



Employment Application

PERSONAL INFORMATION

Name: _____
First Middle Last

Address: _____
Street Apt City / State Zip

Social Security #: _____ Driver's License Number: _____

Contact Information: _____
Home Telephone Mobile Telephone
Email Address

LICENSING INFORMATION

Do you have a current CDL License? YES [] NO []

CDL License #: _____ Issuing State: _____ Expiration Date: _____

POSITION INFORMATION

Position Sought: _____ Available Start Date: _____ Desired Pay Range: _____

Full Time? _____ # of hours OR Part Time? _____ # of hours

Are you currently employed? YES [] NO [] Are you 18 years of age or older? YES [] NO []

How did you learn about our Company? _____

Have you ever worked for this company? YES [] NO [] If yes, when? _____

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
Total Hours per week you are available to work:	Do you have any special requests or needs for a work schedule?						

Are you legally allowed to work in the United States? YES [] NO []

Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon, or act of dishonesty for which the record has been sealed or expunged, or do you have such a case pending? Do you further have any reason in which you have been forbidden to be around children or should not be around children? Further indicate if you have any history that would prevent you from driving a school bus.

- No
- Yes If yes, when? Briefly describe circumstance: _____

Answering yes to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.



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EDUCATION HISTORY

Name and Location of High School: _____ Did You Graduate? YES [] NO []

Name and Location of College: _____ Years Attended: _____ to _____

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:

EMPLOYMENT HISTORY

Please provide your employment history for the previous 3 years (all applicants provide this info)
(Begin with most recent position first)

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:

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:

Name of Employer:	Job Title: Duties:
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City, State, Zip Code:	Hourly pay or Salary: Starting Pay: _____ Ending Pay: _____
Supervisor: Supervisor Telephone Number:	Reason for Leaving:

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.

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.