



TLC LUXURY TRANSPORTATION

THIS IS THE FIRST STEP TO OBTAIN EMPLOYMENT WITH TLC LUXURY

THE FOLLOWING MUST BE RETURNED WITH YOUR **COMPLETED APPLICATION**

- DMV PRINTOUT - 10 YEARS FOR CDL
- COPY OF CALIFORNIA DRIVER'S LICENSE
- COPY OF SOCIAL SECURITY CARD.
- EMPLOYMENT ELIGIBILITY DOCUMENTS
- CRIMINAL HISTORY RECORD (SCOPE)
- SCHEDULE AN INTERVIEW WITH TLC LUXURY
- ❖ MOTOR COACH 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 application or it will NOT be accepted.

Hire Date: _____
(Must be **AFTER** Negative test results)

Position Applying for: _____ Date of Application: _____

Name: _____
First Middle Last

Current Address: _____
Street City
State / Zip Code Phone: _____ D.O.B. _____

Previous Address: _____ Dates: From _____ To: _____
(3 Years) 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

<u>Driver's License information: List all licenses held within the previous 3 years</u>			
License Number: _____	Class: _____	State: _____	Exp Date: _____
License Number: _____	Class: _____	State: _____	Exp Date: _____
License Number: _____	Class: _____	State: _____	Exp Date: _____
Have you ever had any driver's license denied, suspended, revoked or canceled by any state agency?			
YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, give state of issuance and explanation of circumstances: _____			
<u>Use backside of sheet if additional space is need</u>			

Driving Experience:

Types of Equipment (Truck, tractor/trailer, tank, etc.)	Date		Approx. mileage driven (Total)
	TO	From	

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"/>

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 3 years, all driving jobs for the previous 10 years, including any gaps between employers.

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

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

Use backside of sheet if additional space is needed.

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 prospective 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 on it and information in it are true and complete to the best of my knowledge."

Applicant's Signature

Date Signed

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 email? YES _____ NO _____

If so, please list your email address: _____

Are you capable to look up and or obtain information on Google Maps, MapQuest, etc. for routing purpose? 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 log book? YES _____ NO _____

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

Describe your customer service qualities. _____

Do you have O.T.R. experience? YES _____ NO _____

If so, please list any/all: _____

Do you speak any foreign languages? YES _____ NO _____

If so list any/all: _____

Dress Code:

Black slacks, (NO DENIM) Black socks, Black shoes, White button down dress shirt (short or long sleeves) / or approved company dress shirt.

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

_____ Signature

Bus Maintenance

It is the Motor Coach Operator's responsibility to make certain that the interior of the motor coach is clean, clear of debris, seats in their up-right position, foot rest stowed away, full tank of gas, DEF full, and toilets dumped and cleaned.

_____ Signature

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

_____ Signature



CELLULAR PHONE POLICY

It is the policy of **TLC LUXURY**, that motor coach operator cannot use their cellular phones in the vehicle while driving. Any 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 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.

Signature

Date

Print Name



REPAYMENT OF DRUG SCREENING COST – 90 DAY PROBATIONARY PERIOD

I understand and agree that my pre-employment Drug Screening Costs will be paid by, TLC Luxury; for any reason whatsoever within the ninety (90) day probationary period, which will be ninety (90) days from my hire date; I hereby authorize TLC Luxury 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 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.

Signature

Date

Print Name



DRUG TEST CONSENT FORM

I hereby CONSENT to allow GOLBAL SAFETY NETWORK 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 service to make the results of such screen available to the prospective or current employer – TLC LUXURY.

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, 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, 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 so available.

SIGENED this day of , 20 .

Signature

Printed Name

LIST CURRENT MEDICATIONS – PRESCRIPTIONS & NON-PRESCRIPTIONS



Appendix E

Controlled substances, Alcohol Use, Testing Policy, and Procedures

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING

I hereby acknowledge that I have received, read, and understand the company's controlled substances and alcohol use and testing policy and procedures and understand that I must abide by the terms as a condition of employment. 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 substances and/or alcohol test based on Department of Transportation (DOT) regulations and the company's requirements.

I also understand that refusal to submit to a controlled substances or alcohol test is a violation of DOT 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 substances use or alcohol misuse conduct as prohibited by company policy.

I acknowledge that the provisions of the company's controlled substances and alcohol use and 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 THE CONTENTS THEREOF.

Signature of Employee/Applicant

Printed Name

Date



Company Name: TLC LUXURY

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.

Signature of Employee/Applicant

Printed Name

Date