

# APPLICATION FOR EMPLOYMENT

## CDL Driver

**Treasure Valley Transit**  
**1136 W. Finch Dr.**  
**Nampa, ID 83651**  
**Phone: (208) 463-9111**  
**Fax: (208) 465-1803**

(answer all questions – please print)

Treasure Valley Transit is an equal opportunity employer. Qualified applicants will not be discriminated against in regards to race, color, religion, sex, national origin, age, marital status, non-job related disability, gender identity, sexual orientation or any other protected group status.

Date of Applications: \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Current Address \_\_\_\_\_  
Street City  
\_\_\_\_\_ Phone \_\_\_\_\_ How Long? \_\_\_\_\_  
State Zip Code yr./mo.

Previous \_\_\_\_\_  
Street City State Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.

Addresses \_\_\_\_\_  
Street City State Zip \_\_\_\_\_ How Long? \_\_\_\_\_  
yr./mo.  
\_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip yr./mo.

Are you seeking **FULL TIME** or **PART TIME** work? Circle one or both.

Do you have the legal authorization to work in the United States?  Yes  No  Unsure

Have you worked for Treasure Valley Transit before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position: \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Are you currently employed?  Yes  No If not, how long since leaving last employment? \_\_\_\_\_

Candidates are required to submit to and pass a background check.

## EMPLOYMENT HISTORY

EMPLOYER			DATES	
Name	From Mo	Yr	From Mo	Yr
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone Number		Former Employer Fax #:	
Did you drive a vehicle requiring a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for Leaving:	
EMPLOYER			DATES	
Name	From Mo	Yr	From Mo	Yr
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone Number		Former Employer Fax #:	
Did you drive a vehicle requiring a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for Leaving:	
EMPLOYER			DATES	
Name	From Mo	Yr	From Mo	Yr
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone Number		Former Employer Fax #:	
Did you drive a vehicle requiring a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for Leaving:	
EMPLOYER			DATES	
Name	From Mo	Yr	From Mo	Yr
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone Number		Former Employer Fax #:	
Did you drive a vehicle requiring a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for Leaving:	
EMPLOYER			DATES	
Name	From Mo	Yr	From Mo	Yr
Address			Position Held	
City	State	Zip	Salary / Wage	
Contact Person	Phone Number		Former Employer Fax #:	
Did you drive a vehicle requiring a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/>			Reason for Leaving:	

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (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 CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### 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)

### EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	CLASS & ENDORSEMENTS	EXPIRATION DATE

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

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

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**DRIVING EXPERIENCE**

<b>CLASS OF EQUIPMENT</b>	<b>TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)</b>	<b>FROM DATE</b>	<b>TO DATE</b>	<b>APROX NO. OF MILES (TOTAL)</b>
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR-TWO TRAILERS				
MOTORCOACH - SCHOOL BUS				
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

LIST SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A TRANSIT DRIVER: \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

LIST ANY DRIVING OR OTHER EXPERIENCE THAT MAY HELP YOU IN YOUR WORK FOR THIS COMPANY \_\_\_\_\_

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION \_\_\_\_\_

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) \_\_\_\_\_

**TO BE READ AND SIGNED BY APPLICANT**

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. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

	<b>SUPERIOR</b>	<b>GOOD</b>	<b>FAIR</b>	<b>BELOW AVERAGE</b>	<b>POOR</b>	<b>WRITTEN RECORD ON FILE</b>
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

**Drug and Alcohol Testing Statement for Prospective Employees**

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Print name of prospective employee: \_\_\_\_\_

Prospective employee must answer the following question as required under US DOT 49 CFR Part 40.25(j).

1. During the past three years, have you ever tested non-negative, or refused a test, on any pre-employment drug or alcohol test administered by any employer to which you applied for safety-sensitive work covered by any Department of Transportation agency - even if the job offer was withdrawn?

YES                       NO

2. If you answered **YES**, you will need to provide proof that you have successfully completed the DOT return-to-duty requirements (attach documentation to this Statement.)

Prospective Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

49 CFR Part 40.25(j) states that employers must ask each prospective employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by any employer to which the prospective employee applied for a safety sensitive job under US DOT FMCSA requirements-whether the job offer was withdrawn or not. This also applies to FTA, FAA and Coast Guard.

If the prospective employee reports that he or she had a non-negative, or refusal, drug or alcohol pre-employment test, then they cannot be placed in a safety-sensitive position until and unless they provide documentation of successful completion of the return-to-duty process (Sec. 40.25 (b)(5) and (e).)

Pre-employment testing statement for prospective safety-sensitive workers. To be placed by hiring company in Driver Qualification File.