

## Driver's Application for Employment

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Position Applying for: \_\_\_\_\_  Full-Time  Part-Time

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status. We are a proud Equal Opportunity Employer.

### TO BE READ AND SIGNED BY APPLICANT

I authorize **SpeediShuttle Washington, LLC dba SpeediShuttle Seattle** ("Employer") 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 Employer, other employers, schools and other persons from all liability in responding to the inquiries and releasing information in connection with my application.

In the event of employment, I understand that false and/or misleading information given in my application or interview(s) shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of the Employer. However, I further understand that neither the policies, rules, and regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time or without notice or cause.

I understand that information that 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)(e). I understand that I have the right to:

- Review information provided by 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# speedi SHUTTLE SEATTLE

Name: (Last, First, Middle Initial)		Date of Birth:
Current Street Address, City, State, ZIP:		
How long?		
Home Phone:	Cell Phone:	E-mail:
Previous Mailing Address, City, State, ZIP:		
How long?		

Previous addresses of residency, if less than 3 years:

Street	City	State&ZIP	How long?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have the legal right to work and be employed in the United States for any employer for an unlimited period of time?

YES       NO

Have you worked for **SpeediShuttle, LLC or SpeediShuttle Washington, LLC dba SpeediShuttle Seattle** before? \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_

Last Position Held: \_\_\_\_\_ Last Rate of Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check all days you can work:  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Hours available: \_\_\_\_\_

## Employment History

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address street number, City, State and zip code.

Applicants to drive a commercial motor vehicle inquiring a CDL License, involved in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such a vehicle.

<b>Current Employer</b>	Date:
Name:	From: <span style="float: right;">To:</span>
Address:	Position:
City: <span style="float: right;">State: <span style="float: right;">ZIP</span></span>	Salary/Wage:
Contact person: <span style="float: right;">Phone number:</span>	Reason for Leaving:
Were you subject to the FMCSR* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT-regulated mode <input type="checkbox"/> Yes <input type="checkbox"/> No Subject to the drug and alcohol testing requirements of 49 CFR parts 40?	
<b>Previous Employer</b>	Date:
Name:	From: <span style="float: right;">To:</span>
Address:	Position:
City: <span style="float: right;">State: <span style="float: right;">ZIP</span></span>	Salary/Wage:
Contact person: <span style="float: right;">Phone number:</span>	Reason for Leaving:
Were you subject to the FMCSR* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT-regulated mode <input type="checkbox"/> Yes <input type="checkbox"/> No Subject to the drug and alcohol testing requirements of 49 CFR parts 40?	
<b>Previous Employer</b>	Date:
Name:	From: <span style="float: right;">To:</span>
Address:	Position:
City: <span style="float: right;">State: <span style="float: right;">ZIP</span></span>	Salary/Wage:
Contact person: <span style="float: right;">Phone number:</span>	Reason for Leaving:
Were you subject to the FMCSR* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT-regulated mode <input type="checkbox"/> Yes <input type="checkbox"/> No Subject to the drug and alcohol testing requirements of 49 CFR parts 40?	

(Attached sheet if more space is needed)

\* The Federal Motor Carrier Safety Regulations (FMCSR) 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 8 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**Highest Education Completed:**

High School      Number of years completed (check one)      1      2      3      4

Diploma       Yes       No      G.E.D:       Yes       No

School: \_\_\_\_\_

College and/or Vocational School: Number of years completed (check one)      1      2      3      4

Degree       Yes       No

Major: \_\_\_\_\_

School: \_\_\_\_\_

References: (Not relatives) or attach references from your resume.

Name:	Occupation:
Email:	Telephone No.
Name:	Occupation:
Email:	Telephone No.
Name:	Occupation:
Email:	Telephone No.

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List all driver licenses or permits held in the past 3 years

State	License No.	Type	Expiration Date

- 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 \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

## DRIVING EXPERIENCE

Class of Equipment	Check Type of Equipment	From (mm/yy)	To (mm/yy)	Approx. No. of Miles (Total)
Straight Truck YES ___ NO ___	Van Tank Flat Dump Reefer			
Tractor and Semi-Trailer YES ___ NO ___	Van Tank Flat Dump Reefer			
Tractor – Two Trailers YES ___ NO ___	Van Tank Flat Dump Reefer			
Tractor – Three Trailers YES ___ NO ___				
Motorcoach – School Bus (8+pass) YES ___ NO ___				
Motorcoach – School Bus (15+pass) YES ___ NO ___				

Other: \_\_\_\_\_

### ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACHED SHEET IF MORE SPACE IS NEEDED)

	Dates	Nature of Accident	Fatalities	Injuries	Hazardous Spill
Last Accident	_____	_____	_____	_____	_____
Next Accident	_____	_____	_____	_____	_____
Next Accident	_____	_____	_____	_____	_____

TRAFFIC CONVICTIONS FORM (attached)

AUTHORIZATION OF DRUG AND ALCOHOL TESTING AND POLICY (attached)

### TO BE READ AND SIGNED BY APPLICANT

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: \_\_\_\_\_

**DRUG SCREENING AUTHORIZATION FORM**

Name: \_\_\_\_\_

I understand that **SpeediShuttle Washington, LLC dba SpeediShuttle Seattle** has established a policy, whereby any person who has received a conditional offer of employment, or is seeking to provide services to **SpeediShuttle Washington, LLC dba SpeediShuttle Seattle**, will be tested for the presence of drugs.

- 1) I agree to present myself at the appointed time at the testing laboratory designated by SpeediShuttle and identify myself with a valid picture identification (i.e. Driver's License, State Identification Card, Passport or Military Identification Card).
- 2) I understand that if I fail to report to the test site at my appointed time, this will be deemed as a "refusal to test", and the respective Human Resources Office may rescind any conditional offer of employment or may disapprove the request for vendor services.
- 3) I authorize the testing laboratory to take from me the required specimen for testing.
- 4) I understand that the specimen will be tested to determine the presence of drugs, using a chain of custody procedure to ensure the integrity of custody procedure to ensure the integrity of the specimen and its identification.
- 5) I understand that my specimen will be tested for the following drugs: marijuana, cocaine, opiates, amphetamines (including crystal methamphetamine), phencyclidine (PCP), barbiturates, propoxyphene, methaqualone, benzodiazepines and methadone.
- 6) I understand that over-the-counter medications or prescribed drugs may result in a positive test result and that I will have opportunity to discuss my medications/drugs with the Medical Review Officer (MRO) if my specimen tests positive.
- 7) I understand that a copy of the results of this testing will be forwarded to the Human Resource Officer of **SpeediShuttle Washington, LLC dba SpeediShuttle Seattle** for review and that **SpeediShuttle Washington, LLC dba SpeediShuttle Seattle** may rescind any conditional offer or employment or may disapprove the request for vendor services if the results indicate the presence of any illegal, dangerous or unauthorized drugs in my system.
- 8) I understand that if I do not agree with the results of the drug test, I may request a re-test (using the same sample) by contacting the Medical Review Officer (MRO) within three (3) working days of being notified of the test results.
- 9) I understand that if I am accepted for employment, I will abide by SpeediShuttle's Alcohol and Drug Free Working Environment Policy.
- 10) In addition, I agree to release to **SpeediShuttle Washington, LLC dba SpeediShuttle Seattle** and its affiliates, agents and employees from any and all liability or responsibility related to the administration of testing, testing procedures, or any act or omissions arising there from or related thereto.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_