



Application for Employment
(answer all questions, please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or non-job related disability.

Date of application: _____

Position applied for: _____ **Social Security Number:** _____

Name: _____
(last) (first) (middle)

List your addresses for the past 3 years.

Current address: Street: _____

City, State, Zip: _____ Phone: _____

Previous addresses: Street: _____

City, State, Zip: _____ Length of Residence: _____

Street: _____

City, State, Zip: _____ Length of Residence: _____

Street: _____

City, State, Zip: _____ Length of Residence: _____

Do you have the legal right to work in the United States? Yes / No

Date of birth: _____

(Birth date required for commercial drivers.) Can you provide proof of age? Yes / No

Have you worked for Cavallo Bus Lines, Inc before? Yes / No Dates: from: _____ to: _____

Reason for leaving: _____

Are you currently employed? Yes / No

If not, how long has it been since you left your last employment? _____

Who referred you to Cavallo Bus Lines? _____ **Rate of Pay expected:** _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? Yes / No If yes, explain: _____

Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three years. Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven years information on those employers for whom the applicant operated such a vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer Information	Employment Details
Name	From: _____ To: _____ Mo/Yr Mo/Yr
Address	Position Held
City, State, Zip	Salary/Wage
Contact Person _____ Phone # _____	Reason for leaving

Employer Information	Employment Details
Name	From: _____ To: _____ Mo/Yr Mo/Yr
Address	Position Held
City, State, Zip	Salary/Wage
Contact Person _____ Phone # _____	Reason for leaving

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Address	Position Held
City, State, Zip	Salary/Wage
Contact Person _____ Phone # _____	Reason for leaving

*Includes vehicles having a GVWR of 26,001 lbs or more, vehicles designed to transport 15 or more passengers, or any sized vehicle used to transport hazardous materials in a quantity requiring placarding.

Accident record for the past three years or more (attach sheet if more space is needed)

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Fatalities	Injuries
Last Accident:			
Next Previous:			
Next Previous:			
Next Previous:			

Traffic convictions and forfeitures for the past three years (other than parking violations) (attach sheet if more space is needed)

Location	Date	Charge	Penalty

Education

Circle the 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 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, please attach a statement giving details

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 and Two Trailers				
Other				

List the states you have operated in over 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? _____

Experience and Qualifications – Other

Show any transportation or other experience that may help in your work for Cavallo Bus Lines _____

List courses and training other than shown elsewhere on 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 Cavallo Bus Lines.

Date Applicant Signature

Process Record

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Department _____ Classification _____

(If rejected, summary report of reasons should be placed in file)

This section to be filled out by responsible officer or Cavallo Bus Lines Representative

	Superior	Good	Fair	Below Average	Poor	Written Record on File
1. Application						
2. Interview						
3. Past Employment						
4. Written Exam						
5. Road Test						
6. Police/Traffic Record						

Signature of Interviewing Officer: _____

Transfers

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason for Transfer: _____ Reason for Transfer: _____

From: _____ To: _____ From: _____ To: _____

Date: _____ Date: _____

Reason for Transfer: _____ Reason for Transfer: _____

Termination of Employment

Date Terminated: _____ Department Released From: _____

Dismissed Voluntarily Quit Other

Termination Report Placed in File: _____ Supervisor: _____