

**NIAGARA SCENIC TOURS**  
**MOTOR COACH DRIVER'S APPLICATION**



**APPLICATION INFORMATION**

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

APT/UNIT #: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_

*\* Date of birth is required for commercial drivers.*

State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Zip: \_\_\_\_\_ Date Available: \_\_\_\_\_

Desired Salary: \_\_\_\_\_

**I AM INTERESTED IN:**

Full Time  Part Time

**IF PART TIME, PLEASE INDICATE AVAILABILITY:**

Days Only:  Weekdays Only:   
 Evenings Only:  Weekends Only:

Can you provide proof of age?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you a citizen of the United States?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, are you authorized to work in the U.S.?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever worked for this company?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If so, when?

Have you ever been convicted of a felony? Yes  No

If yes, explain:

**DRIVER'S LICENSE INFORMATION**

Driver's License #:	Expiration:	State:	Class:	Endorsements:

Yes   
 Yes

No  Any Points or DWI/DUI?  
 No  Do you have any license restrictions?  
 If YES, please explain:

**ACCIDENT RECORD - For past 3 years or more (attach sheet if more space is required) / 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:					

**TRAFFIC CONVICTIONS AND FORFEITURES - For the past 3 years (other than parking violations) / If none, write NONE:**

Date	Location	Charge	Penalty

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 YES to either question, please give details:

**DRIVING EXPERIENCE (Check Yes or No)**

Class of Equipment	Yes	No	Circle Type of Equipment	Dates		Aprox # of Miles (Total)
				From (M/Y)	To (M/Y)	
Straight Truck	<input type="checkbox"/>	<input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
Tractor & Semi Trailer	<input type="checkbox"/>	<input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
Tractor - Two Trailers	<input type="checkbox"/>	<input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
Tractor - Three Trailers	<input type="checkbox"/>	<input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
Motorcoach/School Bus: (8+ passengers)	<input type="checkbox"/>	<input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			
Motorcoach/School Bus: (15+ passengers)	<input type="checkbox"/>	<input type="checkbox"/>	(VAN, TANK, FLAT, DUMP, REFER)			

List states operated in for last 5 years: \_\_\_\_\_

List special courses or training that will help you as a driver: \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_

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

List courses and training other than shown elsewhere in this application:

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

Is there any reason you might be unable to perform the functions of the job which you have applied (as described in the attached job description)?

If yes, explain if you wish:

## 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 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.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

<b>EMPLOYER</b> Name _____	<b>Date</b> From (Mo/Yr)   To (Mo/Yr)
Address _____	Position held
City _____ State _____ Zip _____	Salary/Wage
Contact Person _____ Phone Number _____	Reason for leaving
 Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	

<b>EMPLOYER</b> Name _____	<b>Date</b> From (Mo/Yr)   To (Mo/Yr)
Address _____	Position held
City _____ State _____ Zip _____	Salary/Wage
Contact Person _____ Phone Number _____	Reason for leaving
 Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	

<b>EMPLOYER</b> Name _____	<b>Date</b> From (Mo/Yr)   To (Mo/Yr)
Address _____	Position held
City _____ State _____ Zip _____	Salary/Wage
Contact Person _____ Phone Number _____	Reason for leaving
 Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	

<b>EMPLOYER</b> Name _____	<b>Date</b> From (Mo/Yr)   To (Mo/Yr)
Address _____	Position held
City _____ State _____ Zip _____	Salary/Wage
Contact Person _____ Phone Number _____	Reason for leaving
 Yes <input type="checkbox"/> No <input type="checkbox"/> Were you subject to the FMCSRs while employed? Yes <input type="checkbox"/> No <input type="checkbox"/> 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?	

**EDUCATIONAL RECORD**

	Yes	No	School Name	City / State	GED/Diploma/Degree	Field of Study
High School	<input type="checkbox"/>	<input type="checkbox"/>				
College	<input type="checkbox"/>	<input type="checkbox"/>				
Professional or Technical School	<input type="checkbox"/>	<input type="checkbox"/>				
Graduate or Post Graduate	<input type="checkbox"/>	<input type="checkbox"/>				

**REFERENCES**

List three close friends who can, and are willing to, furnish detailed information about your background for the past three to five years:

Reference Name	Address	City / State	Telephone Number

**MILITARY SERVICE**

Branch:	From:	To:	Rank at Discharge:	If other than honorable, please explain:

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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 employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

- TRUE & COMPLETE:** This Certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge
- ADDITIONAL PHYSICALS:** I understand my continued employment as a school bus driver will require I undergo annual physical examinations as mandated by federal and state law.
- RELEASE FROM LIABILITY:** 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.
- FALSE OR MISLEADING:** 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, I am required to abide by all rules or regulations of the company.
- AT-WILL EMPLOYER:** Niagara Scenic Tours is an at-will employer residing in the State of New York.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*An electronic signature/approval (e-signature) is defined as an electronic identifier that is created by a computer and is intended by the party using it to have the same intent, affect and authority as the use of a manual (either written or facsimile) signature and is legally binding under the Electronic Signatures Act (Public Law No: 106-229).*