

Driver Employment Application
(7 PAGES)

CHECKLIST FOR QUALIFICATION OF NEW DRIVERS

NAME OF DRIVER: FRANK A. BEDELL SOCIAL SECURITY NO.: _____

ADDRESS: [REDACTED], NEW ORLEANS, LA 70114
(Number and Street) (City) (State) (Zip Code)

INSTRUCTIONS TO CARRIER: The following checklist is intended to help the motor carrier obtain all of the documents required by the Federal Motor Carrier Safety Regulations. Record the information to acknowledge receipt of the documents. Alcohol and controlled substance information must be maintained in a confidential file.

	Date Request Forwarded	Date Document Returned	Document Approved Date	Signature
1. Application for Employment (15-F)	<u>4/30/97</u>	<u>4/30/97</u>	<u>4/30/97</u>	<u>AB</u>
2. Request for Check of Driving Record (16-F) (List State Agencies written to) <u>LA DPS</u>				
3. Request for Information from Previous Employer(s) (17-F) (List each company written to) <u>HEATH BROS CMA</u> <u>TIGRACE BUS SERVICE</u>	<u>12/15/97</u> <u>12/15/97</u>			
4. Medical Examiner's Certificate (2-B or 646-F) NOTE: Physical Examination of Drivers form <u>should</u> be maintained in a confidential file				
5. Record and Certificate of Road Test (13-F)	<u>12/15/97</u>			
6. Certificate of Compliance (90-F)				
7. Driver's Statement of On-Duty Hours (644-F or 645-F)				
OTHER DOCUMENTS				
8. _____				
9. _____				
10. _____				

ALCOHOL AND CONTROLLED SUBSTANCE TESTING

(NOTE: THESE DOCUMENTS MUST BE MAINTAINED IN A SECURE LOCATION WITH CONTROLLED ACCESS)

1. Inquiries to previous employers (Past 2 years) for Part 382 drug and alcohol test information (349-F)				
2. Pre-Employment Test - Controlled Substances (Employer copy of Chain of Custody Form and Test Result)				
3. Certificate of Receipt - Company Drug and Alcohol Policy				
OTHER DOCUMENTS				
4. _____				
5. _____				

THIS FORM IS NOT REQUIRED TO BE MAINTAINED FOR DOT COMPLIANCE

Charters

DRIVER'S APPLICATION FOR EMPLOYMENT

Company _____
Address _____
City _____ State _____ Zip _____

(answer all questions - please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of application _____

Position(s) Applied for Bus Operator

Name Bedell FRANK Augustus Social Security No. _____
Last First Middle

Address _____ New Orleans
Street City

Louisiana 70114 Phone _____
State Zip

ADDRESS FOR PAST THREE YEARS } N.O. LA 70114 How Long? 5
Street City State & Zip Code

} _____ How Long? _____
Street City State & Zip Code

Do you have the legal right to work in the United States? YES

Date of Birth _____ Can you provide proof of age? YES
(Required for Truck Drivers)

Have you worked for this company before? NO Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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

Who referred you? Ronald King Rate of pay expected _____

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]?

None

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver 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.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER				DATE	
NAME	Hertz Car Rental			FROM MO. 12 YR. 96	TO MO. 4 YR. 97
ADDRESS	New Orleans Intl Air Pk			POSITION HELD City Bus Driver	
CITY	Kenner	STATE	LA	ZIP	6.75 per hr
CONTACT PERSON	Karen Giordano		PHONE NUMBER	468-1201	
				REASON FOR LEAVING Still employed	

EMPLOYER				DATE	
NAME	Algiers Bus Bnd			FROM MO. 4 YR. 97	TO MO. 4 YR. 97
ADDRESS	2000 Easter Lane			POSITION HELD M.S. Driver	
CITY	New Orleans	STATE	LA	ZIP	70114
CONTACT PERSON	Rudley Thibodeaux		PHONE NUMBER	304-3043	
				REASON FOR LEAVING Still employed	

EMPLOYER				DATE	
NAME	Turners Bus Service			FROM MO. 3 YR. 98	TO MO. 4 YR. 97
ADDRESS	2113 Delachaise St			POSITION HELD Bus Driver	
CITY	New Orleans	STATE	LA	ZIP	PER TRIP
CONTACT PERSON	George Turner		PHONE NUMBER	841-6652	
				REASON FOR LEAVING Still employed	

EMPLOYER				DATE	
NAME	LASSAIR Bus Service			FROM MO. 3 YR. 98	TO MO. 5 YR. 91
ADDRESS				POSITION HELD Bus Driver	
CITY	New Orleans	STATE	LA	ZIP	PER TRIP
CONTACT PERSON	Gregory Lassair Sr		PHONE NUMBER	448-3745	
				REASON FOR LEAVING Business close down	

EMPLOYER				DATE	
NAME				FROM MO. YR.	TO MO. YR.
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON				REASON FOR LEAVING	

EMPLOYER				DATE	
NAME				FROM MO. YR.	TO MO. YR.
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON				REASON FOR LEAVING	

EMPLOYER				DATE	
NAME				FROM MO. YR.	TO MO. YR.
ADDRESS				POSITION HELD	
CITY	STATE	ZIP		SALARY/WAGE	
CONTACT PERSON				REASON FOR LEAVING	

*Includes vehicles having a 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.

ACCIDENT RECORD FOR PAST 3 YEARS: MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT <u>5/94</u>	<u>Rear end</u>	<u>None</u>	<u>None</u>
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY
<u>None</u>			


(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED L. B. Landry, Southern Miss. Fisher Ave New Orleans
(NAME) (CITY)

EXPERIENCE AND QUALIFICATIONS - DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
	<u>LA</u>		<u>CDL B</u>	<u>1999</u>

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO ✓

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO ✓

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

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK	<u>Van</u>	<u>1988</u>	<u>Present</u>	<u>1000</u>
TRACTOR AND SEMI-TRAILER	<u>School Bus</u>	<u>1987</u>	<u>Present</u>	<u>30000</u>
TRACTOR - TWO TRAILERS	<u>mini Bus</u>	<u>1996</u>	<u>Present</u>	<u>500</u>
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS Louisiana, Mississippi, Alabama
Florida

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: National Safety Council

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? National Safety Council

Defensive Driving Course
ITT HARTFORD
C18640-016-5

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

Shuttle Buses

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

Computers

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

7/16/97
Date

[Signature]
Applicant's Signature

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____
 DATE EMPLOYED _____ POINT EMPLOYED _____
 DEPARTMENT _____ CLASSIFICATION _____
 (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____
FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____	FROM: _____ TO: _____ DATE: _____ REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
 DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

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REQUEST FOR INFORMATION From Previous Employer

I hereby authorize you to release the following information to

CUSTOM BUS CHARTER for the purposes of investigation
(Prospective Employer)

as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date X 1/12/88 Applicant's Signature [Redacted Signature]

MAIL TO:

TURNERS BUS SERVICE
2113 DELACHAISE ST
NEW ORLEANS, LA
ATTN: GEORGE TURNER

Dear Sir/Madam:

The below named individual has made application to this company for a position as MOTOR COACH
OPERATOR and states that he/she was employed by you as BUS DRIVER
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,
[Signature]
DEBRA SARGANIS

Name of Applicant: FRANK A. BEDALL Social Security No.: _____
6189 4/97 BUS DRIVER

Follow-up if information has not been received by:

Date

REQUEST FOR INFORMATION from Previous Employer

I hereby authorize you to release the following information to

CUSTOM BUS CHARTER for the purposes of investigation
(Prospective Employer)
as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date X

Applicant's Signature X 

MAIL TO:

HERTZ CAR RENTAL
NEW ORLEANS INTL. AIRPORT
Kenner, LA

Dear Sir/Madam:

The below named individual has made application to this company for a position as MOTORCYCLE
OPERATOR and states that he/she was employed by you as COURTESY BU DRIVER
from 10/96 to 4/97.

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,

ROBERT ARUCH
DRIVER SUPERVISOR

Name of Applicant: FRANK A. BEDELL Social Security No.: _____

Follow-up if information has not been received by:

Date