

# DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
(Print)

**COMPANY** MAJESTIC TOURS, INC.  
**ADDRESS** 1101 SALUDA STREET  
**CITY** ROCK HILL **STATE** SC **ZIP** 29730

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, veteran status, Non-job related disability, or any other protected group status.

### TO BE READ AND SIGNED BY APPLICANT

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.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers:
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer: and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR COMPANY USE

#### PROCESS RECORD

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_

### TERMINATION OF EMPLOYMENT

DATE OF TERMINATION \_\_\_\_\_ DEPARTMENT RELEASED FROM \_\_\_\_\_

DISMISSED \_\_\_\_\_ VOLUNTARILY QUIT \_\_\_\_\_ OTHER \_\_\_\_\_

TERMINATION REPORT PLACED IN FILE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**APPLICANT TO COMPLETE**

(Answer all questions – please print)

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

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

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

Previous Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_  
Phone Number \_\_\_\_\_ How Long? \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ yr/mo  
Street \_\_\_\_\_ City \_\_\_\_\_  
Phone Number \_\_\_\_\_ How Long? \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ yr/mo

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Drivers)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

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

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

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

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Have you ever been bonded? \_\_\_\_\_ Name of bonding company \_\_\_\_\_  
(Answer only if a job requirement)

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment –all circumstances will be considered.

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]?

If yes, explain if you wish  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

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

EMPLOYER		DATE	
NAME		From Mo. Yr.	To Mo. Yr.
ADDRESS		Position Held	
CITY	STATE ZIP	Salary/Wage	
CONTACT PERSON	PHONE NUMBER	Reason for leaving	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		From Mo. Yr.	To Mo. Yr.
ADDRESS		Position Held	
CITY	STATE ZIP	Salary/Wage	
CONTACT PERSON	PHONE NUMBER	Reason for leaving	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		From Mo. Yr.	To Mo. Yr.
ADDRESS		Position Held	
CITY	STATE ZIP	Salary/Wage	
CONTACT PERSON	PHONE NUMBER	Reason for leaving	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		From Mo. Yr.	To Mo. Yr.
ADDRESS		Position Held	
CITY	STATE ZIP	Salary/Wage	
CONTACT PERSON	PHONE NUMBER	Reason for leaving	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		From Mo. Yr.	To Mo. Yr.
ADDRESS		Position Held	
CITY	STATE ZIP	Salary/Wage	
CONTACT PERSON	PHONE NUMBER	Reason for leaving	
WERE YOU SUBJECT TO THE FMCSRs WHILE EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Include vehicles having a GVWR of 26,001 lbs or more vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

**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	HAZARDOUS MATERIAL SPILL
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)

**EXPERIENCE AND QUALIFICATIONS – DRIVER**

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	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 DETAILS \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR & SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR-TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR- THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH/SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO (more than 8 passengers)				
MOTORCOACH/SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO (more than 15 passengers)				
OTHER _____				

LIST STATES OPERATED IN FOR 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 TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP 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)

\_\_\_\_\_

**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 \_\_\_\_\_

**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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License: State \_\_\_\_\_ Number \_\_\_\_\_ Class \_\_\_\_\_ Endorsement(s) \_\_\_\_\_ Restriction(s) \_\_\_\_\_

Type of License \_\_\_\_\_ Issuing State \_\_\_\_\_

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								TOTAL HOURS
HOURS WORKED								

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at:

\_\_\_\_\_  
 Time \_\_\_\_\_ A.M. / P.M. On \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year

\_\_\_\_\_  
 Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

### DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of a common contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

Are you currently working for another employer? (Check One)  
 YES  NO

At this time do you intend to work for another employer while still employed by this company? (Check One)  
 YES  NO

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

Company Representative \_\_\_\_\_ Date \_\_\_\_\_

## Motor Vehicle Driver's

### CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

**MOTOR CARRIER INSTRUCTIONS:** The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

**DRIVER REQUIREMENTS:** Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

1. **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
2. **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION :**  
Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I possess:

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

**DRIVER CERTIFICATION:** I certify that I have read and understand the above requirements.

Driver's Name Printed: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

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MOTOR VEHICLE DRIVER'S  
CERTIFICATION OF VIOLATIONS/ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

**COMPLETED BY DRIVER – CERTIFICATION OF VIOLATIONS**

NAME OF DRIVER (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT	
HOME TERMINAL (CITY AND STATE) ROCK HILL, SC	DRIVER'S LICENSE NUMBER STATE	EXPIRATION DATE	
I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months. <b>(If you have had no violations, check the following box - <input type="checkbox"/> None)</b>			
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 (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification \_\_\_\_\_ Driver's Signature \_\_\_\_\_

**COMPLETED BY MOTOR CARRIER – ANNUAL REVIEW OF DRIVING RECORD**

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

Meets minimum requirements for safe driving  Is disqualified to drive a motor vehicle pursuant to Section 391.15

Does not adequately meet satisfactory safe driving performance

Action taken with driver: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Signature Date

\_\_\_\_\_ Printed Name Title

MOTOR CARRIER NAME: MAJESTIC TOURS, INC. 1101 SALUDA STREET, ROCK HILL, SC 29730

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICAITON FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

**Company Name**

**MAJESTIC TOURS, INC.**

**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 6049b)(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 previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purpose. These reports are required by Sections 382.413, 391-23, and 391.25 of the Federal Motor Carrier Safety Regulations.

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Applicant's Signature

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Date

---

Print Name

---

Social Security number



# SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## SIDE 1

### SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

(Print Name) \_\_\_\_\_  
First, M.I., Last \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Hereby authorize: \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Street: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax No. \_\_\_\_\_  
to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years from \_\_\_\_\_.  
(date of employment application)

To:  
Prospective Employer: Majestic Tours, Inc.  
Attention: \_\_\_\_\_ Telephone: (803) 328-9240  
Street: 1101 Saluda Street  
City, State, Zip: Rock Hill, SC 29730  
In compliance with 40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: (803) 366-2361  
Prospective employer's confidential email address: [majestic@comporium.net](mailto:majestic@comporium.net)

\_\_\_\_\_  
Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
This information is being requested in compliance with 40.25 and 391.23.

### SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

#### ACCIDENT HISTORY

The applicant name above was employed by us. Yes  No   
Employed as \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_  
1. Did he/she drive motor vehicle for you? Yes  No  If yes, what type? Straight truck  Tractor-Semitrailer  Bus   
Cargo tank  Doubles/Triples  Other (Specify) \_\_\_\_\_  
**If there is no safety performance history to report, check here , sign below and return.**

**ACCIDENTS:** Complete the following for any accidents included on your accident register (390.15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here  if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 3:****TO BE COMPLETED BY PREVIOUS EMPLOYER****DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer please check here , fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from \_\_\_\_\_ to \_\_\_\_\_. YES NO

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Have this person had an alcohol test with a result of 0.04 or higher alcohol concentration?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has this person committed other violations of Subpart B or Part 382, or Part 40?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?         | <input type="checkbox"/> | <input type="checkbox"/> |

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

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

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

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Section 3 Completed by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4a:****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

This form was (check one)  Faxed to previous employer  Mailed  Emailed  Other \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4b:****TO BE COMPLETED BY PROSPECTIVE EMPLOYER**

Complete below when information is obtained.

Information received from: \_\_\_\_\_

Recorded by: \_\_\_\_\_ Method:  Fax  Mail  Email  Telephone

Date: \_\_\_\_\_  Other

## PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Section 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. If the employee admits that he or she has a positive test or a refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process. (see Sec. 40.25(b)(5) and (e).

Prospective Employee Name: \_\_\_\_\_ ID Number: \_\_\_\_\_  
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one:       Yes       No

I certify that the information provided on this document is true and correct.

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

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq., the Americans with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit ***Majestic Tours, Inc.*** to obtain a consumer report and/or an investigative consumer report which may include the following: my employment records, **driving history records, criminal history**, credit history, civil record, workers' compensation (post-offer only), drug testing, verification of my academic and /or professional credentials, and /or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted of who may have knowledge concerning any such items of information. I hereby release and hold harmless any person, firm, or other entity that discloses matters in accordance with this authorization, as well as iiX from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the FCRA, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification. I understand a copy of this report may be obtained from iiX located at 3011 Earl Rudder Fwy S., College Station, TX 77845-6021. Their telephone number is (866) 560-7015 and fax number is (201) 748-1449.

I hereby authorize iiX to obtain and prepare a consumer report as set forth above as, part of its investigation of my employment application on behalf of my employer. I agree that a copy of this authorization has the same effect as an original. This authorization shall remain in effect over the course of my employment and reports may be ordered periodically during the course of my employment.

\_\_\_\_\_  
Applicant Full Name (please print clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

# REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Majestic Tours, Inc.  
(Prospective Employer)

For purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

In accordance with the provisions of Sections 604 and 607 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 1, of Public Law 104-208). I hereby certify the following.

1. The consumer (applicant) has authorized in writing the procurement of this report.
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes.
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX.)

\_\_\_\_\_  
(Signature of Requester)

\_\_\_\_\_  
(Date)

TO: Service Insurance Agency, Inc.  
6850 Catawba Lane  
Richmond, Va. 23226

DEAR SIR/MADAM:

- the following named person has made application with our company for the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.
- the following named person is employed with our company in the position of \_\_\_\_\_  
\_\_\_\_\_. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

REQUESTED BY

Majestic Tours, Inc.  
1101 Saluda Street  
Rock Hill, SC 29730

Linda Hardy  
Office Coordinator

\_\_\_\_\_  
Signature



THE FOLLOWING FORMS NEED TO BE ADDED TO THE APPLICATION:

ROAD TEST FORM

COMMERCIAL DRIVER'S EXAM

CHECKLIST FOR QUALIFICATION OF NEW DRIVERS

FORM I-9, EMPLOYMENT ELIGIBILITY VERIFICATION