

Driver's Availability

To be considered for employment, Drivers must be available a minimum of three(3) days each week between Monday and Friday. Drivers must be available to report for duty no later than 1pm and be available until 10pm.

In the event that a Driver's availability changes, the new availability will be reviewed by management and the Driver may be disqualified for continued employment.

I, _____ will be available to work between the hours of,

Monday: From _____ am, to _____ pm.

Tuesday: From _____ am, to _____ pm.

Wednesday: From _____ am, to _____ pm.

Thursday: From _____ am, to _____ pm.

Friday: From _____ am, to _____ pm.

Saturday: From _____ am, to _____ pm.

Sunday: From _____ am, to _____ pm.

Applicant Print

Applicant Sign

Date

Mobile Phone Requirement

All Drivers are required to have a working mobile phone (cell phone) while on duty for Goodman Bus Service.

I, _____ understand that I must have a working mobile phone in my possession during my employment at Goodman Bus Service, Inc. If at any time I do not have a mobile in my possession with working service, it will be my responsibility to notify Goodman Bus Service, Inc. that I can no longer be reached by mobile phone. I further more understand that Goodman Bus Service, Inc. is not responsible any wages lost due to any of the following:

- Not having a phone in my possession.
- Failure to answer my phone.
- Failure to keep phone numbers updated with dispatch.

I understand that I must maintain a working mobile phone for continued employment with Goodman Bus Service.

Applicant Print

Applicant Sign

Date

Application for Employment

B.H. Goodman Bus Service, Inc.
6001 N. Shepherd Dr. Houston, TX 77091

Name _____ Today's date _____
 (First) (M.I.) (Maiden) (Last)

Address _____ How long? _____
 (Number) (Street) (City, State, ZIP)

ADDRESSES FOR THE PREVIOUS THREE YEARS

Address _____ How long? _____
 (Number) (Street) (City, State, ZIP)

Address _____ How long? _____
 (Number) (Street) (City, State, ZIP)

Address _____ How long? _____
 (Number) (Street) (City, State, ZIP)

Date of birth _____ Social Security # _____

Telephone (Home) _____ Telephone (Mobile) _____

EXPERIENCE AND QUALIFICATIONS (ATTACH SHEET OF MORE SPACE IS NEEDED)

Driver's Licenses	State	License Number	Class	Endorsements	Expiration Date

Driving	Equipment Class	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Years of Experience	Approximate Number of Miles
			From	To		
	Truck (Semi, Etc.)					
	School Bus					
	Coach					
Other						

Accidents	Dates (Last three years) (List most recent first)	Nature of Accident (Rear End, Head On, Etc.)	Fatalities	Injuries

Traffic Convictions and Forfeitures	Location	Date	Charge	Penalty	

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 been suspended or revoked? Yes No

If the answer is **YES** to either question, provide a detailed description:

EMPLOYMENT RECORD

(Attach additional sheets if more space is needed)

Enter **MOST CURRENT** employer **FIRST**, then in order, your previous employers.

Note: DOT requires employment for at least 3 years and commercial experience for the past 10 years

Last Employer:	Dates From:	To:
Address:	Telephone:	Fax:
Position:	Salary: Beginning:	End?
Reason for leaving?		
Subject to FMCSR's?	Subject to DOT Alcohol and Drug Testing?	
Previous Employer:	Dates From:	To:
Address:	Telephone:	Fax:
Position:	Salary: Beginning:	End?
Reason for leaving?		
Subject to FMCSR's?	Subject to DOT Alcohol and Drug Testing?	
Previous Employer:	Dates From:	To:
Address:	Telephone:	Fax:
Position:	Salary: Beginning:	End?
Reason for leaving?		
Subject to FMCSR's?	Subject to DOT Alcohol and Drug Testing?	
Previous Employer:	Dates From:	To:
Address:	Telephone:	Fax:
Position:	Salary: Beginning:	End?
Reason for leaving?		
Subject to FMCSR's?	Subject to DOT Alcohol and Drug Testing?	
Previous Employer:	Dates From:	To:
Address:	Telephone:	Fax:
Position:	Salary: Beginning:	End?
Reason for leaving?		
Subject to FMCSR's?	Subject to DOT Alcohol and Drug Testing?	

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

I authorize Goodman Bus Service to make such investigations of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at my employment decision. I hereby release employers, schools, or persons, from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will result in termination. I understand, also, that I am required to abide by all rules and regulations of Goodman Bus Service, as permitted by law.

Applicant Signature

Date

Drug Testing and At Will Employment

I understand and agree that B.H. Goodman Bus Service, Inc. reserves the right, at its sole discretion, to require me to submit to a test for drugs and alcohol, either as part of my employment, or at any time during my employment and that, as part of these tests, I will be required to submit a blood or urine sample, subject to applicable Texas law. I agree to submit to any such tests at the Company's request.

I also understand that employment at B.H. Goodman Bus Service is "at will"; it is not for a specified term, and may be terminated by myself or the Company with or without cause or notice. Even though my pay or conditions for my employment may change from time to time, I understand that my agreement to submit to drug and alcohol tests, and the at will employment relationship may only be changed by a written agreement signed by the president of the Company. I represent that no agreements or representations contrary to the above have been made and that I have read and understand the Addendum.

Applicant Print

Applicant Sign

Date

Consent to Pre-employment Drug Testing

_____ I understand that it is a policy of B.H. Goodman Bus Service, Inc. to conduct urine tests of job applicants for the purpose of detecting drug abuse.

_____ I understand that I am not compelled to give a specimen of my urine.

_____ I understand that if I give a specimen of my urine, it will be analyzed for the presence of drugs.

_____ I understand that if I give a specimen of my urine, and it is found to be free of drugs, I am not guaranteed that I will be hired.

_____ I understand that if I am hired, the Company may at any time, with or without prior notice, ask me to provide specimens of my urine, blood, or saliva for drug testing purposes and that the giving of specimens when asked is a condition of continued employment.

_____ I authorize the physician, nurse, laboratory technician or any other individual who conduct the urinalysis, saliva, or blood tests to release the results of my tests to B.H. Goodman Bus Service's designated authorized representatives.

Driver Print

Driver Sign

Date

INQUIRY INTO PAST EMPLOYERS

Applicant Name: _____ Applicant SSN# _____

I hereby authorize and request,

(Employer Name) _____ (Street Address) _____ (City, State, ZIP) _____

(Phone) _____ (fax) _____

to release any and all information pertaining to my employment records as required by 49 CFR 391.23 to the above named company. You are released from any and all liability which may result from releasing such information verbally or in writing.

(Applicant Sign) _____ (Date) _____

Dates of employment: From _____ To _____

Did the applicant have any accidents? YES NO. If yes please list below.

Date	Location	Injuries?	Fatalities?	Towable?	HazMat

	YES	NO
Did the driver violate any section of 49 CFR Subpart B?		
Did the employee violate any of the following prohibitions?		
Alcohol test between .02 and .04?		
Verified positive alcohol test of .04 or greater?		
Verified positive controlled substance test?		
Alcohol use within 4 hours of coming on duty or while on duty?		
Fail to take or refuse to take alcohol and/or substance test?		
Alcohol and/or controlled substances found on CMV?		
Any other alcohol and/or controlled substance prohibition?		
4. If you answered "YES" to any of the above items, did the employee complete and return-to-duty process?		
5. After completing the return-to-duty process did the driver have a?		
Alcohol test above .04?		
Receive a verified positive controlled substance result?		
Refuse to be tested?		
Complete the "Follow-up" testing procedure?		

If you answered "YES" to any item in section 3, or 5 you must also transmit any existing copies of the appropriate documentation (e.g. DDF's, MRO results, BATF's, SAP reports, follow-up testing records) to the prospective employer making the inquiry.

AS PER 49 CFR 391.23(G) AFTER OCTOBER 29, 2004 PREVIOUS EMPLOYERS MUST RESPOND TO THE ABOVE REQUEST WITHIN 30 DAYS AFTER THE REQUEST IS RECEIVED.

Type of equipment driven: Straight Truck Truck tractor Semi-trailer Bus/ Motor Coach
 Type of trailer used: Dry Van Refrigerated Flatbed Cargo Tank Double/ Triple
 Was the applicant safe and efficient? YES NO

Remarks: _____

Reason for leaving: Discharged Laid Off Resigned Other (please explain) **Is the applicant re-hirable? Yes No**

Remarks: _____

Work Habits	EXCELLENT	GOOD	POOR	Work Habits	EXCELLENT	GOOD	POOR
Personal Habits?				Safety Habits?			
Quality of Work?				Driving Skills?			
Cooperation with others?				Attitude?			

Name of person completing form (Print)

Title

Date

Signature of person completing form