



# Tour West America

## Driver Application Form

Driver Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ How Long? \_\_\_ Yr. \_\_\_ Mo.  
(Street) (City) (State & Zip Code)

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_ Do you have the Legal right to work in the US? Yes  No   
(Previous address for past 3 years)

Address: \_\_\_\_\_ How Long? \_\_\_ Yr. \_\_\_ Mo.  
(Street) (City) (State & Zip Code)

Address: \_\_\_\_\_ How Long? \_\_\_ Yr. \_\_\_ Mo.  
(Street) (City) (State & Zip Code)

### **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 Tour West America, Inc.

"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 current/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 to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

I understand I must pass a Pre-Employment Drug test and if hired I will be part of a random Drug & Alcohol testing program.

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

## Experience & Qualifications

### Employment History

**(Use Additional Employment History Information form if necessary)**

All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for all employers for whom you have driven a commercial vehicle seven years prior to the initial three years (total of ten year employment record). **You are required to list the complete mailing address: street number and name, city, state and zip code.**

\*Any gaps in employment and/or unemployment must be explained

\*\* 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 more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or (4) is of any size is used to transport hazardous materials in a quantity requiring placarding.

# \_\_\_\_\_ LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_  
Were you subject to Federal Motor Carrier Safety Regulations while employed?  Yes  No  
Was part of your job designated as a safety-sensitive function in a DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No  
\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

# \_\_\_\_\_ LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_  
Were you subject to Federal Motor Carrier Safety Regulations while employed?  Yes  No  
Was part of your job designated as a safety-sensitive function in a DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No  
\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

# \_\_\_\_\_ LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_  
Were you subject to Federal Motor Carrier Safety Regulations while employed?  Yes  No  
Was part of your job designated as a safety-sensitive function in a DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No  
\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

# \_\_\_\_\_ LAST EMPLOYER: Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_  
Were you subject to Federal Motor Carrier Safety Regulations while employed?  Yes  No  
Was part of your job designated as a safety-sensitive function in a DOT-regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40?  Yes  No  
\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

Use additional Sheets if Necessary

### 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 below.

\_\_\_\_\_ State \_\_\_\_\_ License Number \_\_\_\_\_ Class (A B C D) \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Are you Air Brake Certified? Yes  No   
 Do you have a Passenger (P) Endorsement? Yes  No   
 Do you have a DOT Medical Certification? Yes  No  If Yes, list Date Issued \_\_\_\_\_ Date Expires \_\_\_\_\_  
 Do you have an original MVR print out? Yes  No  (If No, one must be submitted prior to being considered.)

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes  No

If yes, give details \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked? Yes  No

If yes, give details \_\_\_\_\_

### Driving Experience

Class Of Equipment	Type Of Equipment	Dates		Approximate # of Miles Driven (Total)
		From	To	
Straight Truck	Van, Reefer, Tank, Flat			
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat			
Tractor- Two Trailers	Van, Reefer, Tank, Flat			
Tractor- Three Trailers	Van, Reefer, Tank, Flat			
School Bus (Non-CDL)	(Greater than 8 passengers)			
School Bus (CDL)	(Greater than 15 passengers)			
Motorcoach (Non-CDL)	(Greater than 8 passengers)			
Motorcoach (CDL)	(Greater than 15 passengers)			
Other: _____	Van, Reefer, Tank, Flat, N/A			

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

### Accident Record- Must include all Accidents/Incidents regardless of fault.

If NO Accidents/Incidents for last 5 years check here

	Date	Nature of Accident/Incident	Injuries	Fatalities
Last Accident				
Next Previous				
Next Previous				
Next Previous				
Next Previous				
Next Previous				

### Traffic Convictions & Forfeitures for the Past 5 Years (Non Parking Violations)

If NO Traffic Convictions check here

Location	Date	Charge (Violation)(Commercial or Non-Commercial Vehicle)	Penalty

**Parking Convictions & Forfeitures for the Past 5 Years**

If NO Parking Convictions check here

Location	Date	Charge (Violation) (Commercial or Non-Commercial Vehicle)	Penalty

**Misdemeanor/Felony Convictions**

If no Convictions check here

(Please note that a criminal conviction will not necessarily prevent employment. Prior to any offer of employment you must consent to and have satisfactory results of a criminal background check.)

Have you ever been bonded? Yes  No  If Yes, Name of Bonding Company \_\_\_\_\_

Have you ever been convicted of a Misdemeanor? Yes  No

Have you ever been convicted of a Felony? Yes  No

If you answered yes to any of the above questions please explain, including dates on a separate sheet.

**Education & Training**

**List all Diplomas, Degrees, and Additional Training Courses**

School Name	Location (City & State)	Diploma/Degree/Certificate Received

**Additional Information**

**References**

Name	Time Known	Professional or Personal	Phone Number

**Availability to Work- Circle all that apply- Explain Unavailability**

<b>Mon-Thurs.</b>	<b>AM</b>	<b>PM</b>	<b>Unavailable:</b>
<b>Friday</b>	<b>AM</b>	<b>PM</b>	<b>Unavailable:</b>
<b>Saturday</b>	<b>AM</b>	<b>PM</b>	<b>Unavailable:</b>
<b>Sunday</b>	<b>AM</b>	<b>PM</b>	<b>Unavailable:</b>

Is there any reason you might not be able to perform the functions of the job for which you are applying? Yes  No

If yes please explain: \_\_\_\_\_

Do you currently own and know how to operate a Global Positioning System (GPS)? Yes  No

Have you used electronic logging devices in the past? Yes  No

If so which system did you use? \_\_\_\_\_

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.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date