



Application for Employment

Instructions: Please read and complete all sections of this document legibly in your own handwriting using a pen. Applications that are incomplete, filled out using a pencil or typed may be rejected. Applications will be considered active for 90 days after the application date. Easton Coach Company consistently confirms background information provided by applicants; for this purpose, it is essential that all responses provided by the applicant be accurate and complete. Federal and state laws prohibit discrimination based on certain characteristics. Easton Coach Company is an equal opportunity employer.

Personal Information

Name: _____
Last First Middle

Current Address: _____ How Long? _____
If less than two years in PA list previous address(es) Street City State Zip

Previous Address: _____ How Long? _____
Street City State Zip

Previous Address: _____ How Long? _____

Primary Telephone Number: () _____ Social Security Number: _____

*Date of Birth: _____ Are you legally authorized to work in the United States? Yes No

* The U.S. Department of Transportation (DOT) requires an individual to be properly licensed to operate a motor vehicle, further requiring commercial drivers to be at least 21 years of age. In accordance with both DOT and company policies, pre-employment drug testing is required for employment. DOT requirements also specify that an individual meet physical qualifications necessary to the safe operation of a motor vehicle. If, prior to a conditional offer of employment, you are uncertain as to whether you are capable of passing a DOT physical and/or physical capabilities assessment or have questions regarding the requirements, you may submit your application and, if contacted about employment, request additional information from a member of our staff. After receiving a conditional offer of employment, you may be required to answer medical questions and may be required to undergo pre-employment testing, including but not limited to a medical examination and/or physical capabilities assessment. Any information provided to Easton Coach Company is strictly confidential.

Referred By

Company Website Employee (full name): _____

Advertisement (specify source): _____ Agency (name): _____

Walk-in Other (specify): _____

Have you ever worked or applied to work for Easton Coach Company or any of its subsidiaries before? Yes No

If yes, where? When? _____

Do you have a spouse, relative or significant other currently employed by Easton Coach Company or any of its subsidiaries or predecessors? Yes No

If so, whom? _____

On what date would you be available if your application for employment were accepted? _____

Employment Preferences (check all that apply)

Motorcoach Driver (full time) Aide/Escort Mechanic

Motorcoach Driver (part time) Scheduler Washbay

Paratransit Driver (full time) Dispatcher Other: _____

Paratransit Driver (part time) Office Staff

Education and Training

Name and Location	Years Completed	Graduated?	Course of Study
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Military Service Record

Have you ever served in the armed services? Yes No If yes, what branch? _____

Dates of service: From: _____ To: _____ Rank at discharge: _____

Employment Record: Past Five (5) Years *(10 years commercial driving)*

Begin with your current or most recent job and work backwards in order, listing your employers for at least five (5) years, including all full-time and part-time employment. All time must be accounted for including military service, school, self-employment and periods of unemployment. If necessary, use supplementary sheets for more than five (5) employers. Telephone numbers for all employers and references are required. If applicable to desired position, provide (10) years of commercial driving employment.

If currently unemployed, please list dates: From: _____ To: _____

Current Employer

Dates of employment: From: _____ To: _____

May we call your current employer? Yes No

Company: _____ Supervisor: _____

Address: _____ Telephone number: _____

Position: _____ Rate of pay: _____

If unemployed, please list dates: From: _____ To: _____

Last Employer

Dates of employment: From: _____ To: _____

May we call this employer? Yes No

Company: _____ Supervisor: _____

Address: _____ Telephone number: _____

Position held: _____ Rate of pay: _____

Reason for leaving: _____

If unemployed, please list dates: From: _____ To: _____

2nd Last Employer

Dates of employment: From: _____ To: _____

May we call this employer? Yes No

Company: _____ Supervisor: _____

Address: _____ Telephone number: _____

Position held: _____ Rate of pay: _____

Reason for leaving: _____

If unemployed, please list dates: From: _____ To: _____

3rd Last Employer

Dates of employment: From: _____ To: _____

May we call this employer? Yes No

Company: _____ Supervisor: _____

Address: _____ Telephone number: _____

Position held: _____ Rate of pay: _____

Reason for leaving: _____

If unemployed, please list dates: From: _____ To: _____

4th Last Employer

Dates of employment: From: _____ To: _____

May we call this employer? Yes No

Company: _____ Supervisor: _____

Address: _____ Telephone number: _____

Position held: _____ Rate of pay: _____

Reason for leaving: _____

Work History

Have you ever tested positive or refused to test for drugs or alcohol while working in a safety-sensitive function subject to alcohol and controlled substances testing as required by law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been disciplined or discharged for theft, unauthorized removal of company property or any related offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been disciplined or discharged for insubordination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been disciplined or discharged for fighting, assault or related offenses?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been disciplined or discharged for violating a safety rule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any of the above, please explain and provide date of each action taken and corresponding employer information, including company name, address, telephone number and contact person:

References

Please provide the names of three (3) people not related to you whom you have known for at least one (1) year.

Name	Relationship	Phone	Years Known

Certification

I understand that Easton Coach Company is under no obligation to hire me, and that any employment I am offered will not be for any specified period of time, and that my employment is terminable by either party at will, with or without notice or cause, and that no representative of Easton Coach Company has the authority to enter into any agreement with me contrary to the foregoing. I understand that nothing contained in my employment applications, or in granting of an interview, is intended to create an employment contract between Easton Coach Company and myself for either employment or for the providing of any benefit. I understand that none of the benefits or policies in any handbook issued to me by Easton Coach Company are intended by reason of its publication to confer any rights or privileges to any benefits or policies, or to entitle me to remain employed by Easton Coach Company or to change my status as an "at will" employee. I understand that all statements and provisions in the handbook are procedural or are guidelines and Easton Coach Company has the right to change any policy, benefit, or procedure at any time without notice.

I understand I will be required to submit to and pass a drug test or other tests, as required, as a condition of pre-employment and thereafter as warranted by Easton Coach Company policy and/or federal regulations. I understand Easton Coach Company may contract with a third party to assist in the administration of drug and alcohol testing and agree to this party being provided with all information to which Easton Coach Company is entitled and subject to the same confidentiality requirements as Easton Coach Company. I further understand that any offers made to me will be contingent on the results of the test. A positive reading from the tests will automatically null and void any offers or considerations made to me.

In accordance with the provisions of 49 CFR Part 382.413, I hereby authorize and require the employers specifically listed by me on page 2 and 3 of this application to release the results (including any refusal to test) to Easton Coach Company of all drug and alcohol tests taken by me pursuant to the provisions of 49 CFR while in their employ. This includes any drug or alcohol screen completed by you, the applicant, for potential employment. I further release and agree to hold harmless each specifically listed previous or current employer as well as any employee, agent, or representative thereof from all liability or damage that may arise from the release of these results.

If employed, I agree to abide by and observe all Company rules and regulations. I consent and agree that Easton Coach Company has the right to search my personal property located on Easton Coach Company property along with Easton Coach Company desks, lockers, tool kits, etc., for the purpose of investigating possible violations of Company rules.

It is understood that an investigative consumer report pursuant to the Fair Credit Reporting Act may be made whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and way of living. By signing this application, I hereby consent to Easton Coach Company obtaining such a report.

I hereby authorize Easton Coach Company to obtain any medical documentation or information concerning my past or present medical history after a job offer is made and release all persons contacted from any liability or damages. I specifically authorize employers listed on this application to release to Easton Coach Company any Drug and Medical test results.

I hereby authorize, without liability, any person or organization, including but not limited to any educational institution, training facility or any institution, whose name I have given as a reference, or by whom I have been previously employed, to furnish Easton Coach Company any information they may have concerning my employment or training to give such information to other companies and carriers requesting such information. I hereby release all such persons and organizations from any claims for damages of any kind, which may occur to me by reasons of furnishing such information. I hereby authorize any law enforcement agency or court of record to furnish Easton Coach Company information concerning my Motor Vehicle Record, or any felony or misdemeanor of which I have been convicted.

My signature below certifies that I have personally completed this application and that all information contained within it is correct to the best of my knowledge. I understand that deliberate falsification of this information would be grounds for termination in accordance with the policy of this organization.

Applicant Signature: _____ Date: _____

Printed Name: _____



Motor Vehicle History Application Addendum

Motor Vehicle Licenses *(list all driver's licenses held in the past five (5) years)*

State	License Number	Class	Endorsements	Expiration Date	Commercial Driver's License?
Current License					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures *(if none, write "none")*

List all traffic convictions, forfeitures or suspensions of license in a motor vehicle (other than parking violations) for the past five (5) years.

Date	Type of Vehicle	Location (State)	Charge	Penalty

Accident Record *(if none, write "none")*

List all accidents you have been involved in, regardless of whether you were at fault, while operating any type of motor vehicle, including property damage, in the past five (5) years.

Date	Nature of Accident	At Fault?	Ticketed?	Points Issued?	Fatalities?	Injuries?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Motor Vehicle-Specific Criminal History

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your driver's license or other permit to operate a motor vehicle ever been suspended, revoked or restricted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of reckless or careless operation of a motor vehicle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of driving while under the influence of alcohol, a narcotic drug, amphetamines or derivatives thereof?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any of the above, please explain and provide date of each offense:

My signature below certifies that I have personally completed this application addendum and that all information contained within it is correct to the best of my knowledge. I understand that deliberate falsification of this information would be grounds for termination in accordance with the policy of this organization.

Applicant Signature: _____ Date: _____

Printed Name: _____

Are you physically able, with or without reasonable accommodation to:

Safely operate a commercial vehicle for extended periods of time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Push, pull and maneuver individuals in wheelchairs up and down ramps and over a minimal number of stairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Climb in and out of a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuel a vehicle and perform preventative maintenance duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Secure wheelchairs using on-board securement systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Withstand the full range of weather conditions including both extreme cold and heat?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Operate the wheelchair lift?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physically escort individuals door to door?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Position seats inside a vehicle for passengers to sit on or provide access for wheelchairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assist passengers by carrying grocery bags and other items?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correctly judge distances and identify details at any distance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Applicant Signature: _____ Date: _____

Printed Name: _____