



CIT Charters, Inc

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APPLICATION FOR EMPLOYMENT

(Answer ALL questions – please print)

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

Date of Application: _____

Position(s) Applied for: _____

Name: _____ Social Security Number: _____
LAST FIRST MIDDLE

List your addresses for last three (3) years:

Current Address: _____
STREET CITY
STATE ZIP CODE Phone: _____ How Long? _____

Prior Address 1: _____
STREET CITY
STATE ZIP CODE Phone: _____ How Long? _____

Prior Address 2: _____
STREET CITY
STATE ZIP CODE Phone: _____ How Long? _____

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

Date of Birth ____/____/____ Can you provide proof of age? _____
(REQUIRED FOR COMMERCIAL DRIVERS)

Have you worked for this company before? _____

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

Reason for Leaving: _____

Are you currently employed? _____ If not, how long since last employment? _____

Who referred you? _____

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)? ____ Yes ____ No If yes, please explain _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following employment information during the preceding three (3) years. Please list complete mailing address, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional seven (7) years' (10 total) information on prior employers for whom the applicant operated such a vehicle.

Please list employers beginning with the most recent. Add another sheet as necessary.

EMPLOYER	DATE	
Name:	FROM	TO
Address:	POSITION	
City: State: Zip:	SALARY/WAGE	
Contact: Phone:	REASON FOR LEAVING	
Was job Safety sensitive subject to alcohol/controlled substance testing under 49 CFR part 40?		
Were you subject to Federal Motor Carrier Safety Regulations while performing your job?		
EMPLOYER	DATE	
Name:	FROM	TO
Address:	POSITION	
City: State: Zip:	SALARY/WAGE	
Contact: Phone:	REASON FOR LEAVING	
Was job Safety sensitive subject to alcohol/controlled substance testing under 49 CFR part 40?		
Were you subject to Federal Motor Carrier Safety Regulations while performing your job?		
EMPLOYER	DATE	
Name:	FROM	TO
Address:	POSITION	
City: State: Zip:	SALARY/WAGE	
Contact: Phone:	REASON FOR LEAVING	
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EMPLOYER	DATE	
Name:	FROM	TO
Address:	POSITION	
City: State: Zip:	SALARY/WAGE	
Contact: Phone:	REASON FOR LEAVING	
Was job Safety sensitive subject to alcohol/controlled substance testing under 49 CFR part 40?		
Were you subject to Federal Motor Carrier Safety Regulations while performing your job?		

EMPLOYER		DATE	
Name:		FROM	TO
Address:		POSITION	
City:	State:	Zip:	SALARY/WAGE
Contact:	Phone:		

Was job Safety sensitive subject to alcohol/controlled substance testing under 49 CFR part 40?

Were you subject to Federal Motor Carrier Safety Regulations while performing your job?

EMPLOYER		DATE	
Name:		FROM	TO
Address:		POSITION	
City:	State:	Zip:	SALARY/WAGE
Contact:	Phone:		

Was job Safety sensitive subject to alcohol/controlled substance testing under 49 CFR part 40?

Were you subject to Federal Motor Carrier Safety Regulations while performing your job?

*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.

EDUCATION

Circle highest grade completed: High School: 8 9 10 11 12 College: 1 2 3 4 Grad School: _____

Last school attended: _____
(Name) (City)

EXPERIENCE AND QUALIFICATION - DRIVER

DRIVER LICENSES	STATE	LICENSE NO	TYPE	EXPIRATION DATE

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes _____ No _____

Has any license, permit or privilege ever been suspended or revoked? Yes _____ No _____

IF THE ANSWER TO EITHER IS YES, ATTACH STATEMENT GIVING DETAILS.

Please list accidents for the past 3 years (attach another sheet if more space needed). If none, write NONE.

DATE	NATURE OF ACCIDENT	FATALITIES	INJURIES

Please list all traffic convictions and forfeitures (other than parking violations) for the past 3 years. If none, write NONE:

DATE	LOCATION	CHARGE	PENALTY

DRIVING EXPERIENCE (IF NONE, WRITE NONE):

CLASS OF EQUIPMENT	TYPE	FROM	TO	APPROX # OF MILES
STRAIGHT TRUCK				
TRACTOR/SEMI				
DOUBLES				
MOTORCOACH				
SCHOOL BUS				
TRANSIT BUS				
OTHER				

List states operated in within last five years: _____

Which safe driver awards to you hold and from whom? _____

Any special courses or training that will help you as a bus/coach driver? _____

Please list any transportation or other experience that may help you in your work for CIT: _____

List any other courses or training other than shown elsewhere on this application: _____

List special equipment or technical materials you can work with other than any already listed: _____

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 CIT to make such investigations and inquiries of my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. (Inquiries of medical history will be made if an 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 interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

 Date

 Applicant's Signature