of Person Contacted	Results
Third Employer Contacted	_____	_____	_____
	Date	Name of Person Contacted	Results
Fourth Employer Contacted	_____	_____	_____
	Date	Name of Person Contacted	Results