



DRIVER'S APPLICATION FOR EMPLOYMENT

Mountain View Tours

P.O. Box 91890, Tucson, AZ 85752-1890

O: 520-292-1183 F: 520-292-1228 T: 800-341-7406

(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.

Date of application _____

Position(s) Applied for _____

Name _____ Social Security No. _____

Last First Middle

Address _____

Street City

State Zip Hm Phone _____

Email _____ Cell Phone _____

ADDRESS FOR PAST THREE YEARS _____ How Long? _____

Street City State & Zip Code

Street City State & Zip Code

Do you have the legal right to work in the United States? _____

Date of Birth ____/____/____ Can you provide proof of age? _____

(Required for Truck Drivers)

Have you worked for this company before? _____ Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected? _____

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

If yes, explain if you wish

EMPLOYMENT HISTORY

All driver applicants to drive interstate commerce must provide the following information on all employer's during the preceding 3 years.

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).

EMPLOYER	DATE	
NAME	FROM MO. YR.	TO MO. YR
ADDRESS	POSITION HELD	
CITY	SALARY/WAGE	
CONTACT PERSON	REASON FOR LEAVING	

EMPLOYER	DATE	
NAME	FROM MO. YR.	TO MO. YR
ADDRESS	POSITION HELD	
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CITY	SALARY/WAGE	
CONTACT PERSON	REASON FOR LEAVING	

*Includes vehicles having a GVWR or 26,001 lbs. 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)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET,	FATALITIES	INJURIES
LAST ACCIDENT _____			
NEXT PREVIOUS _____			
NEXT PREVIOUS _____			

CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

SCHOOL ATTENDED

(NAME)

(CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

YES _____ NO _____

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

YES _____ NO _____

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

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC)	DATES		APPROX. NO OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK:				
TRACTOR AND SEMI-TRAILER:				
TRACTOR - TWO TRAILERS:				
OTHER:				

LIST STATES OPERATED IN FOR LAST FIVE YEARS

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

EXPERIENCE AND QUALIFICATIONS - OTHER

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)

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 inquires 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 person 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.

Date

Applicant's Signature

PROCESS RECORD

THIS SECTION TO BE FILLED IN BY RESPONSIBLE
OFFICER OR COMPANY REPRESENTATIVE

APPLICANT HIRED _____ REJECTED _____
DATE EMPLOYED _____ POINT EMPLOYED _____
DEPARTMENT _____ CLASSIFICATION _____
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTION						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM	TO	FROM	TO
DATE		DATE	
REASON FOR TRANSFER		REASON FOR TRANSFER	
FROM	TO	FROM	TO
DATE		DATE	
REASON FOR TRANSFER		REASON FOR TRANSFER	

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____