

**APPLICATION FOR EMPLOYMENT**

OWATONNA BUS COMPANY, INC.

1145 Park Drive

P.O. Box 583

Owatonna, MN 55060

507-451-5262

**APPLICANT TO COMPLETE ALL INFORMATION REQUESTED.**

**PLEASE PRINT.**

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

**PERSONAL INFORMATION**

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

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Telephones: Home \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - -

Desired Position: \_\_\_\_\_

Hours Available: \_\_\_\_\_

If your above address is less than 3 years continue listing them below to cover the previous 3 year period.

1) Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2) Street \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Use backside of sheet for additional addresses.

**DRIVER'S LICENSE INFORMATION**

All Licenses held, last 3 years:

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**COMPANY EXPERIENCE**

Type of vehicle driven: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Approximate mileage driven: \_\_\_\_\_

Type of vehicle driven: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Approximate mileage driven: \_\_\_\_\_

Type of vehicle driven: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Approximate mileage driven: \_\_\_\_\_

**ACCIDENTS**

All accidents in last 3 years: (If none, write NONE)

Date _____	Describe _____	Fatalities _____	Injuries _____
Date _____	Describe _____	Fatalities _____	Injuries _____
Date _____	Describe _____	Fatalities _____	Injuries _____

**TRAFFIC VIOLATIONS CONVICTIONS**

All traffic violations convictions in the last 3 years: (If none, write NONE)

Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No
Date _____	Violation _____	State _____	Commercial Vehicle: Yes / No

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes          No          If yes; state of issuance; explanation: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Starting with most recent, last 10 years; account for gaps between employers: (If owner/operator, list carriers leased to)

Employer: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_

Where you subject to the Federal Motor Carrier Safety Regulations during this period? Yes / No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes / No

Starting & Ending Pay: \_\_\_\_\_ Hourly / Weekly / Monthly / Yearly

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

Employer: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_

Where you subject to the Federal Motor Carrier Safety Regulations during this period? Yes / No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes / No

Starting & Ending Pay: \_\_\_\_\_ Hourly / Weekly / Monthly / Yearly

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

**EMPLOYMENT HISTORY (CONT)**

Employer: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_  
Where you subject to the Federal Motor Carrier Safety Regulations during this period? Yes / No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes / No  
Starting & Ending Pay: \_\_\_\_\_ Hourly / Weekly / Monthly / Yearly  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_  
Where you subject to the Federal Motor Carrier Safety Regulations during this period? Yes / No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes / No  
Starting & Ending Pay: \_\_\_\_\_ Hourly / Weekly / Monthly / Yearly  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_  
Where you subject to the Federal Motor Carrier Safety Regulations during this period? Yes / No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes / No  
Starting & Ending Pay: \_\_\_\_\_ Hourly / Weekly / Monthly / Yearly  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_  
Where you subject to the Federal Motor Carrier Safety Regulations during this period? Yes / No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes / No  
Starting & Ending Pay: \_\_\_\_\_ Hourly / Weekly / Monthly / Yearly  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_ Telephone: \_\_\_\_\_  
Where you subject to the Federal Motor Carrier Safety Regulations during this period? Yes / No  
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes / No  
Starting & Ending Pay: \_\_\_\_\_ Hourly / Weekly / Monthly / Yearly  
Reason for leaving: \_\_\_\_\_

**For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).**

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five business day deadlines will begin when the prospective employer received the requested safety performance history information. If the driver has not arranged to pick up or received the requested records within thirty days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

**CERTIFICATION**

"I certify 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. I also give my permission for a driver's license and background check."

Applicant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**TO BE COMPLETED BY THE EMPLOYER:**

Application received by:

Application reviewed for completeness by:

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**SIGNIFICANT DATES:**

Date of Hire: \_\_\_\_\_

Time/Date of Pre-Employment CST: \_\_\_\_\_

Time/Date of Pre-Employment CST Results Received: \_\_\_\_\_

Date First Used in Safety Sensitive Position: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

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P.O. Box 583

Owatonna, MN 55060

507-451-5262

**COMMERCIAL VEHICLE DRIVER APPLICANT**

Controlled Substance and Alcohol Questionnaire  
Pursuant to 49 CFR part 40.25(j)

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

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Telephones: Home \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - -

**49 CFR 40.25(j)**

Have you ever 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, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		Yes / No
If Yes:	Have you successfully completed the return-to-duty process?	Yes / No
If Yes:	Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.	

Applicant's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER:**

Received by: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_