

DRIVER APPLICATION FOR EMPLOYMENT

DRUG & ALCOHOL FREE

All Applicants & Employees will be
Subject to Drug & Alcohol Testing

Bloom's Bus Lines, Inc.
10 Oak Street, Taunton, MA 02780

Federal and state law requires that all applications be considered without regard to race, color, sex, age, national origin, marital status, or non-job related disability. We believe in and fully support equal employment opportunity and will fulfill our obligation to the fullest.

(Answer all questions – Please Print)

Position(s) Applied for: () Full Time () Part Time () Week Ends Only Date of Application: _____

Name: _____ Social Security No.: _____ - _____ - _____
Last First Middle Initial

Present Address: _____ City: _____ State: _____ Zip: _____ How Long? _____

Previous Address: _____ City: _____ State: _____ Zip: _____ How Long? _____

Phone: (_____) _____ - _____ Referred by: _____
Other: (_____) _____ - _____ Cell: (_____) _____ - _____

Are you at least 21 years old? _____ Do you have the right to work in the United States? _____

IN CASE OF AN EMERGENCY NOTIFY:

Name: _____ Phone# _____ Relationship: _____
Address: _____ City: _____ State: _____

Are you related to anyone presently employed for Bloom' Bus, Inc? _____ Who? _____ Relationship: _____
(Note: Company policy prohibits the full-time employment of relatives of full-time employees as defined in the company policy guide)

Have you worked for any division within this company before? _____ Division: _____ Position(s): _____

Dates: From _____ To _____ Rate of Pay: _____ Reason for Leaving: _____

Have you ever filed an application with the company before? _____ When: _____ Division/Position: _____

Have you ever been interviewed? _____ Interviewed by: _____ When: _____ Division/Position: _____

Is there any reason which would prevent you from performing the daily functions for the position you are applying for? _____
If yes, describe: _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

Rate of pay expected: _____ If you are hired for this position, when are you available to start? _____

EMPLOYMENT HISTORY

List all previous work experience including military service record and period of unemployment. Begin with present position. Attach resume if necessary. If there was a period of more than one month where you were self-employed or unemployed, list name and address of person(s) who can verify your activities during this period(s).

Applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

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.

PRESENT OR MOST RECENT EMPLOYER			
NAME:		FROM:	TO:
ADDRESS:		POSITION:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:		PHONE NO:	REASON FOR LEAVING:

EMPLOYER			
NAME:		FROM:	TO:
ADDRESS:		POSITION:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:		PHONE NO:	REASON FOR LEAVING:

EMPLOYER			
NAME:		FROM:	TO:
ADDRESS:		POSITION:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:		PHONE NO:	REASON FOR LEAVING:

EMPLOYER			
NAME:		FROM:	TO:
ADDRESS:		POSITION:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:		PHONE NO:	REASON FOR LEAVING:

EMPLOYER			
NAME:		FROM:	TO:
ADDRESS:		POSITION:	
CITY:	STATE:	ZIP:	SALARY/WAGE:
CONTACT PERSON:		PHONE NO:	REASON FOR LEAVING:

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

LIST ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (head-on, rear-end, etc.)	FATALITIES	INJURIES
LAST			
NEXT PREVIOUS			
NEXT PREVIOUS			

LIST ALL TRAFFIC CONVICTONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

EXPERIENCE AND QUALIFICATIONS – DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXP. DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

B. Has any license, permit or privilege ever been suspended or revoked? _____

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE

CLASS	Check	TYPE: School Bus, Coach, Van, Truck, etc.	DATES	
	Box		FROM	TO
7D				
CDL A				
CDL B				
CDL C				
Passenger				
Air Brakes				
School Bus				
Restrictions				
Other				

List states operated in for last five years _____

Show special courses or training that will help you as a driver: _____

PREVIOUS EMPLOYER ALCOHOL & DRUG TEST INFORMATION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (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 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
 (date of employment application)

To:
 Prospective Employer: Blooms Bus Lines
 Attention: _____ Telephone: _____
 Street: 10 Oak Street
 City, State, Zip: Taunton MA 02780

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, e-mail, or letter.

Prospective employer's confidential fax number: _____
 Prospective employer's confidential e-mail address: _____

 Applicant's Signature _____ Date _____

This information is being requested in compliance with §40.25 and §391.23. (See back of form for regulations.)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

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 of Section 2, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____	YES	NO
1. Has 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 of 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 complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? 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 in Section 1.

Name: _____
 Company: _____
 Street: _____
 City, State, Zip: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____
 Complete below when information is obtained. _____ Date _____

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone
 Other _____

Date: _____

REQUEST FOR INFORMATION From Previous Employer

I hereby authorize you to release the following information to _____
 _____ for the purposes of investigation
 (Prospective Employer)
 as required by Section 391.23 and allowed by Section 383.35 of the Federal Motor Carrier
 Safety Regulations. You are released from any and all liability which may result from furnishing
 such information.

Date _____ Applicant's Signature _____

MAIL TO:

PROSPECTIVE EMPLOYER:

Telephone No. _____
 Fax No. _____

Dear Sir/Madam:

The below named individual has made application to this company for a position as _____
 _____ and states that he/she was employed by you as _____
 _____ from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a
 business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

Name of Applicant: _____ Social Security No.: _____

1. Employed from _____ to _____ as _____ at wage or salary
 of _____.
2. Did he/she drive motor vehicle for you? _____, Straight Truck? _____, Tractor-Semitrailer?
 _____; Bus? _____. Other (Specify) _____
3. Was he/she a safe and efficient driver? _____
4. Reason for leaving your employ: Discharged _____; Resignation _____; Lay Off _____;
 Military Duty _____.
5. Was his/her general conduct satisfactory? _____
6. Please advise history of past driving record if available for past three years _____

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check (✓) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks _____

SIGNATURE _____
 TITLE _____
 DATE _____

**FOR PROSPECTIVE EMPLOYER'S RECORD
 MAINTAIN THIS INFORMATION IN THE DRIVER QUALIFICATION FILE FOR
 3 YEARS AFTER THE PERSON'S EMPLOYMENT BY THE MOTOR CARRIER CEASES.**

CORI REQUEST FORM

Bloom's Bus Lines, Inc. has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

(Requested but not required)

MOTHER'S MAIDEN NAME: _____

CURRENT AND FORMER ADDRESSES: _____

SEX: _____

HEIGHT: _____

WEIGHT: _____

EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

*THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

EMPLOYEE ALCOHOL AND DRUG STATEMENT

Sec. 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 had 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))

Company Name: _____

Street: _____

City: _____

State, ZIP: _____

Employee Name: _____ ID Number: _____
(print)

The employee is required by Sec. 40.25 to respond to the following question.

- 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

Employee Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(Signature)

ANTI-DRUG AND ALCOHOL POLICY

APPLICABLE TO ALL EMPLOYEES

All Employees, supervisors and applicants for positions with Bloom are subject to urine drug and alcohol testing. Drug tests will be done to detect, and deter, the non-medical use of five (5) prohibited drugs: Marijuana, Cocaine, Opiates, Amphetamines and PCP. Drug and alcohol testing will be conducted on a Pre-Employment, Random, Reasonable Cause, Post-Accident, Return-to-Duty, and Follow-up Basis. Drug and alcohol testing procedures will be done in accordance with applicable federal and state regulations.

No employee may perform a work-related activity while that employee has a non-prescribed prohibited substance or alcohol in his/her system. If an employee refuses to take a test, or if the employee adulterates or dilutes their specimen or substitutes another urine specimen for their urine specimen, or if the illicit or illegal use of any of the five drugs or alcohol are detected through a drug test verified by Bloom's Medical Review Officer, the employee has failed the test.

Employees who take a drug test, which is verified, positive by the Medical Review Officer will be subject to termination of employment. Employees who test positive, 0.02 or greater on a B.A.T., shall be subject to disciplinary action up to or including termination.

The appropriate use of legally prescribed drugs and non-controlled medications is not prohibited. All Employees must inform their prescribing physician of the nature of their job functions. The physician must determine that the prescribed medications or treatment will not adversely impact job performance. It is then the responsibility of the employee, before performing work-related activities, to provide their supervisor with the physician's written statement. All employees are also required to inform their supervisor of any over-the-counter medications or conditions that may affect their performance while performing work-related activities.

This policy is further explained in Bloom's "Anti-Drug & Alcohol Program Manual". You are encouraged to read the manual and to bring questions to your supervisor. Interpretations of this policy and the "Anti-Drug & Alcohol Program Manual" shall be made by Mark Bloom, Drug Program Manager of Bloom's Bus Lines, Inc. and are binding.

Please acknowledge your receipt and understanding of this policy with your signature and date on the following lines.

Signature

Date



EQUAL EMPLOYMENT OPPORTUNITY (EEO)
SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This detachable form will be kept in a confidential file separate from your application for employment.

Name (Last, First, MI):

Street Address:

City, State, Zip Code:

Position Applied For: Date Applied:

Gender Identification (check one)

Female Male

Race/Ethnic Identification (check one):

Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications.

White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

Decline self-identification

Applicant's Signature

Date