

DRIVER'S APPLICATION FOR EMPLOYMENT

GG&C Bus Co. Inc. 2924 Jefferson Avenue Washington, PA 15301

(Answer all questions - 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, or non-job-related disability.

Position(s) applied for: SCHOOL VAN/CAR _____ SCHOOL BUS _____ CHARTER _____ AIDE _____

NAME _____
Last First Middle

PHONE Home _____ Cell _____

List your address of residency for the past 3years.

Current Address _____
Street City State Zip Code How Long

Previous Address _____
Street City State Zip Code How Long

Previous Address _____
Street City State Zip Code How Long

If employed, you would need to provide evidence that you have the right to work in the United States.
Please initial _____

Please indicate if you are
Able to drive school bus (over 18) Y or N
Able to drive cross state lines (over 21) Y or N

Have you worked for GG&C Bus Company Inc before? _____ Position _____

Dates: From _____ to _____ Reason for Leaving _____

How did you hear about us? _____ Who Referred you? _____

Please review the attached job description Are you able to perform the essential functions of the Job for which you are applying? (with or without accommodations) ____ YES ____ NO
(This question is not designed to elicit information about an applicant's disability. Please do not provide information about the assistance of a disability particular accommodation or whether accommodation is necessary. These issues may be addresses at a later stage to extent permitted by law.)

Do you have any limitation on the days and/or times of day you can work? _____

Please list availability _____

EMPLOYMENT HISTORY

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

For each employer listed, please check box if job was:

- Involved any Contact with Children up to age 18 years old.
- Subject to FMCSR (Federal Motor Carrier Safety Regulations) testing in any DOT mode.

(NOTE: List employers with the most recent first. Add another sheet as necessary.)

It is our practice to call past employers for reference checks. Please sign the attached releases permitting your past employers to release information to GG&C Bus Company, Inc.

EMPLOYER	Contact with Children <input type="checkbox"/>	FMCSR Testing <input type="checkbox"/>	DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/ WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER	Contact with Children <input type="checkbox"/>	FMCSR Testing <input type="checkbox"/>	DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/ WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER	Contact with Children <input type="checkbox"/>	FMCSR Testing <input type="checkbox"/>	DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/ WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

EMPLOYER	Contact with Children <input type="checkbox"/>	FMCSR Testing <input type="checkbox"/>	DATE	
NAME			FROM MO YR	TO MO YR
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/ WAGE	
CONTACT PERSON	PHONE NUMBER		REASON FOR LEAVING	

*Includes vehicles having a GVWR of 26,001lbs. or more, vehicles designed to transport 15 or more passengers or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

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
Last Accident			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE.

Location	Date	Charge	Penalty

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED: _____
School City

EXPERIENCE AND QUALIFICATIONS- DRIVER

Drivers Licenses State _____ License No. _____ Type _____ Endorsements _____

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

B. Has any license, permit or privilege ever been suspended or revoked? _____

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

DRIVING EXPERIENCE.

List Class of Equipment Truck, Bus, Tractor Trailer, Other _____

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION _____

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.

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, healthcare 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.

In the event of employment I understand that my employment would be at-will; unless the owner changes this status, and then only of done in writing.

Date _____ Applicant's Signature _____

MVR _____ Approved _____ CRC _____

Act 168 Release _____ Inquiry 1 _____ 2 _____ 3 _____

FMCSR Release _____ Inquiry 1 _____ 2 _____ 3 _____