

DARTMOUTH COACH

DARTMOUTH TRANSPORTATION COMPANY, INC.

Driver Application for Employment

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, sex, national origin, age, marital status, veteran status, physical or mental disability, sexual orientation, or any other federal protected class.

PLEASE PRINT

| | |
|------------------------------------|-------------------------------|
| Date of Application _____ | Position(s) Applied For _____ |
| Date Available to Start Work _____ | _____ |
| Salary Desired _____ | _____ |

PERSONAL

| | | | |
|-----------------|-------------|---------------|--------------------------|
| Last Name _____ | First _____ | Initial _____ | Other Name(s) Used _____ |
|-----------------|-------------|---------------|--------------------------|

| | | | | | |
|-------------------------|--------------|------------|-------------|----------------|--------------|
| CURRENT ADDRESS: | | | | | How Many |
| Number _____ | Street _____ | City _____ | State _____ | Zip Code _____ | Years: _____ |

| | | | | | |
|--------------------------|--------------|------------|-------------|----------------|--------------|
| PREVIOUS ADDRESS: | | | | | How Many |
| Number _____ | Street _____ | City _____ | State _____ | Zip Code _____ | Years: _____ |

| | | | | | |
|--------------------------|--------------|------------|-------------|----------------|--------------|
| PREVIOUS ADDRESS: | | | | | How Many |
| Number _____ | Street _____ | City _____ | State _____ | Zip Code _____ | Years: _____ |

Telephone Numbers Where We Can Contact You: Home (____) ____ - ____ Cell/Other: (____) ____ - ____

Email Address: _____

Do you have a legal right to work in the United States? Yes No

Date of Birth ____ / ____ / ____ (Required for Commercial Drivers) Can you provide a proof of age? Yes No

• Have you ever been bonded? Yes No

• If so, with what employer(s)? _____

• Have you ever been refused a bond? Yes No

• If yes, please explain: _____

• Have you ever been convicted of a crime? Yes No

• If yes, please explain: _____

(Please note that a criminal conviction will not necessarily prevent employment. Depending on the position for which you are applying, any offer of employment may be conditioned upon your consent to and satisfactory results of a criminal background check.)

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description) ? Yes No

If yes, provide explanation (optional): _____

Have you served in the Armed Forces? Yes No

If so: Branch _____ Date Entered ____ / ____ / ____ Date Discharged ____ / ____ / ____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code. Applicants to drive commercial motor vehicles* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. Please list employers in reverse order, starting with the most recent.

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <ul style="list-style-type: none"> Have you ever worked for this company before? If so, Where? _____ Dates: From ___ / ___ / _____ To ___ / ___ / _____ Position: _____ Reason for Leaving: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <ul style="list-style-type: none"> Are you now employed? If not, how long since last employment? : _____ Who referred you/where did you learn about this job? : _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Do you have friends, relatives or family members who work for us? If so, please list their name(s).

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Employed From ____/____/____ | Employer Name _____ | Supervisor Name: _____ | Starting Salary \$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Employed Until ____/____/____ | Employer Address _____ _____ | May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | Ending Salary \$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Job Title: | | Reason for Leaving: | |
| Duties and Responsibilities: | | | |
| Were you subject to the FMCSRs** while employed? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Employed From ____/____/____ | Employer Name _____ | Supervisor Name: _____ | Starting Salary \$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Employed Until ____/____/____ | Employer Address _____ _____ | May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | Ending Salary \$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Job Title: | | Reason for Leaving: | |
| Duties and Responsibilities: | | | |
| Were you subject to the FMCSRs** while employed? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous material in a quantity requiring placarding.

** The federal Motor Carrier Safety Regulations (FMCSRs) 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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

- EMPLOYMENT HISTORY CONTINUED

| | | | |
|----------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Employed From ____/____/____ | Employer Name ----- Employer Address ----- | Supervisor Name: ----- May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | Starting Salary \$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Employed Until ____/____/____ | ----- ----- | Supervisor Phone #: ----- | Ending Salary \$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Job Title: | | Reason for Leaving: | |

Duties and Responsibilities:

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Were you subject to the FMCSRs** while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|----------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Employed From ____/____/____ | Employer Name ----- Employer Address ----- | Supervisor Name: ----- May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | Starting Salary \$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Employed Until ____/____/____ | ----- ----- | Supervisor Phone #: ----- | Ending Salary \$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Job Title: | | Reason for Leaving: | |

Duties and Responsibilities:

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Were you subject to the FMCSRs** while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | | | |
|----------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Employed From ____/____/____ | Employer Name ----- Employer Address ----- | Supervisor Name: ----- May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | Starting Salary \$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Employed Until ____/____/____ | ----- ----- | Supervisor Phone #: ----- | Ending Salary \$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Job Title: | | Reason for Leaving: | |

Duties and Responsibilities:

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Were you subject to the FMCSRs** while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|----------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Employed From ____/____/____ | Employer Name ----- Employer Address ----- | Supervisor Name: ----- May We Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> | Starting Salary \$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Employed Until ____/____/____ | ----- ----- | Supervisor Phone #: ----- | Ending Salary \$ _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| Job Title: | | Reason for Leaving: | |

Duties and Responsibilities:

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Were you subject to the FMCSRs** while employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

ACCIDENT RECORD for past 3 years or more Attach sheet if more space is needed. If none, write "none".

| | DATES | NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.) | FATALITIES | INJURIES | HAZARDOUS MATERIAL SPILL |
|---------------|-------|--------------------------------------------------------|------------|----------|-----------------------------|
| Last Accident | _____ | _____ | _____ | _____ | _____ |
| Next Previous | _____ | _____ | _____ | _____ | _____ |
| Next Previous | _____ | _____ | _____ | _____ | _____ |
| Next Previous | _____ | _____ | _____ | _____ | _____ |

TRAFFIC CONVICTIONS and FORFEITURES for past 3 years (other than parking violations) If none, write "none"

| LOCATION | DATE | CHARGE | PENALTY |
|----------|-------|--------|---------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

EXPERIENCE and QUALIFICATIONS - DRIVER

| DRIVERS LICENSES | STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|---------------------|-------|-------------|-------|-----------------|
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

- Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- Has any license, permit or privilege ever been suspended or revoked? Yes No
- If the answer to any of the above is yes, give details: _____

| CLASS OF EQUIPMENT | TYPE | DATES | | APPROX. NO. OF MILES TOTAL |
|-----------------------------------------------------------------------------------|-------------------------|-------|----|-------------------------------|
| | | FROM | TO | |
| Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Tractor - Two Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Tractor - Three Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Motorcoach - School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No | More than 8 passengers | | | |
| Motorcoach - School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No | More than 15 passengers | | | |

List states operated in for equipment above: _____
 Show special courses or training that will help you as a driver: _____

 Which safe driving awards do you hold and from whom? _____

EXPERIENCE and QUALIFICATIONS - OTHER

Show any trucking, transportation or other experience that may help you in your work for this company.

List courses and training not indicated above.

List special equipment or technical materials you can work with (other than those already shown).

EDUCATION

| | |
|--------------------------------|-----------------------------|
| Highest Grade Completed: _____ | Last School Attended: _____ |
|--------------------------------|-----------------------------|

REFERENCES - Please provide business or professional references only.

| | | |
|------------------|--------------|---------------------|
| Name | Company | Telephone Number(s) |
| Occupation/Title | Relationship | |
| Name | Company | Telephone Number(s) |
| Occupation/Title | Relationship | |
| Name | Company | Telephone Number(s) |
| Occupation/Title | Relationship | |

TO BE READ AND SIGNED BY APPLICANT

I certify that all the information on this application, and on my resume, if provided, is true and complete. I understand that any misrepresentation or omission may result in my disqualification from further consideration for employment and/or my termination from employment.

I authorize you 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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. I understand that information I provide regarding current and / or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e).

I understand I have the right to:

1. Review information provided by previous employers;
2. Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
3. 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.

In consideration for the processing of my application for employment with **Dartmouth Coach**, I hereby **RELEASE, INDEMNIFY, AND HOLD HARMLESS Dartmouth Coach, Inc.** and all previous employers and other persons and organizations furnishing information in connection with **Dartmouth Coach's** investigation into my background from any and all liability based on their authorized receipt, disclosure, and use of the information gathered in processing my application for employment with them.

I understand that, if hired, any offer is contingent upon production of proof of employment eligibility and the completion of a Form I-9; a satisfactory criminal background records check and depending on the position for which I am hired, my submission to a post-offer drug test and medical examination to determine my ability to perform the essential functions of the position offered. I also understand that if offered a position I must satisfy a probationary period of 180 days.

Signature* _____
 Print Name _____
 Date _____

***Digital Applicants:** By checking this box I understand I am electronically signing this application, and in doing so, it is considered the legal equivalent of my actual signature.