

COLORADO SPRINGS
 3465 Astrozon Place
 Colorado Springs, CO 80910
(719) 590.8687 (800) 772.6254
 (719) 589.7820 Fax



DENVER / CORPORATE OFFICE
 5401 East 48th Avenue
 Denver, CO 80216
 (877) 726.2546 **(303) 572.8687**
 Fax (303) 575.4921

EMPLOYMENT APPLICATION

Date of Application: _____ Email Address: _____

What position are you applying for?
 Motorcoach Operator Vehicle Service Technician Mechanic Inside Sales/Customer Service
 Dispatcher Other: _____

Full Name: _____ Phone Number: _____
Last First Middle

When are you available to start? _____ What category to do you prefer? Full Time Part Time
 What schedules are you available? Weekdays Weekends Evenings Nights Other: _____

List addresses for the past 3 years:

Current Address: _____ How long? _____
Street City State Zip

Previous Address: _____ How long? _____
Street City State Zip

_____ How long? _____
Street City State Zip

_____ How long? _____
Street City State Zip

If hired, can you provide proof of authorization to work in the US? Yes No
 Are you 25 years old or older? Yes No
 Do you agree to participate in Ramblin Express' pre-employment and random drug screen programs? Yes No

List all convictions, pleadings of nolo contendere and deferred judgments you have had in the past seven (7) years. Include the city, county, state and year of decision. Exclude parking tickets. Please note, a criminal background investigation may be conducted.

Convictions, pleas of nolo contendere, deferred judgments	City	County	State	Year

A "yes" answer does not automatically disqualify you from employment as the nature of the offense, date and job for which you are applying will also be considered.

Education	High School	College/University	Graduate/Professional/Trade/Apprentice
School name (city/state)			
Years completed			
Diploma/Degree			
Course of study			

Office Use Only

Applicant Hired: Yes No

Date Employed: _____

Department: _____ Position: _____

Work Experience – list employers in reverse order starting with the most recent; use an additional sheet of paper if needed

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 a vehicle. Starting with your present or most recent employer, list all employment for the last ten (10) years. You must complete this section, even if you are submitting a resume.

Company Name	Telephone	
Address	Employed from (month/year)	Employed to (month/year)
Supervisor	Starting wage	Ending wage
Job title/description of work	Reason for leaving	

Were you subject to the FMCSRs[†] while employed? Yes No

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? Yes No

Company Name	Telephone	
Address	Employed from (month/year)	Employed to (month/year)
Supervisor	Starting wage	Ending wage
Job title/description of work	Reason for leaving	

Were you subject to the FMCSRs[†] while employed? Yes No

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? Yes No

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Address	Employed from (month/year)	Employed to (month/year)
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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? Yes No

This area was intentionally left blank – work experience is continued on the next page.

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Supervisor	Starting wage	Ending wage
Job title/description of work	Reason for leaving	

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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? Yes No

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†The Federal Motor Carrier Safety Regulations (FMCSRs) 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 lbs. or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

References – give two (2) persons other than former employers or relatives			
Name and address	Relationship	Phone number	Years acquainted

Are you licensed to operate a motor vehicle? Yes No

Do you have a current DOT medical card? Yes No

Accident record for the past three (3) years:

Date	Nature of accident (head-on, rear-end, upset, etc.)	Any fatalities? (yes/no)	Any injuries that required medical treatment? (yes/no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Traffic convictions for the past three (3) years (other than parking violations):

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes	No	
If yes, give details: _____			

Has any license, permit, or driving privilege ever been suspended or revoked?	Yes	No	
If yes, give details: _____			

Driver Qualifications
If you are applying for a professional driving position, you must complete this section.
 How long have you had your CDL? _____
 What is your date of birth? _____

	State	License number	Class	Endorsement(s)	Expiration date
<i>Drivers licenses/permits</i>					

Driver Experience

Class of equipment	Type of equipment (van, tank, flat, bus, etc.)	Date from	Date to	Approximate no. of miles (total)
Straight truck				
Tractor trailer (single)				
Tractor trailer (double/triple)				
Motorcoach				
School bus				
Other:				

List states operated in for the last five years: _____

Training/skills

List any specialized training, special job-related skills, qualifications or equipment experience.

ACKNOWLEDGEMENT/CONSENT FOR SUBSTANCE ABUSE TESTING

Please read each statement carefully before signing.

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, veteran status, disability, genetic information, or any other protected group status.

I authorize the investigation of any or all statements contained in this application and also authorize any person, educational institutions, law enforcement agencies, city, state, county and federal courts, military service, current employer, past employers, credit agencies, and organization named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that this application or subsequent employment does not create a contract of employment, nor guarantee employment for any definite period of time. If employed, I understand that my employment with Ramblin Express is at will and my

employment may be terminated at any time, with or without cause and with or without notice. Also that I may voluntarily terminate my employment with Ramblin Express at any time, with or without cause.

Ramblin Express' management reserves the right to require overtime, flexible work schedules, and travel to other locations as a normal condition of employment.

Ramblin Express does substance abuse testing. All applicants for employment will be tested before they begin employment with Ramblin Express. We do not intend to hire applicants that cannot successfully pass our initial substance abuse testing and criminal background check.

I, the undersigned applicant/employee of Ramblin Express hereby consent to allow Ramblin Express or company authorized facility to collect blood, urine, breath, saliva or otherwise, specimens from me for post-employment offer testing for the presence of alcohol, illegal drugs or controlled substances conducted pursuant to Ramblin Express' drug/alcohol workplace policy. Further, I give my consent for the release of the test results to the appropriate members of company management. I have read, understand and by my signature, consent to these statements.

I understand that any false information or omission may disqualify me from further consideration for employment, and may result in my dismissal if discovered at a later date. I understand also, that I am required to abide by all safety rules and regulations and employment guidelines of Ramblin Express.

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 that I have a 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 certify that this employment application was completed by me and that all entries on it and all information provided in this application and in the interview(s) are true and complete to the best of my knowledge.

Signature of applicant

Date

FAIR CREDIT REPORTING ACT DISCLOSURE

You are hereby notified that a consumer report or an investigative consumer report may be obtained from a consumer reporting agency, other agency or directly by this employer for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee or volunteer.

In accordance with the provisions of Section 604(b)(2)(a) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Reform Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Signature of applicant

Date

Date of birth

10/2015