



**TC Nevada LLC dba TLC Luxury Transportation
Motor Coach Operator/Driver Application**

THIS IS THE FIRST STEP TO OBTAIN EMPLOYMENT WITH TC NEVADA LLC

THE FOLLOWING MUST BE RETURNED WITH YOUR COMPLETED APPLICATION:

- **DMV PRINTOUT – 10 YEARS FOR CDL**
 - **COPY OF NEVADA DRIVER’S LICENSE**
 - **COPY OF SOCIAL SECURITY CARD**
 - **EMPLOYMENT ELIGIBILITY DOCUMENTS**
 - **CRIMINAL HISTORY RECORD (SCOPE) AND METROPOLITAN POLICE RECORDS BUREAU**
 - **SCHEDULE AN INTERVIEW WITH TC NEVADA LLC.**
-
- **OPERATORS MUST BE AT LEAST 25 YEARS OF AGE**

NOTE: All information must be current and will be verified. Information must be turned in with your application or it will NOT be accepted.

Hire Date: _____

4015 W. Tompkins Ave. Las Vegas, NV 89103
DOT 2587664 • MC 344283 • CPCN 2201
Phone: 702-431-7654



(Must be AFTER Negative test results)

Position Applying For: _____ Date of Application: _____

Name: _____
 First Middle Last

Date of Birth: _____

Email Address: _____ Phone Number: _____

Preferred method of contact (Phone / Email): _____

Current address: _____
 Street City / State / Zip

Previous Address: (3 years, if different)

_____ Dates From: _____ To: _____
 Street City / State / Zip

_____ Dates From: _____ To: _____
 Street City / State / Zip

_____ Dates From: _____ To: _____
 Street City / State / Zip

Use backside of sheet for additional addresses.

Education

	School Name	Diploma? (Circle One)	Year Graduate?	Major?
H.S. or College		YES / NO		
H.S. or College		YES / NO		
H.S. or College		YES / NO		
H.S. or College		YES / NO		
	Veteran	YES / NO		



Driver's License Information: List all licenses held within the previous 3 year(s)

License Number: _____ Class: _____ State: _____ Exp Date: _____

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Have you ever had any driver's license denied, suspended, revoked or cancelled by any state agency?

YES NO If yes, give state of issuance and explanation of circumstances:

Use backside of sheet if additional space is needed.

Driving Experience

Types of Equipment (Truck, Tractor/Trailer, Tank, etc.)	Dates		Approx. Mileage Driven (Total):
	From:	To:	

LIST ALL TRAFFIC VIOLATIONS CONVICTIONS FOR THE PREVIOUS 3 YEARS
(write NONE, if none)

Date	Location	Violation	Commercial Vehicle? 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"/>



LIST ALL ACCIDENTS FOR THE PREVIOUS 3 YEARS (write NONE, if none)

Date	Nature of Accident	Fatalities	Injuries

Employment History

List all employment for the previous 10 years, all driving jobs for the previous **10 years**, including any gaps between employers **(use back side of sheet if necessary)**.

Employer:	From:	To:	Supervisor Name & Number:
Address:			
City/State/Zip:			
Titles and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>



Employer:	From:	To:	Supervisor Name & Number:
Address:			
City/State/Zip:			
Titles and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>

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Address:			
City/State/Zip:			
Titles and Duties:			
Reason for Leaving:			
Were you subject to the Federal Motor Carrier Safety Regulations during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>
Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period?			YES <input type="checkbox"/> NO <input type="checkbox"/>



For driver applicants of commercial motor vehicles that require a Commercial Driver’s License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a perspective driver, employee, you will have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the correct information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at any time, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the perspective employer received the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

“I certify that this application was completed by me, and that the entries and information in it are true and completed to the best of my knowledge.”

Applicant’s Signature

Date Signed

FOR OFFICE USE ONLY

Applicant Name: _____

Applicant Hire Date: _____

Pay Rate: _____

Approved by: _____

Comments: _____



Additional Information

Do you have reliable transportation? YES NO

Do you have a cell phone? YES NO

If so, do you own a hands-free device? YES NO

Do you have access to a computer or e-mail? YES NO

If so, please list your e-mail address: _____

Are you capable to look up and or obtain information from Google Maps, MapQuest, etc. for routing purposes? YES NO

Can you read a map and/or own a GPS? YES NO

Do you know how to fill out a D.O.T logbook/logging device? YES NO

Are you able to enroll in Direct Deposit for payroll? YES NO

Describe your customer service qualities. What is customer service to you?

Do you have over the road experience? YES NO

If so, please list any/all:

Do you speak any foreign languages? YES NO

If so, please list any/all:



Your desired schedule?	
Day	Availability
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
Are you applying Full-Time or Part-Time ?	

Please rate 1 being your first desired job, and 5 being your least desired job, where do you rate these different types of MCO runs?	
Type of job	Rate 1 through 5
Over the Road	
Airport Arrival and Departures	
Wait and Returns	
Shuttles	
Tours	

LIST CURRENT MEDICATIONS – PRESCRIPTIONS & NON-PRESCRIPTIONS



Dress Code Policy

Black Slacks (NO DENIM), Black Socks, Black Shoes, White Button-down Dress Shirt (short or long sleeves) / or approved company dress shirt, jacket, vest, and tie.

It is our policy to employ only professional drivers who are well groomed and professionally dressed to our code standards.

Applicant's Signature

Maintenance Policy

It is the MOTOR COACH OPERATOR/DRIVER'S responsibility to make certain that the interior of the vehicle/motor coach is clean, clear of debris, seats in their up-right position, footrest stowed away, full tank of gas, DEF full, and toilets dumped and cleaned after a day's work.

Applicant's Signature

I understand that if hired by TLC LUXURY TRANSPORTATION, I will be on a probationary period of 90 days at which time my performance will be evaluated.

Applicant's Signature



Cellular Phone Policy

It is the policy of TLC LUXURY TRANSPORTATION that the MOTOR COACH OPERATOR/DRIVER cannot use their cellular phones in the vehicle/motor coach while driving. Any MOTOR COACH OPERATOR/DRIVER caught using their cellular phone while driving, either by management or a third party will be suspended for one (1) week.

If the MOTOR COACH OPERATOR/DRIVER is caught a second time; it will result in immediate termination.

This is for the safety of the motor coach operator and the passengers.

My signature below indicates that I have read, understand, and agree to abide to the above policy.

Applicant's Signature

Date

Print Name



Repayment of Drug Screen Cost – 90 DAY PROBATIONARY PERIOD

I understand and agree that my pre-employment Drug Screen Costs will be paid by TLC LUXURY TRANSPORTATION; for any reason whatsoever within the ninety (90) day probationary period, which will be ninety (90) days from my hire date; I hereby authorized TLC LUXURY TRANSPORTATION to deduct the costs of the pre-employment drug screening from the final payroll check due to me. If I am still employed with TLC LUXURY TRANSPORTATION after the probationary period, no cost for the drug screening fees will be deducted from my paycheck and all costs will be the responsibility of TLC LUXURY TRANSPORTATION.

Applicant's Signature

Date

Print Name



Drug Test Consent Form

I hereby CONSENT to allow ARCPPoint Labs to take a specimen of my hair, urine, or blood and submit it for a pre-employment, random, or reasonable suspicion drug test screen. I FURTHER CONSENT to allow the laboratory testing to make the results of such screen available to the prospective or current employer – TLC LUXURY TRANSPORTATION.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against TLC LUXURY TRANSPORTATION, the laboratory testing service, their respective offices, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and SAVE HARMLESS TLC LUXURY TRANSPORTATION, the laboratory testing service, their respective offices, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made of available.

Applicant's Signature

Date

Print Name



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Applicant's Signature

Date

Print Name



ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING

Controlled Substances, Alcohol Use, Testing Policy, and Procedures

I hereby acknowledge that I have received, read, and understand the company's controlled substances, alcohol use, testing policy and procedures; and I understand that I must abide by the terms as a condition of employment. I understand that during my employment, I may be required to submit to a controlled substance and/or alcohol test based on Department of Transportation (D.O.T.) regulations and the company's requirements.

I also understand that refusal to submit to a controlled substances or alcohol test is a violation of D.O.T. regulations and the company's policy, and may result in disciplinary action, including suspension (without pay) or termination from the company. I further understand the consequences related to controlled substance use or alcohol misuse conduct as prohibited by company policy.

I further acknowledge that the provisions of the company's controlled substances, alcohol use, testing policy and procedures are part of the terms and conditions of my employment, and that I agree to abide by them.

THE UNDERSIGNED STATES THAT HE/SHE HAS READ THE FOREGOING
ACKNOWLEDGEMENT AND UNDERSTAND THAT CONTENTS THEREOF.

Applicant's Signature

Date

Print Name



Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(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 your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name