

ROHRER BUS SERVICE

190 Pik Rite Lane
Lewisburg, PA 17837
Phone: 524-5800 or Toll Free 1-800-487-8687

Application for Employment

PLEASE READ **ALL** INSTRUCTIONS AND ANSWER **ALL** QUESTIONS-----(PLEASE PRINT NEATLY)

In compliance with Federal and state equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, national origin, age, marital status, or the presence of a non-job related medical condition or handicap.

Date of application ____/____/____

Position(s) applied for: _____

PHONE NUMBER: _____ - _____ - _____

Social Security # ____ - ____ - ____

Name: _____ Boro or Township _____

Last First Middle

Address: _____ County: _____

Street Apt #

How long? _____

City State Zip Code

Previous Address: _____ How long? _____

Street City State & Zip Code

Date of Birth: ____/____/____

Can you provide proof of age? _____

Have you worked for this company before? ____ If so, where? _____ Position: _____

Dates: From: ____ - ____ - ____ To ____ - ____ - ____ Rate of pay? _____

Are you now employed? ____ If not, how long since leaving last employment? _____ (yrs. / mon.)

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)? _____

Is there **anything** on your Criminal Record? _____, If yes, please explain: _____

How much time have you lost from work in the past 3 years (other than vacation)? _____

Have you ever been convicted of a Felony? ____ If so, please explain: _____

EMPLOYMENT HISTORY

All driver applicants, to drive interstate commerce, must provide the following information on all employers during the preceding **3** years. List **COMPLETE** mailing address, street number, city, state, zip code and phone numbers.

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 operator such vehicle.

(NOTE: List employers, IN REVERSE ORDER, starting with the MOST RECENT.)

EMPLOYER		Date:	
Name:	From:		To:
	Mo.	Yr.	Mo. Yr.
Address:		Position held:	
City:	State:	Zip code:	
Contact person:		Phone #: () -	
		Salary / Wage:	
		Reason for leaving:	

EMPLOYER		Date:	
Name:	From:		To:
	Mo.	Yr.	Mo. Yr.
Address:		Position held:	
City:	State:	Zip code:	
Contact person:		Phone #: () -	
		Salary / Wage:	
		Reason for leaving:	

EMPLOYER		Date:	
Name:	From:		To:
	Mo.	Yr.	Mo. Yr.
Address:		Position held:	
City:	State:	Zip code:	
Contact person:		Phone #: () -	
		Salary / Wage:	
		Reason for leaving:	

EMPLOYER		Date:	
Name:	From:		To:
	Mo.	Yr.	Mo. Yr.
Address:		Position held:	
City:	State:	Zip code:	
Contact person:		Phone #: () -	
		Salary / Wage:	
		Reason for leaving:	

EMPLOYER		Date:	
Name:	From:		To:
	Mo.	Yr.	Mo. Yr.
Address:		Position held:	
City:	State:	Zip code:	
Contact person:		Phone #: () -	
		Salary / Wage:	
		Reason for leaving:	

EMPLOYER		Date:	
Name:	From:		To:
	Mo.	Yr.	Mo. Yr.
Address:		Position held:	
City:	State:	Zip code:	
Contact person:		Phone #: () -	
		Salary / Wage:	
		Reason for leaving:	

*Includes vehicles having GVWR of 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 the past 3 years* (Attach sheet if more space is needed) if none, write "None"

Dates	Nature of Accident (Head-on, rear-end, upset, etc.)	Fatalities?	Injuries?
Last Accident:			
Next Previous:			
Next Previous:			

Traffic violations and forfeitures for the last 10 years*. If none, write "None"

Location	Dates	Charge	Penalty

EDUCATION

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8

High School: 1 2 3 4

College: 1 2 3 4

Last School Attended: _____
(Name) (City) (State) (Zip code)

EXPERIENCE AND QUALIFICATIONS--DRIVER

DRIVERS LICENSES	STATE	LICENSE NUMBER	TYPE (Class A, B, C)	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

Has **ANY** license, permit or privilege **EVER** been suspended or revoked? YES _____ NO _____

If the answer to either question is "YES", please explain: _____

DRIVING EXPERIENCE: If None, write "None"

Class of Equipment	Type of Equipment (Van, Tank, Flat, etc.)	DATES		Approx. # of Miles Total
		From:	To:	
School Bus				
Tractor and semi-trailer				
Tractor - two trailers				
Straight truck				
Other				

List states operated in for the last **5** years. _____

Show special courses or training that will help you as a driver. _____

Which safe driving awards do you hold and from whom. _____

* SOME SCHOOL DISTRICTS REQUIRE 10 YEAR BACKGROUND CHECKS

EXPERIENCE & QUALIFICATIONS

Show **ANY** Trucking, Transportation, or other experience that may help in your work for this company. _____

List additional courses and training not listed in this application. _____

List special equipment or technical materials you can work with (Other than already shown).

TO BE READ AND SIGNED BY THE APPLICANT

This certifies that this application was completed by me, and that all answers on it and information in it are complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for dismissal.

I authorize Rohrer Bus Service to investigate all statements contained in this application, such as inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

I fully understand that ALL CDL licensed drivers will be placed in a pool of drivers available to do interstate, as well as intrastate, travel if called upon.

Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without any previous notice.

NAME

(Please Print)

Signature of Applicant

Date: _____