

DRIVER APPLICATION

Prairie Coach Trailways

24722 475th Ave | PO Box 125
 Dell Rapids, SD 57022
 605-428-4777

Name _____ Social Security Number _____

Address _____ Date of Birth _____

City, State _____ Telephone _____

Position applying for: _____ Cell phone _____

Email Address: _____

Residence (last three years)

Street Address _____ City _____ State _____ Months/Years ____ / ____

Street Address _____ City _____ State _____ Months/Years ____ / ____

Street Address _____ City _____ State _____ Months/Years ____ / ____

EXPERIENCE AND QUALIFICATIONS

Driver Licenses	State	License Number	Type	Expiration Date

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. No. of Miles (Total)
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor – Two Trailers				
Other				

PAST EMPLOYMENT INFORMATION (Include all employers for the past three years and any employment that required driving for the past 10 years. *If more space is needed, please attach a separate sheet*)

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No	

Employer	Dates Employed	Work Performed
Address	Hourly Rate/Salary	
Telephone	Supervisor	
Job Title	Reason for Leaving	
While employed by this employer, were you subject to the Federal Motor Carrier Safety Regulations? Yes No	Was this job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40? Yes No	

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Telephone	Supervisor	
Job Title	Reason for Leaving	
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TRAFFIC CONVICTIONS AND FORFEITURES for the past three years

Location	Date	Charge	Penalty

No Traffic Convictions or Forfeitures in the past three years (Please initial in box)

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

If yes, provide details: _____

Has any license, permit or privilege ever been suspended or revoked? YES _____ No _____

If yes, provide details: _____

Have you ever tested positive or refused to be tested on a Pre-Employment Drug Screen for an employer that you did not go to work for? YES _____ No _____

If yes, give date and name of employer: _____

ACCIDENT RECORD for the past three years

Date	Nature of Accident (head on, rear end, etc.)	Fatalities/Injuries/Property Damage

No Accidents in the past three years (Please initial in box)

TO BE READ AND SIGNED BY APPLICANT

I understand that a copy of my Motor Vehicle Record and the information in this application, including past employment information, will be used and that prior employers will be contacted for purposes of investigating my safety performance history information as required by paragraphs (d) and (e) of Part 391.23 of the Federal Motor Carrier Safety Regulations.

I also understand that I have the following rights regarding the investigative information that will be provided to Prairie Coach Trailways: 1) the right to review information provided by previous employers; 2) the right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to Prairie Coach Trailways; 3) the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and I cannot agree on the accuracy of the information.

In order to review previous employer-provided investigative information I must submit a written request to Prairie Coach Trailways, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. Prairie Coach Trailways will provide this information to me within five business days of receiving my written request. If Prairie Coach Trailways has not yet received the requested information from the previous employer(s), then the five-business day deadline will begin when Prairie Coach Trailways receives the requested safety performance history information. If I have not arranged to pick up or receive the requested records within thirty (30) days of Prairie Coach Trailways making them available, Prairie Coach Trailways may consider me to have waived my request to review the records.

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

Date

Applicant's Signature

PAST EMPLOYMENT VERIFICATION

This section is to be filled out by the driver.

Please fill out a separate form for each employer for the past three years.

Previous Employer _____

Address _____ Telephone _____

City _____ State _____ Zip _____ Fax _____

Employee's Name _____ Social Security # _____

Position or Job Held _____ Dates of Employment _____ to _____

I hereby authorize all previous employers to release records of my employment, including assessment of my job performance, commercial driving, accidents, general work ability/fitness and drug & alcohol history to Prairie Coach Trailways. I hereby release this company from any and all liability as a result of providing the requested information to Prairie Coach Trailways.

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Applicant's Signature

Date

CERTIFICATE OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking tickets) for which I have been convicted or forfeited bond or collateral, during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed according to Part 391.27 of the Federal Motor Carrier Safety Regulations during the past 12 months.

Driver's Printed Name _____ Driver's Signature _____ Date _____

Prairie Coach Trailways, 24722 475th Ave | PO Box 125, Dell Rapids, SD 57022

ANNUAL REVIEW OF DRIVING RECORD

This day I reviewed the driving record of the above named driver in accordance with Part 391.27 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation under the influence of alcohol or drugs, that indicate the driver has exhibited a disregard for the safety of the public. Having done the above, I find that

- [] the driver meets the minimum requirements for safe driving, or
- [] the driver is disqualified to drive a motor vehicle pursuant to 391.15.

Prairie Coach Trailways, 24722 475th Ave | PO Box 125, Dell Rapids, SD 57022

Supervisor's Printed Name _____ Supervisor's Signature _____ Date _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Driver's Signature

Date

Print Name

Social Security Number

Driver's License Information

Driver's License #

Issuing State

Expiration Date of License

Date of Birth