

## **Driver's Application for Employment Shuttle Van and/or Bus Drivers**



Applicant Name (Print):						
Date of Application:						
Company: Green Ride CO, Inc. Stree	et Address: 344 E Foothills Parkway, #29					
City: Fort Collins State: CO Zip Code: 80525						
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, veteran status, non-job related disability, or any other protected group status.						
To be Read and S	igned by Applicant					
I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary to arrive at an employment decision. 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.  I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:  • Review information provided by previous employers  • Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and  • Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.						
Signature Date						
For Green Ride Company Use  Process Record						
Applicant Hired:	Rejected:					
Date Employed:	Position:					
Signature of Hiring Team Member:						
<u> </u>						
Termination of Employment						
Date Terminated:	Position:					
Dismissed: □ Voluntarily Quit: □ Other: □						
Termination report placed in File: ☐ Team Member:						

## Applicant information:

Name:			Phone:			
Social Security	Number:		Email:			
Address:						
	(Street)	(City)	(State)	(Zip)	(How Long? Yr/Mo)	
Previous addre	esses : (If at the	above address for less	than three vears	)		
Address:	•		,			
	(Street)	(City)	(State)	(Zip)	(How Long? Yr/Mo)	
Address:						
	(Street)	(City)	(State)	(Zip)	(How Long? Yr/Mo)	
Address:						
	(Street)	(City)	(State)	(Zip)	(How Long? Yr/Mo)	
Address:						
	(Street)	(City)	(State)	(Zip)	(How Long? Yr/Mo)	
Address:						
	(Street)	(City)	(State)	(Zip)	(How Long? Yr/Mo)	
Address:						
	(Street)	(City)	(State)	(Zip)	(How Long? Yr/Mo)	
Do you have le		k in the United States? `or Commercial Drivers)	Yes 🗌 No 🗌			
Have vou wor	ked for Green	Ride before? Yes \[ \]	lo □			
If Yes, Where						
Dates worked	: From	To Positio	n			
Did someone	refer you? Yes	☐ No ☐ If Yes, who	referred you?			
Is there any rehave applied?		nt <u>not</u> be able to perforn	<b>n</b> the functions o	f the job f	for which you	

Driver	State	License No.	Class	E	s - Driver Endorsements		Expiration Date	
Licenses or							•	
permits held								
in the past 3								
years								
		Driving	Experienc	Δ				
		Type of equipment	_хропопо	<u>Dat</u>	es		Approximate #	
Class of equip	oment:	(Van, Taxi, Flatbed, etc.)				(To)	of Miles (total)	
Passenger	Bus							
Tractor ar	nd							
semitraile	er							
Straight Tr	uck							
Courier, Shutt	le Van							
Limo, Ta	xi							
		Accident record	for past fi	ive ve	ears			
Dates	T	Nature of accident	TOT PUOL II		alities	Injuries	HAZARDOUS	
							MATERIAL SPILI	
Last accident	_							
Next previous	_							
Next previous								
Next previous				<u> </u>				
		(Attached sheet if add	ditional space	e is ne	eded)			
1	raffic c	onvictions and forfeitu	•		•	_	ons)	
		for the past 5 years			NONE	<u> </u>		
Locatio	n	Date	Charge		Penalty			
		(Attached about if add	ditional ange	. i	مامما			
		(Attached sheet if add	unional Space	= 15 He	eueu)			
. Have you eve	er been d	enied a license, permit or privi	lege to opera	ate a m	notor vel	hicle? Ye	es 🗌 No 🗌	
	se, perm	it or privilege ever been suspe	ended, revoke	ed or d	lenied?	Ye	es 🗌 No 🗌	
<ol><li>Has any licer</li></ol>	ther A or	B is <b>yes</b> , explain: (attach addi	tional sheet i	f nece	ssarv)			
<u>-</u>		, , , , , , , , , , , , , , , , , , ,			/			

## **Employment History**

(attach additional sheet(s) if more space is needed)

All driver applicants must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

If you are applying for a position that requires a Commercial Drivers License (CDL§) you will need to list all employment where you operated vehicles requiring a CDL for the past **ten** years.

EMPLOYER				DATE			
NAME			FROM MO. YR.	TO MO. YR.			
ADDRESS			POSITION HELD:	'			
CITY	STATE Z	ZIP	REASON FOR LEAVING	): :			
CONTACT PERSON	PHONE NUMBER						
WERE YOU SUBJECT TO PUC# (	OR FEDERAL MOTOR CARRIER SAFETY	REGULATIONS* WH	ILE EMPLOYED? Y	ES NO			
	AS A SAFETY-SENSITIVE FUNCTION IN A ENTS OF 49 CFR PART 40? ☐ YES ☐ N		D MODE SUBJECT TO	THE DRUG AND			
	EMPLOYER			DATE			
NAME			FROM MO. YR.	TO MO. YR.			
ADDRESS			POSITION HELD:				
CITY	STATE Z	ZIP	REASON FOR LEAVING	<b>3</b> :			
CONTACT PERSON	PHONE NUMBER						
WERE YOU SUBJECT TO PUC# (	OR FEDERAL MOTOR CARRIER SAFETY	REGULATIONS* WH	IILE EMPLOYED?	∕ES □NO			
	AS A SAFETY-SENSITIVE FUNCTION IN A ENTS OF 49 CFR PART 40? ☐ YES ☐ N		D MODE SUBJECT TO	THE DRUG AND			
	EMPLOYER			DATE			
NAME			FROM MO. YR.	TO MO. YR.			
ADDRESS			POSITION HELD:				
CITY	STATE Z	ZIP	REASON FOR LEAVING	REASON FOR LEAVING:			
CONTACT PERSON	PHONE NUMBER						
WERE YOU SUBJECT TO PUC# (	OR FEDERAL MOTOR CARRIER SAFETY	REGULATIONS* WH	IILE EMPLOYED?	∕ES □NO			
	AS A SAFETY-SENSITIVE FUNCTION IN A ENTS OF 49 CFR PART 40? ☐ YES ☐ N		D MODE SUBJECT TO	THE DRUG AND			
EMPLOYER			DATE				
NAME			FROM MO. YR.	TO MO. YR.			
ADDRESS			POSITION HELD:	1			
			1				
CITY	STATE Z	ZIP	REASON FOR LEAVING	G:			

WERE YOU SUBJECT TO PUC\* OR FEDERAL MOTOR CARRIER SAFETY REGULATIONS\* WHILE EMPLOYED? YES NO WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND

ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO

GR Rev 10-27-2013

<sup>§</sup> Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 16 or more passengers (including the driver), or any size of vehicle used to transport hazardous materials in a quantity requiring placarding.

<sup>#</sup> Transportation in Colorado is Regulated by the Colorado Public Utilities Commission (PUC)

<sup>\*</sup> The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on an highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), or (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

## **Employment History (Continued)**

	EMPLOYER		DA	ΤE			
NAME			FROM MO. YR.	TO MO.	YR.		
ADDRESS			POSITION HELD:				
CITY	STATE	ZIP	REASON FOR LEAVING:				
CONTACT PERSON	PHONE NUMBI	ER					
WERE YOU SUBJECT TO PUC# OR FED	ERAL MOTOR CARRIER	R SAFETY REGULATIONS* WHILE	EMPLOYED? YES	. □ NO			
WAS YOUR JOB DESIGNATED AS A SA ALCOHOL TESTING REQUIREMENTS O			MODE SUBJECT TO TH	HE DRUG	AND		
EMPLOYER			DATE				
NAME			FROM MO. YR.	TO MO.	YR.		
ADDRESS			POSITION HELD:				
CITY	STATE	ZIP	REASON FOR LEAVING:				
CONTACT PERSON	PHONE NUMBI	ER					
WERE YOU SUBJECT TO PUC# OR FED	ERAL MOTOR CARRIEF	R SAFETY REGULATIONS* WHILE	EMPLOYED? TYES	; □ NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO							
	EMPLOYER		DATE				
NAME			FROM MO. YR.	TO MO.	YR.		
ADDRESS			POSITION HELD:				
CITY	STATE	ZIP	REASON FOR LEAVING:				
CONTACT PERSON	PHONE NUMBI	BER					
WERE YOU SUBJECT TO PUC* OR FEDERAL MOTOR CARRIER SAFETY REGULATIONS* WHILE EMPLOYED? YES NO							
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? YES NO							
	E	ducation					
High School Graduate	☐YES ☐NO	If "NO" Highest grade comp	leted:				
Community College Graduate	☐YES ☐NO	If "YES" Program of study completed:					
College / University Graduate	☐YES ☐NO	If "YES" Program of study completed:					
Last School Attended:	Name:	City: State			ite:		
To be read and signed by applicant							
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.							
Applicant's signature:							
Date:			<del>_</del>				