

F.M. Kuzmeskus Inc. and TRAVEL KUZ



P.O. Box 484, 52 Main Road, Gill, MA 01376
Tel: 413-863-2595 or 888-863-8048
Fax: 413-863-0235

BUS DRIVER APPLICATION OF EMPLOYMENT

Date of Application _____

Name _____ Phone: _____

Address: _____ How Long _____

Address | _____ How Long? _____
for Past | _____ How Long? _____
Three Years | _____ How Long? _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

Date of Birth _____ Social Security Number: _____ When can you work, if employed? _____

Have you worked for F. M. Kuzmeskus, Inc. before? _____ If yes, what dates? _____

Reason for leaving: _____

Names of relatives in our employ: _____

Are you now employed? _____ If not, how long since leaving last employment _____

PHYSICAL HISTORY

List any physical defects (such as eyesight, hearing, limb impairment, diabetes, back or heart trouble, high blood pressure, convulsions, fainting, etc, that would keep you from passing a D.O.T. physical

Date of last physical examination: _____ Doctor's name and address: _____

Date of last illness _____ Cause and extent of last illness or injury: _____

Ever injured on the job? _____ Give nature and degree of such injuries: _____

Can you meet the attendance requirements for this job? _____

How many days did you take as leave last year? _____

EMPLOYMENT FOR THE PAST 3 YEARS

(Attach sheet if you have had more than 3 employers in past 3 years)

Last employer: Name: _____
 Address: _____
 Position held: _____ From _____ To _____ Salary _____
 Reason for leaving: _____

Second last employer: Name: _____
 Address: _____
 Position held: _____ From _____ To _____ Salary _____
 Reason for leaving: _____

Third last employer: Name: _____
 Address: _____
 Position held: _____ From _____ To _____ Salary _____
 Reason for leaving: _____

MILITARY STATUS

Have you served in the U.S. Armed Forces? _____ Branch _____ Dates from _____ to _____
 Rank at Discharge _____ Date of discharge _____

EDUCATION

Circle highest grade completed: Elementary 1 2 3 4 5 6 7 8 High School 9 10 11 12 College: 1 2 3 4
 Last school attended _____
 (City and State)

EXPERIENCE AND QUALIFICATIONS ----DRIVER

DRIVER LICENSES List all unexpired licenses and permits	State	License Number	Type	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 _____
 If the answer to either A or B is yes, give a statement with complete details using the back side: _____

DRIVING EXPERIENCE

Class of Equipment	Type of Equip.	Dates	
		From	To
Intercity Bus			
Transit or Suburban Bus			
School Bus			
Truck (or combinations)			
Other			

List States operated in the last five years: _____

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

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

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE
(Include all motor vehicles accidents)

	Date	Nature of accident (head on, rear-end, etc.)	Fatalities (number)	Injured (number)
Last accident				
Next previous				
Next previous				
Next previous				

TRAFFIC CONVICTIONS AND FOREITURES OF LICENSE IN PAST 5 YEARS

Location	Date	Charge	Penalty

(Attach sheet if more space is needed)

EXPERIENCE AND QUALIFICATIONS --- OTHER

Show any transportation or other experience that may help in you work for F. M. Kuzmeskus, Inc. _____

List courses and training other than shown elsewhere in this application. _____

AGREEMENT – TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, whether same is of record or not. I understand that the information in this Application will be used and that prior employers may be contacted for purposes of investigation as required by Section 391.23 of the Motor Carrier Safety Regulations. This applicant agrees to furnish such additional information and complete such examinations as may be required to complete his employment file. I do hereby request, and authorize, F. M. Kuzmeskus, Inc., any person or persons, each former employer, or any Firm or Corporation referred to in this Application, to give any information or answer all questions asked concerning my ability, work or moral character in connection with this Application, and release from liability or responsibility all persons, companies and Corporations requesting or supplying such information. I further agree that any false statements will disqualify me for employment or cause my subsequent dismissal and that acceptance does not bind either party to a specific period for employment. 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 at my knowledge.

Date

Signature of Applicant