

# FREEMAN BUS CORPORATION APPLICATION FOR EMPLOYMENT

Please **TYPE** or **PRINT** clearly. To be considered for employment, this *Application for Employment Form* must be completed and signed personally by the applicant. Each question must be answered in full, even if a resume is provided. If an answer is NO or NOT APPLICABLE, indicate such.

FREEMAN BUS CORPORATION is an **Equal Opportunity Employer**. We consider all applications for all positions without regard to race, color, religion, gender, national origin, age, sexual orientation, genetic predisposition or carrier status, disability, marital status, pregnancy, veteran status, or any other legally protected class or status.

Please notify a company representative if a reasonable accommodation is needed to participate in the application and/or interviewing process.

BIOGRAPHICAL DATA	Name (First, Middle, Last)			Telephone Number (     )		
	Street Address			Social Security Number		
	City			State		Zip Code
	Position Applied For			Salary or Hourly Wage Desired		
	Are you Available to Work <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary (check all that apply) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Nights			Date Available to Start Work		
	Are you 18 years of age or older?					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you previously submitted an <i>Application for Employment Form</i> and/or been interviewed for employment with us? If yes, give month and year    ____/____					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever been employed with our company before? If yes, give dates    From    ____/____/____    to    ____/____/____					<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States? <i>Employment eligibility will be verified upon employment.</i>					<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you have received a copy of the job description for the position for which you are applying, can you perform the essential functions of this job with or without reasonable accommodation?					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Job Description Not Provided
EDUCATION	<b>Type of School Attended</b>	<b>Name and Location of School</b>	<b>Number of Years Completed</b>	<b>Course of Study/Major</b>	<b>Diploma or Degree Obtained</b>	<b>GPA</b>
	High School Or Preparatory School					
	College					
	Other					
SKILLS	Typing Speed:                                  WPM		Data Entry:                                  # Numeric Keystrokes/Hour		# Alpha Keystrokes/Hour	
	Computer Skills:					
	List any additional job-related skills, technical, or professional knowledge that you feel would support your qualifications for employment:			List any certificates, licenses, or professional achievements that would support your qualifications for employment:		

**EMPLOYMENT HISTORY** Provide employment information, including military service, for the last 15 years, starting with the most recent employer first. If you've held more than three jobs, provide this information on another sheet and attach to this form.

If current employer, may we contact to obtain employment information?  Yes  No

Name of Employer		Telephone Number (    )		
Address	Street	City	State	Zip Code
Employment Dates (Month/Year) From ____/____/____ to ____/____/____		Starting Pay Rate	Current or Final Pay Rate	
Job Title of Position		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments				
Reason for leaving				

Name of Employer		Telephone Number (    )		
Address	Street	City	State	Zip Code
Employment Dates (Month/Year) From ____/____/____ to ____/____/____		Starting Pay Rate	Final Pay Rate	
Job Title of Position		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments				
Reason for leaving				

Name of Employer		Telephone Number (    )		
Address	Street	City	State	Zip Code
Employment Dates (Month/Year) From ____/____/____ to ____/____/____		Starting Pay Rate	Final Pay Rate	
Job Title of Position		Name and Job Title of Supervisor		
Brief description of job duties, responsibilities and significant accomplishments				
Reason for leaving				

**REFERENCES** List three references other than relatives or former supervisors

Name/Occupation	Address	Telephone #	Years Known
1.			
2.			
3.			

**CONVICTION RECORD STATUS**

All applicants and employees must, as a condition of employment, inform FREEMAN BUS CORPORATION of all convictions. This includes all convictions received within the past seven years, while your application for employment is pending, and within three days of receiving a conviction if currently employed.

Have you ever been convicted of, and/or plead guilty to, a felony or misdemeanor in the past seven years?  Yes  No

If you answered 'yes' and have been convicted of a felony or misdemeanor, please provide additional information such as the crime(s), date(s), court location, sentencing information, disposition of sentence, and rehabilitation completed. Please note that a 'yes' answer to this question does not necessarily disqualify an applicant from employment. Factors that will be taken into account include the nature of the conviction as it relates to the job applied for, the amount of time that has elapsed since the conviction and/or completion of sentence, and the seriousness of the offense. The company reserves the right to reject individuals for employment based on job-related convictions.

Date of Offense	County and State in which Offense Occurred	Conviction/Explanation	Rehabilitation Completed

**PLEASE READ CAREFULLY AND SIGN BELOW**

I hereby certify that this *Application for Employment Form* was completed by me, and that all information provided is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of any material fact may disqualify me from further consideration of employment, withdrawal of an offer of employment, or termination of employment, if hired.

I authorize FREEMAN BUS CORPORATION to verify all of the information I have provided on this *Application for Employment Form* or furnished elsewhere, and to obtain any additional information needed to consider my application for employment. I authorize all previous employers, educational institutions, references, and other persons who have knowledge of me or my records to provide the company with any and all information pertinent to my employment and release the same from any liability resulting from providing such information. I also release FREEMAN BUS CORPORATION and its employees from all liability for any damage that may result from reliance on the information furnished.

If employed by the company, I understand that I am required to abide by the company's policies, procedures, rules, and regulations. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated by the company or myself at any time for any reason with or without cause or notice. I further understand that the policies, procedures, rules, and benefits contained in the company's employee handbook, benefit plans, and other written documents should not be considered an employment contract for any period of time.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT FORM ADDENDUM FOR POSITIONS THAT REQUIRE DRIVING A COMMERCIAL MOTOR VEHICLE

*(Only complete this form if you are applying for a position requiring a commercial driver license)*

All applicants for positions requiring the operation of a commercial motor vehicle must complete the following information. A 'commercial motor vehicle' includes vehicles with a gross vehicle weight rating (GVWR) of more than 26,000 pounds; drivers of vehicles designed to transport 16 or more passengers, including the driver; and drivers of vehicles used to transport hazardous materials, regardless of whether the vehicles operate interstate or intrastate.

	STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
DRIVER LICENSES				

- 1) Have you ever been denied a license, permit or privilege to operate a motor vehicle?  Yes  No
- 2) Has any license, permit or privilege ever been suspended or revoked?  Yes  No

If the answer to questions (1) or (2) is 'yes', please provide details:

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List states operated in for last five years:

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**DRIVING EXPERIENCE – IF NONE, WRITE 'NONE'**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES OPERATED (FROM / TO)	APPROXIMATE NUMBER OF MILES DRIVEN
Straight Truck			
Tractor and/or Semi-Trailer			
Tractor – Two Trailers			
Motor coach and/or School Bus			
Other			

List any relevant courses or training completed as a driver:

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List any trucking, transportation or other experience that you feel would support your application:

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**ACCIDENT AND TRAFFIC CONVICTIONS RECORD - LIST ALL ACCIDENTS FOR PAST THREE YEARS - IF NONE, WRITE 'NONE'**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LIST ALL TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE YEARS (OTHER THAN PARKING VIOLATIONS) – IF NONE, WRITE 'NONE'

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)