

Military Service

Have you ever served in the armed services? ____ Yes ____ No. If yes, what branch? _____

Date of service: From _____ To: _____ Rank at discharge: _____

Employment Record: List the past 3 to 5 jobs in the last 10 or more years (if possible)

Begin with your current or most recent job and work backwards in order, listing your employers, including full-time and part-time employment.

If you are currently unemployed, please list dates: From: _____ To: current _____

Current Employer (if currently unemployed – enter last employment)

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: _____ Supervisor: _____

Address: _____ Telephone Number: (____) _____

Position: _____ Rate of Pay: _____

Reason for leaving: _____

Work History

Have you ever tested positive or refused to test for drugs or alcohol while working in a safety sensitive position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been disciplined or discharged for theft, unauthorized removal of company property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been disciplined or discharged for insubordination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been disciplined or discharged for fighting, assault or related offenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been disciplined or discharged for violating a safety rule	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered yes to any of the questions above, please explain and provide the date of each action, the name of the employer, address, telephone number, and a contact person at the company.

Motor Vehicle Licenses (list all driver’s licenses held in the past 5 years).

State	License Number	Class	Endorsements	Expiration Date	Commercial License
Current:					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Traffic Convictions and Forfeitures (if you don’t have any, please 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
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Motor Vehicle-Specific Criminal History

Have you ever been denied a license, permit or privilege to operate a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your driver’s license ever been suspended, revoked or restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of reckless or careless operation of a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of driving while under the influence of alcohol, narcotic drug, amphetamines or derivatives?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Climb in and a vehicle (motor coach)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Move luggage weighing 50 pounds for up to 50 feet?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Repeatedly reach, push and pull with both arms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fuel a vehicle and perform preventative maintenance duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Correctly judge distances and identify details from a short of long distance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Withstand the full spectrum of weather conditions, including extreme cold and extreme heat?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	How 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