



## Application For Employment

Right Way Shuttle is an equal opportunity employer and considers all applicants equally without regard to age, sex, religion, national origin, color disability, citizenship, or veteran status.

**Which position are you applying for?**

### GENERAL INFORMATION

|                                                                    |                                                                   |
|--------------------------------------------------------------------|-------------------------------------------------------------------|
| Name:                                                              | Date:                                                             |
| Address:                                                           | Phone:                                                            |
| City/State/Zip:                                                    | Social Security #:                                                |
| Date of Birth:                                                     | Driver's License #:                                               |
| Are you 18 years or older?<br>Yes: ___ No: ___                     | Do you have friends or family employed by us?<br>Yes: ___ No: ___ |
| Do you have reliable transportation?<br>Yes: ___ No: ___           | Are you authorized to work in the U.S.?<br>Yes: ___ No: ___       |
| Would you be willing to submit to a drug test?<br>Yes: ___ No: ___ | Have you ever been convicted of a felony?<br>Yes: ___ No: ___     |

### EMPLOYMENT HISTORY

**NOTE: DOT requires that employment for at least 3 years and/or commercial driving experience for the past 10 years be shown.**

List your three most recent jobs:

| Employers | From | To | Job Description | Phone # | Supervisor | Wage | Reason For Leaving |
|-----------|------|----|-----------------|---------|------------|------|--------------------|
| #1        |      |    |                 |         |            |      |                    |
| #2        |      |    |                 |         |            |      |                    |
| #3        |      |    |                 |         |            |      |                    |

| EDUCATION                                                          |                                                                           |
|--------------------------------------------------------------------|---------------------------------------------------------------------------|
| High School (Last attended): _____<br>Graduated: Yes: ___ No: ___  | What are your interests, hobbies and activities? _____<br>_____           |
| College & Vocational Schools: _____<br>Graduated: Yes: ___ No: ___ | List awards and achievements: _____<br>_____                              |
| Additional Training: _____<br>Graduated: Yes: ___ No: ___          | What experience do you have in the field of entertainment? _____<br>_____ |

| US MILITARY SERVICE |                          |               |
|---------------------|--------------------------|---------------|
| Branch of Service   | Technical Specialization | Rank Attained |
|                     |                          |               |
|                     |                          |               |

| DRIVING EXPERIENCE (ATTACH SHEET IF MORE SPACE NEEDED)                                          |                                           |                   |                        |
|-------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------|------------------------|
| DRIVERS LICENSE ENDORSMENTS: CLASS A___ B___ C___ D___ P___ S___                                |                                           |                   |                        |
| CLASS OF EQUIPMENT<br>(STRAIGHT TRUCK, TRACTOR/SEMI-TRAILER, PASSENGER/CHARTER BUS, SCHOOL BUS) | TYPE OF EQUIPMENT<br>(VAN,TANK,FLAT,ETC.) | DATES (FROM) (TO) | APPROX NUMBER OF MILES |
|                                                                                                 |                                           |                   |                        |
|                                                                                                 |                                           |                   |                        |

| ACCIDENT RECORD FOR THE PAST 5 YEARS OR MORE<br>(ATTACH SHEET IF MORE SPACE NEEDED) |                    |            |          |
|-------------------------------------------------------------------------------------|--------------------|------------|----------|
| DATE                                                                                | NATURE OF ACCIDENT | FATALITIES | INJURIES |
|                                                                                     |                    |            |          |
|                                                                                     |                    |            |          |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS)**  
 (ATTACH SHEET IF MORE SPACE NEEDED)

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
|          |      |        |         |
|          |      |        |         |

A. Do you currently have a valid Medical Examiners Certificate? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPIRATION DATE \_\_\_\_\_

B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO \_\_\_\_\_

C. Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER B OR C IS YES, EXPLAIN \_\_\_\_\_

\_\_\_\_\_

**I UNDERSTAND...**

I understand that completion of this application does not indicate there are any positions currently open and does not obligate Right Way Shuttle to hire me. I affirm that all of the information provided by me on this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission may disqualify me from consideration for employment and will be sufficient cause for dismissal if discovered after I became employed.

I understand that consideration is contingent upon verification of the accuracy of the information provided to me on this application. I authorize any inquiries necessary to check statements made by me on this application. I further authorize contact with any of my current or former employers, schools, references, or any other person's entities whose names I have provided or who may have knowledge about my accuracy of any information provided on this application. I consent to any such person's provision of information about me, and I release them from liability for providing any information about me.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_