

# BEACH TRANSPORTATION COMPANY

825 MOUNT AVE. • MISSOULA, MT 59801

— APPLICATION FOR EMPLOYMENT —

We are an equal opportunity employer.

|                             |   |                     |                        |              |
|-----------------------------|---|---------------------|------------------------|--------------|
| <b>PERSONAL INFORMATION</b> | NAME (Printed)  |                     |                        | Date         |
|                             | (Last)  | (First)             | (Middle Initial)       |              |
|                             | Social Security Number  | Phone Number<br>( ) | Alternate Phone<br>( ) |              |
|                             | Have you ever worked or attended school under a different name?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, give name(s) |                     |                        |              |
|                             | Addresses for past three years:<br>Present address _____<br>(Street) (City) (State) (Zip) How long?   |                     |                        |              |
|                             | Previous Addresses (attach separate sheet if necessary):  |                     |                        |              |
|                             | (Street) (City) (State) (Zip) How long?   |                     |                        |              |
|                             | (Street) (City) (State) (Zip) How long?   |                     |                        |              |
|                             | In case of emergency, notify:   |                     |                        |              |
|                             | Name  |                     | Address                | Phone<br>( ) |
| Name                        |   | Address             | Phone<br>( )           |              |

|                                     |  |               |                |                                    |
|-------------------------------------|--|---------------|----------------|------------------------------------|
| <b>JOB INTEREST</b>                 | Position applied for   | Second choice | Date available | <input type="checkbox"/> Full time |
|                                     |  |               |                | <input type="checkbox"/> Part time |
|                                     | <input type="checkbox"/> Previously employed by Beach Transportation Company | Where         | When           |                                    |
|                                     | Referred by:   |               |                |                                    |
|                                     | How did you hear about Beach Transportation Company?                         |               |                |                                    |
| Briefly describe your career goals: |  |               |                |                                    |
|                                     |  |               |                |                                    |

|   |  |                                 |                               |           |                   |                  |
|---|--|---------------------------------|-------------------------------|-----------|-------------------|------------------|
| <b>EDUCATION</b>  |  | NAME OF SCHOOL                  | ADDRESS<br>(City, State, Zip) | GRADUATED |                   | COLLEGE<br>MAJOR |
|   |  |                                 |                               | YES/NO    | TYPE OF<br>DEGREE |                  |
|   |  | HIGH SCHOOL                     |                               |           |                   |                  |
|   |  | COLLEGE                         |                               |           |                   |                  |
|   |  | COLLEGE                         |                               |           |                   |                  |
|   |  | TECHNICAL, BUSINESS<br>OR OTHER |                               |           |                   |                  |
| Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____   |  |                                 |                               |           |                   |                  |
| Current number of credit hours you are taking _____ Total credit hours earned to date _____   |  |                                 |                               |           |                   |                  |
| Date of expected graduation _____ Cumulative grade point average _____  |  |                                 |                               |           |                   |                  |
| School Schedule: Mon _____ am _____ am _____ pm to _____ pm Tues _____ am _____ am _____ pm to _____ pm Wed _____ am _____ am _____ pm to _____ pm Thur _____ am _____ am _____ pm to _____ pm Fri _____ am _____ am _____ pm to _____ pm |  |                                 |                               |           |                   |                  |
| Do you foresee any schedule conflicts if you were assigned a bus run before 9:00 am and/or after 2:00 pm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:   |  |                                 |                               |           |                   |                  |

**DRIVING EXPERIENCE**

The following questions are asked so that we may obtain commercial drivers license and motor vehicle record information.

Date of Birth   /  /  

Do you have a commercial drivers license?  Yes  No

If you do not currently have a commercial drivers license, are you able to obtain one?  Yes  No

Do you have an ICC Driver Qualification card?  Yes  No

**LIST ALL DRIVING LICENSES EVER HELD**

| STATE ABBREV. | LICENSE NUMBER | EXPIRATION DATE | RESTRICTIONS | COMMERCIAL or OPERATOR |
|---------------|----------------|-----------------|--------------|------------------------|
|               |                |                 |              |                        |
|               |                |                 |              |                        |

Has any license you have ever held been:

Suspended  Yes  No Revoked  Yes  No

When? \_\_\_\_\_ What state? \_\_\_\_\_

For how long?    Years    Months

Why? \_\_\_\_\_

How many years have you been driving?   

How many years have you been driving commercially?   

Can you drive a clutch operated transmission vehicle?  Yes  No

Record length of time driving each type of vehicle:

Truck    Yrs. Bus    Yrs. Farm Vehicle    Yrs.

Van or Delivery    Yrs. Private Auto    Yrs. Other    Yrs.

In what states? \_\_\_\_\_

**DRIVING RECORD**

How many accidents have you been involved in, regardless of severity?   

How many as the operator of a: Commercial Vehicle?   

Private Car?   

|               | DATE            | CITY AND STATE | BRIEF DESCRIPTION OF ACCIDENT |
|---------------|-----------------|----------------|-------------------------------|
| LAST ACCIDENT | <u>  /  /  </u> |                |                               |
| NEXT PREVIOUS | <u>  /  /  </u> |                |                               |
| NEXT PREVIOUS | <u>  /  /  </u> |                |                               |
| NEXT PREVIOUS | <u>  /  /  </u> |                |                               |

List all traffic violations, other than parking, for which you have ever been convicted.

| DATE OF VIOLATION | TYPE OF VIOLATION | NAME & LOCATION OF COURT | DATE OF CONVICTION | DISPOSITION AND FINE |
|-------------------|-------------------|--------------------------|--------------------|----------------------|
| <u>  /  /  </u>   |                   |                          |                    |                      |
| <u>  /  /  </u>   |                   |                          |                    |                      |
| <u>  /  /  </u>   |                   |                          |                    |                      |
| <u>  /  /  </u>   |                   |                          |                    |                      |

**SPECIAL SKILLS AND TRAINING**

- Yes  No Bus Driver Training
- Yes  No Truck Driver Training
- Yes  No First Aid
- Yes  No CPR

| School/Location | Date Completed | Type/Description |
|-----------------|----------------|------------------|
|                 |                |                  |
|                 |                |                  |
|                 |                |                  |
|                 |                |                  |

Summary of Qualifications: Itemize in descriptive form any other directly related experiences or skills which would qualify you for the job duties or responsibilities you seek. Indicate where they were obtained and approximately how much time was spent in obtaining, developing and applying each.

Other Experience and/or Skill (Specific Type) Approximate Time (Weeks, Months, Years)

List any skills or experience indirectly related to the job applied for which could be helpful in evaluating your qualifications.

**EMPLOYMENT RECORD**

Beginning with the most recent, please describe your employment history during the last 10 years, including military service and periods of unemployment. (If additional space is required, ask for a supplemental sheet.)

*\*The Federal Motor Carrier Safety Regulations (FMCSR) apply to anyone who operates a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) has a GVWR or weighs 26,001 pounds or more, (2) is designed or used to transport 16 or more passengers, or, (3) is of any size, used to transport hazardous materials in a quantity requiring placarding.*

|  |                  |      |            |        |                    |
|--|------------------|------|------------|--------|--------------------|
| Present or last employer   | From             | To   | Start      | Salary | End                |
| Address  |                  | City | State      | ZIP    | Phone No.          |
| Job Title  | Type of Business |      | Supervisor |        | Reason for leaving |
| Job Duties (Drivers: please list type of equipment operated)   |                  |      |            |        |                    |
| Were you subject to the Federal Motor Carrier Safety Regulations* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |      |            |        |                    |
| Was your job designated as a safety-sensitive function subject to the Department of Transportation's drug and alcohol testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |      |            |        |                    |
| Next previous employer   | From             | To   | Start      | Salary | End                |
| Address  |                  | City | State      | ZIP    | Phone No.          |
| Job Title  | Type of Business |      | Supervisor |        | Reason for leaving |
| Job Duties (Drivers: please list type of equipment operated)   |                  |      |            |        |                    |
| Were you subject to the Federal Motor Carrier Safety Regulations* while employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |      |            |        |                    |
| Was your job designated as a safety-sensitive function subject to the Department of Transportation's drug and alcohol testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |      |            |        |                    |
| Next previous employer   | From             | To   | Start      | Salary | End                |
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| Was your job designated as a safety-sensitive function subject to the Department of Transportation's drug and alcohol testing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |      |            |        |                    |
| Are there any employers whom you DO NOT wish us to contact? _____  |                  |      |            |        |                    |
| Have you ever been discharged by a previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ Give details: _____   |                  |      |            |        |                    |

|                            |   |
|----------------------------|---|
| <b>GENERAL INFORMATION</b> | Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No      What date would you be available for work? _____  |
|                            | Have you ever been convicted of a felony or misdemeanor? (Does not include any traffic violations, juvenile offenses, or military convictions, except by general court martial) <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, give details _____  |
|                            | I am a U.S. Citizen or National of the U.S., an alien lawfully admitted for permanent residence, or an alien authorized to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No <b>NOTE: Upon request, prior to commencement of employment, you must provide documents which establish your identity and authorization to work in the United States.</b> |

|                              |  |
|------------------------------|--|
| <b>U.S. MILITARY SERVICE</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
|                              | Branch _____ Date of first induction _____ Date of last separation _____ Honorable Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                              | Highest Rank _____ Specialty _____   |
|                              | Service Schools _____  |
|                              | National Guard/Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No Date obligation ends _____   |

|                   |   |         |       |            |
|-------------------|---|---------|-------|------------|
| <b>REFERENCES</b> | Please list three personal or business references other than relatives or former employers. |         |       |            |
|                   | Name and occupation   | Address | Phone | Yrs. Known |
|                   | _____   | _____   | _____ | _____      |
|                   | _____   | _____   | _____ | _____      |

|   |   |
|---|---|
| <b>AGREEMENTS — CERTIFICATIONS — CONSENTS</b> | I authorize an inquiry to collect information relating to data contained in my application, my character, general reputation, personal characteristics, criminal record history and motor vehicle record. I authorize all individuals, corporations, organizations and agencies who possess information about me, to release to Beach Transportation Company Incorporated and its designated representatives ("The Company"), all such information and to allow copying of any qualifications for the type of work requested. I release and hold harmless each designated representatives of any of them from all liabilities or claims arising from any inquiry concerning me, or release of any information concerning me to The Company. |
|   | I understand the importance of safety in transportation and realize that drug and alcohol consumption may detrimentally affect a person's ability to work safely. I consent, as a part of the processing of my application for employment and, if employed, periodically thereafter, to the collection and analysis of samples of the blood, breath, and/or urine, for the purpose of detecting drug and alcohol consumption, and to the reporting of the findings of such analysis to The Company, in accordance with all applicable state and federal laws.   |
|   | I further agree to submit to a physical examination if so requested by The Company, in accordance with state and federal law. I realize the importance of good health in transporting human lives and therefore, realize that my employment may be terminated or modified at the discretion of The Company if physical or medical problems develop that would compromise the safety of the human lives that are in my charge.   |
|   | I acknowledge that the acceptance of this application does not create an offer of employment, and that any offer of employment may be withdrawn at any time by The Company. In the event I am hired by The Company and in consideration for my employment by The Company, I agree to conform to all rules and regulations of The Company, either presently existing or as further modified.   |
|   | I certify that the information contained in the application or supplementary materials is correct and complete.   |
| _____   | Date _____ Signature _____  |

|                         |                          |                     |
|-------------------------|--------------------------|---------------------|
| <b>COMPANY USE ONLY</b> | Offer Date _____         | Starting Date _____ |
|                         | Job Classification _____ | Salary/Wage _____   |
|                         | Approvals:               |                     |
|                         | Interviewer _____        | Date _____          |
|                         | Personnel Manager _____  | Date _____          |