

PERSUNA	LINFORMATION	· ·			
Name:					
Fire			Middle	Las	t
Address:					
ridar obb	Street		Apt	City / State	Zip
Social Secu	rity #:		_	Driver's License	Number:
Contact In	formation:				
		Home Telephone		Mobil	e Telephone
		Email Address			
ADDRESS	HISTORY				
		have resided at wi	ithin the	e last 3 years	
Address:					
Audress.	Street		Apt	City / State	Zip
Address:					
11441055	Street		Apt	City / State	Zip
Address:					
	Street		Apt	City / State	Zip
LICENSIN	G INFORMATIO	N			
Do you hav	e a current CDL I	icense? YES []	NO [ense #:
				•	State: on Date:
				Expirati	on Date-
POSITION	INFORMATION				
Position So	ught:		_	Available Start Date:	
Desired Pa	y Range:		_	Full Time?	# of hours
				Part Time?	# of hours
Are you cur	rrently employed?	YES [] NO	[]	Are you 18 years of ag	ge or older? YES [] NO []
How did yo	u learn about our	Company?			
Have you e	ver worked for thi	s company? YES	[] NO	[] If yes, when?	



AVAILABILI'	ГҮ						
					T		
From:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
To:							
Total Hours	l per week		Do vou have a	ny special reque	ests		1
	able to work:			work schedule?			
			-				
Are you legall	y allowed to wo	rk in the Unite	d States? YES	[] NO []			
Have you ever	been convicted	l of a felony, or	a misdemeanor	involving any	violent act, us	se or possession o	of a weapon, or
act of dishone	sty for which th	e record has be	en sealed or exp	ounged, or do	you have such	a case pending?	Do you further
<u> </u>	=					e around childre	en? Further
	have any histo	ory that would p	prevent you fron	n driving a sch	ool bus.		
□ No							
□ Yes 1	If yes, when? Bu	riefly describe c	ircumstance:				
	7						0.1 00
			ot constitute an rehabilitation a	-	_	loyment. Date of	f the offense,
seriousnes	ss and nature o	i tile violation, i	renavimation a	na posmon ap	pnea for will t	e considerea.	
COMMERCIA	L VEHICLE E	XPERIENCE	1				
		=	r experience (if actor trucks, se		=	notor vehicles in	cluding type of
MOTOR VEH	ICLE VIOLAT	IONS					
			s or ordinances ateral during th			ving only parkin	g) of which you
LICENSE HIS	STORY						
			tances of any do		on, or suspens	ion of any licens	e, permit, or

If no such denial, revocation, or suspension has occurred please check here []



ACCIDENT HISTORY	
	e been involved within the last 3 years including the date, the
nature of each accident and any fatalities or personal ir	ijuries it caused.
- <u></u>	
EDUCATION HISTORY	
Name and Location of High School:	Did You Graduate? YES[] NO[]
Name and Location of College:	Years Attended:to
	Other Subjects Studied:
Degrees Completed	Other Subjects Studied:
Trade, Business or Correspondence School:	Years Attended: to
Subjects Studied:	Did You Graduate? YES [] NO []
•	
SPECIAL SKILLS OR QUALIFICATIONS	
Summarize your special skills or qualifications:	
Summarine your special simile of quantitations	
EMPLOYMENT HISTORY	
Please provide your employment history for the previous	as 3 years (all applicants provide this info) OR if you are
applying for a driving position please provide 7 ADDIT	IONAL years (10 total years) of employment history ONLY for
employment in which you have been an operator of a co	mmercial motor vehicle.
(Donin with most recent position first)	
(Begin with most recent position first)	
Name of Employer:	Job Title:
	Duties:
A11 .	D . CE 1
Address:	Dates of Employment: From: To:
City, State, Zip Code:	Hourly pay or Salary:
City, State, 21p Code.	Starting Pay: Ending Pay:
Supervisor:	Reason for Leaving:
Supervisor Telephone Number:	
Were you subject to Federal Motor Carrier Safety Regulation	ns while employed for this employer? YES [] NO []



Name of Employer:	Job Title: Duties:	
Address:	Dates of Employment: From: To:	
City, State, Zip Code:	Hourly pay or Salary: Starting Pay:	Ending Pay:
Supervisor: Supervisor Telephone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations w	hile employed for this employer?	YES [] NO []
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Address:	Dates of Employment: From: To:	
City, State, Zip Code:	Hourly pay or Salary: Starting Pay:	Ending Pay:
Supervisor: Supervisor Telephone Number:	Reason for Leaving:	
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Address:	Dates of Employment: From: To:	
City, State, Zip Code:	Hourly pay or Salary: Starting Pay:	Ending Pay:
Supervisor: Supervisor Telephone Number:	Reason for Leaving:	
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Name of Employer:	Job Title: Duties:	
Address:	Dates of Employment: From: To:	
City, State, Zip Code:	Hourly pay or Salary: Starting Pay:	Ending Pay:
Supervisor: Supervisor Telephone Number:	Reason for Leaving:	
Were you subject to Federal Motor Carrier Safety Regulations w	hile employed for this employer?	YES [] NO []



REFERENCES

REFERENCES	
Name of Reference:	Relationship:
Occupation of Reference:	Telephone #
How long have you known them?	
Name of Reference:	Relationship:
Occupation of Reference:	Telephone #
How long have you known them?	
Name of Reference:	Relationship:
Occupation of Reference:	Telephone #
How long have you known them?	
DISCLOSURES AND SIGNATURE	

"I certify that this application was completed by me and the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application may be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

I understand and acknowledge that unless otherwise defined by applicable law or written agreement with First Holiday Tour & Travel or Holiday Express, any employment relationship with the Company is considered "employment at will." This means the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without cause, and with or without advance notice.

 \boldsymbol{I} have read, understand, and agree to the above statements.

Signature of Applicant: _____ Date: _____

NOTICE: All drivers with Department of Transportation regulated employment during the preceding three years have the following rights regarding the investigative information that will be provided to Holiday Express.

- 1. The right to review information provided by previous employers.
- 2. The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Holiday Express.
- 3. 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.