

# Application for Employment Motor Coach Driver

Please read and complete all sections of this document legibly with a pen. Applicants that are incomplete may be rejected. Applications will be considered active for a period of 6 months after the application date. Lattimore Tours consistently confirms background information provided by the applicant, therefore, it is essential that all the responses be accurate and complete. Federal and state laws prohibit discrimination. Lattimore is an equal opportunity employer.

Applicant Basic Information				
Name:				
Last	First		Middle	
Current street address:				
Current Address:			How Long?	
City	State	Zip Code		
Previous street address:				
Previous Address:			How Long?	
City	State	Zip Code		
Primary Telephone Number: ()	Sec	ondary Telephone Nu	ımber: ()	
Date of Birth:	OT) requires an indiviers to be at least 21 years to be at least 21 years and qualifications new ment, you may be reading, including but not submitted to Lattimos	dual to be properly licens of age. Pre-emp cessary to operate a quired to answer med limited to a medical of the Tours is strictly cor	censed to operate a loyment drug testing motor vehicle safely dical questions and rexamination and/or of the fidential.	motor g is v. Should nay be
Have you ever worked or applied to work	for Lattimore Tours?	Yes No	0	
If yes, when?				
On what date would you be available if yo	ur application for emp	oloyment were accep	ted?	
Education and Training				
Name and Location	Years Completed	Graduated?	Course of Stu	ıdy
High School		Yes No		

Yes

Yes

No

College

Other

Military Service		
Have you ever served in the ar	med services? Yes	No. If yes, what branch?
Date of service: From	To:	Rank at discharge:
and part-time employment.	st recent job and work backw	rards in order, listing your employers, including full-time
if you are currently unemployed	ed, please list dates: From: _	To: <u>current</u>
Current Employer (if currently	unemployed – enter last emp	ployment)
Date of Employment: From:		To:
Company Name:		Supervisor:
Address:		Telephone Number: ()
Position:		Rate of Pay:
Previous Employer:		
Date of Employment: From:		To:
Company Name:		Supervisor:
Address:		Telephone Number: ()
Position:		Rate of Pay:
Reason for leaving:		
Previous Employer:		
Date of Employment: From:		To:
Company Name:		Supervisor:
Address:		Telephone Number: ()
Position:		Rate of Pay:
Reason for leaving:		

Previous Employer:			
Date of Employment: From:	To:		
Company Name:	Supervisor:		
Address:	Telephone Number: (	_)	
Position:	Rate of Pay:		
Reason for leaving:			
Previous Employer:			
Date of Employment: From:	To:		
Company Name:			
Address:			
Position:			
Reason for leaving:			
Work History			
Have you ever tested positive or refused to test fo	r drugs or alcohol while working in a safety		
sensitive position?	hoft upoutherized removal of company	Yes	No
Have you ever been disciplined or discharged for to property?	nert, unauthorized removal of company	Yes	No
Have you ever been disciplined or discharged for ir	nsubordination?	Yes	No
Have you ever been disciplined or discharged for fi	ghting, assault or related offenses	Yes	No
Have you ever been disciplined or discharged for v	iolating a safety rule	Yes	No
If you answered yes to any of the questions above, the employer, address, telephone number, and a c		ction, the	name of

Motor Vehicle Licenses (list all driver's licenses held in the past 5 year
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State	License Number	Class	Endorsements	Expiration Date	Commercial License
Current:					Yes No
					Yes No
					Yes No

## Traffic Convictions and Forfeitures (if you don't have any, pleases enter none in the date box below:

List all traffic convictions, forfeitures or suspension of license in a motor vehicle (do not list parking violations) for the past 5 years.

Date	Type of Vehicle	State	Charge	Penalty

## Accident Record (if none, write "NONE" in the date box)

List all accidents you have been involved in, regardless of whether you were at fault, while operating any type of motor vehicle – including property damage, in the past 5 years.

Date	Nature of Accident	At Fault	Ticketed	Points Issued	Fatalities	Injuries
		YesNo	YesNo	YesNo	YesNo	YesNo
		YesNo	YesNo	YesNo	YesNo	YesNo
		YesNo	YesNo	YesNo	YesNo	YesNo
		YesNo	YesNo	YesNo	YesNo	YesNo

## **Motor Vehicle-Specific Criminal History**

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	Yes No
Has your driver's license ever been suspended, revoked or restricted?	Yes No
Have you ever been convicted of reckless or careless operation of a motor vehicle?	Yes No
Have you ever been convicted of driving while under the influence of alcohol, narcotic drug,	
amphetamines or derivatives?	Yes No

If yes to any of the questions above, please explain provide the dates for the offenses:		

#### Are you physically able, with or without reasonable accommodation, to do the following?

Safely operate a multi-passenger commercial vehicle for extended periods of time?	Yes No
Climb in and a vehicle (motor coach)?	Yes No
Move luggage weighing 50 pounds for up to 50 feet?	Yes No
Repeatedly reach, push and pull with both arms?	Yes No
Fuel a vehicle and perform preventative maintenance duties?	Yes No
Correctly judge distances and identify details from a short of long distance?	Yes No
Withstand the full spectrum of weather conditions, including extreme cold and extreme heat?	Yes No

#### References

Please provide the names of 3 people not related to you whom you have known for a minimum of 1 year.

Name	Relationship	Phone	Have long have you known them?

#### Certification

I understand that Lattimore Tours is not obligated to hire me and that if I am offered employment it will not be for any specified period of time. I understand I can be terminated without notice or cause. I understand I will be required to take a drug test and pass it as a condition to my employment. A positive reading of the drug test will automatically null and void any offer from Lattimore Tours.

I understand that if I am employed by Lattimore Tours, I agree to abide by the company rules and regulations.

My signature below certifies that I have personally completed this application and that all the information contained in the application is correct to the best of my knowledge. I understand that providing false information would be grounds for termination.

Applicant Signature:	Date:
Applicant Printed Name:	

Please complete all sections and mail to the address below:

Lattimore Tours 4311 Butterfly Drive Chattanooga, Tennessee 37406