

JOHNSON SCHOOL BUS SERVICE, INC.

EMPLOYMENT APPLICATION

(Answer all questions - please print neatly in ink)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions regardless of race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Position(s) Applied For: _____	Location: _____	Date of Application: _____
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Name _____ Social Security No. _____
Last First Middle Initial

Are there any other names or aliases that you have used? Yes No If Yes, list names: _____

Address _____ Phone(s): _____
Street City/Zip

Are you at least 23 years old? Yes No If No, state date of birth _____

When are you available to start? _____ What days/hrs are you available for work? _____

Have you ever worked for Johnson Bus before? Yes No If Yes, list where & when _____

What source led you to make an application with us? _____

Did a current Johnson Bus employee refer you to our company? Yes No If Yes, who? _____

License Information

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.		
_____	_____	_____
State	License Number	Expiration Date
Do you hold a valid Commercial Driver's License (CDL) ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list class(es) & endorsements: _____		
A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has any license, permit, or privilege ever been suspended or revoked?		<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you ever been convicted for driving while intoxicated, or for reckless driving?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes is answered to any questions in A thru C, provide details & dates _____		

Qualifications

A. Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
B. In the past 7 years have you been convicted of a crime (or pled No Contest) for any offense/violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain details & dates: _____
C. Do you have any pending criminal charges against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, details with dates _____

List any other training or qualifications that may help in your work for Johnson Bus _____

Is there any reason you might be unable to perform any functions of the job for which you have applied? Yes No

If Yes, please explain: _____

Employment History

Give employment information for all employers in the past five (5) years.

Federal law requires you to provide ALL **Commercial Motor Vehicle**-related employment information for the previous **ten (10) years**.

Current or Last Employer: Name _____	Phone _____	
Street Address _____	City _____	State _____ Zip _____
Position Held _____	From _____	To _____
	(month/yr)	(month/yr)
Reason(s) for Leaving _____		
Were you subject to the Federal Motor Carrier Safety Regulations* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/>		

Next Previous Employer: Name _____	Phone _____	
Street Address _____	City _____	State _____ Zip _____
Position Held _____	From _____	To _____
	(month/yr)	(month/yr)
Reasons for Leaving _____		
Were you subject to the Federal Motor Carrier Safety Regulations* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/>		

Next Previous Employer: Name _____	Phone _____	
Street Address _____	City _____	State _____ Zip _____
Position Held _____	From _____	To _____
	(month/yr)	(month/yr)
Reasons for Leaving _____		
Were you subject to the Federal Motor Carrier Safety Regulations* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/>		

Next Previous Employer: Name _____	Phone _____	
Street Address _____	City _____	State _____ Zip _____
Position Held _____	From _____	To _____
	(month/yr)	(month/yr)
Reasons for Leaving _____		
Were you subject to the Federal Motor Carrier Safety Regulations* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements of 49CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/>		

Account for any time period between jobs - include dates (month/yr) and reason _____

* The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Attach a separate sheet if more space is needed

Driving Experience (3 years)

If no DOT-regulated driving experience within the last 3 years – check here:

CLASS of EQUIPMENT	TYPE of EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE # OF MILES
		From	To	
Straight Truck	Van, Reefer, Tank, Flat			O R
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat			
Motorcoach-School Bus <small>(More than 8 passengers)</small>	Motorcoach, School Bus			
Other:				

Accident History (3 years)

If no accident history within the last 3 years – check here:

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, deer, etc.)	NUMBER of FATALITIES	NUMBER of INJURIES	HAZARDOUS MATERIALS SPILL?
				<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 (3 years)

If no traffic convictions and/or forfeitures in the last 3 years – check here:

DATE CONVICTED (month/year)	VIOLATION (other than parking violations)	STATE of VIOLATION	PENALTY

References

List three (3) persons, not related to you, who can give an objective opinion about your work skills, qualifications and character.

NAME	ADDRESS	PHONE	RELATIONSHIP

Read carefully before signing this Application

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations and/or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I understand that upon receiving a job offer, a physical examination and drug screening will be required.
3. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an "at-will" basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or at the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.
4. Effective February 1, 2005, Section 121.52(5) of Wisconsin Act 280 requires school boards to release the name of each driver who transports a pupil upon written request of the pupil's parent or guardian.
5. Release of information – I authorize conducting a Criminal Background Check using the information in this application.
6. Release of information – I authorize conducting a Motor Vehicle Records Check using the information in this application.
7. Release of information – I authorize the company to investigate my responses on this application and if so necessary, contact any of my previous employers or any individuals familiar with me and my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable about me or my employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my employment or me.
8. I agree and understand that above statements.

Signature of Applicant

Date

Important Notice to All Applicants for Employment with Johnson School Bus Service, Inc.

Drivers with Department of Transportation regulated employment history in the previous three (3) years have the following rights regarding the investigative information that will be provided to Johnson Bus by previous employers:

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 resend the corrected information to Johnson Bus;
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.

Drivers who have been employed with a Department of Transportation-regulated employer within the previous three (3) years, who wish to review previous employer-provided investigative information must submit a written request to Johnson Bus, which must be done within 30 days after being employed or being notified of denial of employment. Johnson Bus will provide this information to the applicant within five (5) business days of receiving the written request. If Johnson Bus has not received the requested information from the previous employer(s), then the five-business day deadline will begin when Johnson Bus receives the requested safety performance history information.

Drivers wishing to request correction of erroneous information in records that have been received must send the request for the correction to the previous employer that provided the records to Johnson Bus. The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is not need to notify the driver.

Drivers wishing to rebut information in records that have been received must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

I acknowledge that I have been provided with an opportunity to read the above information and to ask questions necessary to obtain an understanding of my responsibilities in completing the application form; and my rights to review the information obtained from previous employers.

Signature of Applicant

Date