



# DRIVER EXPERIENCE & QUALIFICATION

ANSWER THE QUESTIONS IN THIS SECTION ONLY IF APPLYING FOR DRIVER POSITION

Date of Birth \_\_\_\_\_ The U.S. Department of Transportation requires that driver applicants state their date of birth. (§ 391.21 (b)(2))  
 (month/day/year)

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## LICENSES

Drivers Licenses held in past 3 years must be shown	State	License No.	Class	Endorsements	Expiration Date

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

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

C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have answered "Yes" to A, B or C, attach a statement giving details.

## DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approximate Total Miles
		From	To	
Motor Coach				
School Bus				
Straight Truck				
Tractor & Semi-Trailer				

List states operated in during last five years \_\_\_\_\_

List special courses or training that will help you as a driver \_\_\_\_\_

List driving awards held and who awards were presented by \_\_\_\_\_

## ACCIDENT REVIEW FOR PAST 3 YEARS (ATTACH SEPARATE SHEET OF PAPER IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

## TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS

Location	Date	Charge	Penalty



## APPLICANT MUST READ AND SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history and alcohol and drug test history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks, which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include and investigative Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

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.

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**Date**

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**Applicant Signature**



AUTHORIZATION TO CONDUCT BACKGROUND CHECK

Notice of Intent to Procure Consumer Report (Background Check)

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 et seq., this notice is to inform you that as part of our evaluation procedure for employment, promotion or retention, we may obtain and review consumer report(s) and/or investigative consumer report(s) for employment purposes concerning you (Background Check). These report(s) will be obtained through the following Consumer Reporting Agency: American Background Alliance 2925 South Ridge Rd E Ashtabula Ohio; Phone: (800) 569-6133. Driving history records (DMV/MVR) will be obtained through First Advantage ADR. You have the right to make a written request, within a reasonable period of time after receiving this notice, for additional disclosures as to the nature and scope of any consumer report(s) we obtain. You are also entitled to receive a copy of the Federal Trade Commission’s publication, “A Summary of Your Rights under the Fair Credit Reporting Act”. You may have additional rights under state law.

Authorization to Conduct Background Check:

By signing below, I authorize American Background Alliance, to conduct an employment-related background check on me and to provide the results to the employer named below. I understand this report may contain information as to my character, general reputation, personal characteristics, or mode of living, such as my work habits, work performance and experience, reasons for discipline or termination from any current or prior employment, history of earnings, credit worthiness, credit standing or credit capacity, criminal convictions, driving history, and other related matters that may concern my eligibility for the position or promotion I am seeking American Background Alliance, will not provide any information where such disclosure is restricted by federal or state law.

By signing below, I authorize any present or past employer, supervisor or agent of the employer; high school, college, university or other institution of learning; local, state or federal court; department of motor vehicles, military branch or the national personnel records center; state sex offender registry, state licensing board, state workers’ compensation agency, credit bureau, personal or professional reference; to release records or information to American Background Alliance, concerning my name, criminal history, motor vehicle history, social security number, earnings history, credit file, address history, educational history, character, reputation, and employment (including documented reasons for termination or discipline) and release such from any and all liability for any damage that may result from the furnishing of this information. This authorization shall be valid in original, faxed or photocopied form. This authorization shall expire upon termination of my employment with the employer named below.

Report to be released to: Heartland Motor Coach

Applicant Name: \_\_\_\_\_

Any other Names used for Employment or Education: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City/State/ Zip code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Month/Day of Birth/Year• \_\_\_\_\_

Driver’s License Number: \_\_\_\_\_ State: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_  YES  NO  Not Currently Employed

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

• I understand that if the above named employer requests a copy of my consumer report for employment purposes, I have the right under California, Minnesota, and Oklahoma law to receive a copy of that consumer report from the employer free of charge. I understand that by checking “yes” below, a copy will be provided to me at the address I provided above. I would like to Receive a copy of my consumer report (background check) (CA, MN, OK only)  Yes  No

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N., Washington, D.C. 20580.

**FOR OFFICE USE – DO NOT WRITE IN THIS SPACE**  
**THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE**

	Superior			Good			Fair			Below Average			Poor			Record on File		
Interviewers Initials																		
Application																		
Interview																		
Physical Exam																		
Past Employment																		
Road Test																		
Policy & Traffic Record																		

**INTERVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**INTERVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

**INTERVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_