

Tornado Bus Company

8630 ERL Thorton Fwy
Dallas, Tx. 75228

DRIVER'S APPLICATION FOR EMPLOYMENT

Please fill completely

In compliance with Federal and State equal employment oportunity laws, qualifed applicants are cosidered for all positions without regard to race, color, religion,sex, national origin, age, marital status, or non-job related disability

Date of Application: _____ Position Applied for: _____

Name: _____
Last First Middle

Date of Birth: ____ / ____ / ____ Social Security No. : _____

List your addess of residence for the past 3 years.

CURRENT ADDRESS: _____
Street

_____
City State Zip Code

_____
Phone Years at this address

PREVIOUS ADDRESSES:

Street	City	State	Zip Code	How Long?
Street	City	State	Zip Code	How Long?
Street	City	State	Zip Code	How Long?

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

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

DATES:
From: _____ To: _____ Rate of pay _____ 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 _____

If yes, please explain: _____

EMPLOYMENT HISTORY

All driver applications to drive in interstate commerce must provide the following information on all employers during the preceeding 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 necesary.)

LAST EMPLOYER			DATES
Name:			From: mm/yy To: mm/yy
Address:			Position Held:
City	State	Zip Code	Salary/Wage/Per Mile/percentage
Contact Person:	Phone Number:		Reason For Leaving:
Were you subject to DOT regulations while working for this employer? ☐ Yes ☐ No			
Were you required to perform Safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? ☐ Yes ☐ No			
2nd LAST EMPLOYER			**DATES**
Name:			From: mm/yy To: mm/yy
Address:			Position Held:
City	State	Zip Code	Salary/Wage/Per Mile/percentage
Contact Person:	Phone Number:		Reason For Leaving:
Were you subject to DOT regulationns while working for this employer? ☐ Yes ☐ No			
Were required to perform Safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? ☐ Yes ☐ No			
3rd LAST EMPLOYER			**DATES**
Name:			From: mm/yy To: mm/yy
Address:			Position Held:
City	State	Zip Code	Salary/Wage/Per Mile/percentage
Contact Person:	Phone Number:		Reason For Leaving:
Were you subject to DOT regulations while working for this employer? ☐ Yes ☐ No			
Were you required to perform Safety sensitive functions (such as driving)subject to DOT drug/alcohol testing? ☐ Yes ☐ No			
4th LAST EMPLOYER			**DATES**
Name:			From: mm/yy To: mm/yy
Address:			Position Held:
City	State	Zip Code	Salary/Wage/Per Mile/percentage
Contact Person:	Phone Number:		Reason For Leaving:
Were you subject to DOT regulationns while working for this employer? ( ) Yes ( ) No			
Were required to perform Safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? ☐ Yes ☐ No			
5th LAST EMPLOYER			**DATES**
Name:			From: mm/yy To: mm/yy
Address:			Position Held:
City	State	Zip Code	Salary/Wage/Per Mile/percentage
Contact Person:	Phone Number:		Reason For Leaving:
Were you subject to DOT regulationns while working for this employer? ☐ Yes ☐ No			
Were required to perform Safety sensitive functions (such as driving) subject to DOT drug/alcohol testing? ☐ Yes ☐ No			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCDENT (HEAD-ON: REAR END, UPSET, ETC)	FATALITIES	INJURIES
Last accident.			
Next Previous:			
Next Previous:			

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

HIGHEST GRADE COMPLETED: _____ **DEGREE(S)** _____

LAST SCHOOL ATTENDED: _____
NAME CITY

DRIVER EXPERIENCE AND QUALIFICATIONS

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
LIST ALL UNEXPIRED CMV OPERATOR'S LICENSES ISSUED TO YOU				

Have you ever been arrested, convicted or received a suspended sentence for violations of misdemeanors or felonies.	X YES	X NO
A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?		
B. Has any license, permit, or privilege ever been suspended or revoked?		
C. Have you ever been convicted of DUI; DWI; Reckless Driving; or Leaving the scene of an accident?		
D. Have you ever been convicted of Drug Posession/Distrbution or any other Drug Violations?		
E. Have you ever been or are you now on Probation or Parole?		
F. Have you ever been in violation of the DOT Drug and Alcohol testing regulations?		

Note: If you respond yes to any of the above, it does not mean that you are not eligible for employment.

IF THE ANSWER TO ANY QUESTION ABOVE IS YES, PLEASE EXPLAIN BELOW.

DRIVER EXPERIENCE AND QUALIFICATIONS

STRAIGHT TRUCK				
TRACTOR/SEMI-TRAILER				
DOUBLES/TRIPLES				
MOTOR COACH				
SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

DO YOU HAVE SNOW AND MOUNTAIN EXPERIENCE? _____

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 THAT SHOWN ON THIS APPLICATION:

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

TO BE READ AN SIGNED BY APPLICANT: This certifies that this application was completed by myself, and that all information is true and correct to the best of my knowledge.

I authorize the employer to make investigations and inquiries of my personal, employment, financial, 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, school, health care providers, and all 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 on my application or interviews may result in termination. I understand,also, that I am required to abide by all rules and regulations set forth in company policies.

APPLICANT´S SIGNATURE _____ DATE _____

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

	SUPERIOR	GOOD	FAIR	BELLOW AVERAGE	POOR	APPROVED BY/DATE APPROVED
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. EXPERIENCE						
5. TRAFFIC RECORD						
6. CRIMINAL RECORD						
7. APPEARANCE						

PROCESS RECORD

( ) APPLICANT HIRED	( ) APPLICANT REJECTED
DATE QUALIFIED:	REASON FOR REJECTION:
DRIVER CLASS:	
EMPLOYEE CODE:	

SIGNATURE OF INTERVIEWING OFFICER _____

TERMINATION OF EMPLOYMENT RECORD

DATE TERMINATED:	REAON FOR TERMINATION:
TERMINATION REPORT PLACED IN FILE?	( ) DISMISSED
ELIGIBLE FOR RE-EMPLOYMENT?	( ) VOLUNTARY QUIT
SUPERVISOR SIGNATURE	( ) OTHER

Tornado Bus Company

As part of our employment process and periodically throughout employment, we may obtain where permitted, one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as:

iiX, a Verisk Analytics Business
1574 Crescent Point Parkway
College Station, Texas 77845

- Consumer Reports may include background and driving history. The information gathered also may involve criminal history.

- An investigative consumer report may include information about you character, general reputation, personal charasteristics and mode of living with individuals who may have knowledge concerning any such items of information.

- If your employment falls under the federal department of transportation (DOT) and the federal code of regulations, including 49CFR 391.23, the report could include your driving record, safety inspection and performance history from the FMCSA.

Under the provisions of the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq.; FMCSA regulations in the Federal Code of Regulations, including 49 CFR § 40.329; and certain state laws, before we can seek such reports, where permitted, we must have your written permission to obtain the information.

You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You also are entitled to a copy of that document entitled "Rights Under the Fair Credit Reporting Act". Under the FCRA, before we take adverse action on the basis, in whole or in part, of information in a consumer report, you will be provided a copy of that report, the name, address, and telephone number of theconsumer reporting agency, and a summary of your rights under the FCRA.

- **Notice to California Applicants**: Under California law, the reports ordered about you for employment purposes within the State of California are defined as "investigative consumer reports." These reports may contain information on your character, general reputation, personal characteristics and mode of living.Under California Civil Code § 1786.22, you may view the report(s) maintained at iiX during normal business hours.You also may obtain a copy by submitting proper identification and paying the cost of duplication by appearing at iiX in person, by mail, or by telephone. iiX is required to have personnel available to explain the report(s) and to explain any coded information. If you appear in person, you may be accompanied by a person of your choice, if s/he furnishes proper identification.

- **Notice to Massachusetts Applicants:** Under Massachusetts law, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. MASSACHUSETTS APPLICANTS SHOULD NOT RESPOND TO ANY OF THE QUESTIONS SEEKING CRIMINAL RECORD INFORMATION.

TORNADO BUS COMPANY

I have read and understood the preceding Disclosure to Consumer. Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681 et seq., the regulations applicable to the federal Department of Transportation's Federal Motor Carriers Safety Administration, including 49 CFR § 40.329, the Americans with Disabilities Act and all other applicable federal, state, and local laws, I hereby authorize and permit the above named company to obtain information about me, where permitted, which may pertain to my,driving history records, driving performance and criminal history. I understand an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living that may be obtained by interviews with individuals who may have knowledge concerning any such items of formation. I authorize information to be obtained from my former employers to satisfy driver qualification regulations.

DOT Drivers. I understand that Title 49 of the Federal Code of Regulations, § 391.23, requires that my prospective employer and/or its agent(s) may contact all former employers of a driver within the last three years under the regulation of the Department of Transportation. Information such as dates of employment, position, accident history, as well as information pertaining to my drug and alcohol testing history, may be requested from each employer in accordance with Section 391.23 and 49 CFR 40.25.

By signing below, I consent to and authorize the gathering of this information by my prospective employer or employer and those who my prospective employer or employer has engaged to request and obtain this information including former employers, and/or from or through a consumer reporting agency, such as iiX, a Verisk Analytics Business.

I understand and acknowledge that the information provided in the consumer reports or investigative consumer reports may assist my employer or prospective employer to make a determination regarding my suitability as an employee.

I further understand that, under the FCRA, in the event of Adverse Action, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I agree that a copy of this authorization has the same effect as an original. Where permitted, this authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

_____

Applicant's / Employee's Full Name (Print clearly)

_____ _____/_____/_____

Applicant's / Employee's Signature Date of Signature

TORNADO BUS COMPANY

I authorize Tornado Bus Company to make such investigations and inquiries of my personal, employment financial 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 herby release former employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with 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). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I f you wish to review previous employer- provided investigation information, you must submit a written request to Tornado Bus Company, no later than 30 days after being employed or being notified of denial of employment. Tornado Bus Company will provide the requested investigative information to you within five (5) business days of receiving this written request, or five (5) business days of receipt of the requested information from the previous employer, whichever is later.

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.

Date: _____ Applicant's Signature: _____

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with Tornado Bus Company ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Tornado Bus Company ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ _____

Signature

_____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016

www.DISA.com

EMPLOYEE SCREENING RELEASE

APPLICANT/EMPLOYEE COMPLETE THE FOLLOWING

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested from DISA Inc. that may include information as to my character, general reputation, personal characteristics, mode of living and credit standing.

    a. I understand that as directed by company policy and consistent with the job described, that information such as but not limit to criminal and warrant records, social security number verification, credit and financial information, education, driving history, employment history, personal references, certifications and professional licenses, drug testing results, address history, and workers compensation records may be obtained.

    b. I understand that such information may be obtained by direct or indirect contact from former employers, schools, courts, public agencies, or any other agency or institution and through personal interviews with neighbors, friends, associates, acquaintances, or other persons who have such knowledge.

2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.

4. Additional State Law Notices:

    a. California Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box ☐ The report will be sent directly to me by DISA, Inc. to my most current address listed. I understand that I have the right to inspect visually the files concerning me maintained by an investigative consumer reporting agency during normal business hours upon reasonable notice. The inspection can be done in person if I appear in person and furnish proper identification. I am entitled to a copy of the file for a fee not to exceed the actual cost of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified address. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me. I will receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. The nature and scope of the investigation is as follows: _____

    b. Massachusetts Applicants/Employees Only: The nature and scope of the investigation is as follows: _____. I have a right to obtain a copy of this report. I understand that in the event that I am denied employment based in whole, or in part, on the information obtained in the DISA, Inc. report, I will be provided a copy of the report and a description in writing of my applicable state rights.

    c. Maine Applicants/Employees Only: I have the right, upon request, to be informed of whether an investigative consumer report was requested. If requested my report will be obtained from DISA, Inc, 12600 Northborough Drive, Suite 300, Houston, TX 77067, 1-800-752-6432. This is the nearest unit designated to handle inquires for DISA, Inc on any reports issued concerning me. I have the right, under Maine law, to request and promptly receive from DISA, Inc. copies of my consumer report(s).

    d. Minnesota Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box ☐. The report will be sent directly to me by DISA, Inc. to my most

current address listed. I also have the right upon my direct request to DISA, Inc. to obtain a complete and accurate disclosure of the nature and scope of the consumer report. The disclosure obtained from DISA, Inc. will be in writing and mailed or delivered within 5 days after the request for the disclosure was received or the consumer report was requested, whichever is later.

e. New Jersey Applicants/Employees Only: The specific nature and scope of the investigation involving personal interviews includes: _____.

f. New York Applicants/Employees Only: I have the right, upon written request, to be informed of whether or not a consumer report was requested. If requested my report will be obtained from DISA, Inc, 12600 Northborough Drive, Suite 300, Houston, TX 77067, 1-800-752-6432. I may inspect and receive a copy of my report by contacting DISA, Inc.

g. Oklahoma Applicants/Employees Only: I have the right to request a copy of my consumer report from DISA, Inc. by checking this box ☐. The report will be sent directly to me by DISA, Inc. to my most current address listed.

h. Washington Applicants/Employees Only: I understand before I am denied employment based in whole, or in part, on the information obtained in the DISA, Inc. report, I will be provided a copy of the report and a description in writing of my applicable state rights.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please Print Your Full Name as it Appears on Your License:

Last **First** **Middle**

Please Print Other Names You Have Used: _____

Home Address: _____

_____

e-mail: ***Social Security Number:*** ***Date of Birth:***

Drivers License Number: ***State Issuing License:***

By signing this form I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company, or any other source contacted by DISA, Inc. or its agent, to furnish the information described in Section 1. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports. I acknowledge that I have read and understood the Employee Screening Release Authorization form. I understand that if hired my consent will apply throughout the term of my employment.

Signature: ***Today's Date:***

Drug and Alcohol Clearing House

I, _____ hereby provide consent to Tornado Bus Company to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that I'm authorizing Tornado Bus Company to perform multiple limited queries during the course of my employment.

I understand that if the limited query conducted by Tornado Bus Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the Tornado Bus Company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Tornado Bus Company to conduct a limited query of the Clearinghouse, Tornado Bus Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Date:

_____

Name:

_____

Signature:

_____