



Employment Application

To Applicant: We deeply appreciate your interest and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the positions that best meets your qualifications and may assist us in possible future upgrading. Please complete all portions of this employment application to be considered for employment. Use additional paper to fully answer any question. ***This application is good for 180 days**

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____ SSN: _____ D.O.B: _____

City: _____ State: _____ Zip: _____

Position Desired: _____ Desired Salary: _____ Temporary

Home Phone: _____ Part Time

Cell Phone: _____ email: _____ Full Time

Have you ever applied for employment or worked for us before? YES NO

If yes, month and year: _____

Are you available for full time work, including weekends and holidays?

If no, what hours can you work? _____

Are you legally eligible for employment in the United States?

Can you, upon employment, submit verification of your legal right to work in the United States?

If you are less than 18 years of age can you provide required proof of your eligibility to work?

Will you work overtime if asked?

If requested, would you be willing to take a pre-employment drug/alcohol screening test as a condition of employment?

The position for which you are applying may require you to be reachable for last minute changes to your schedule or extra shifts. Do you have any objections to this agreement?

Have you ever been fired or forced to resign from previous employment?

Have you ever been convicted of a Felony?

If Yes, explain the circumstances _____

How did you find out about us? _____

We are an equal opportunity employer: Prospective employees will receive consideration without discrimination because of race, color, sex, age, disability, national origin, religion, or any other prohibited basis of discrimination, as provided under applicable state and federal law.

Employment History - Please give an accurate, complete full time and part time employment record including time periods of unemployment. Start with your present or most recent employer. If you need additional space, please use a separate sheet of paper. DO NOT indicate "see resume." **NOTE:** All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding **ten years**.

Are you currently employed? Yes No

Employer: _____ May we contact this employer? Yes No

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Employed from: _____ To: _____ Beginning Wage _____ Ending Wage: _____

Supervisor name: _____ What did you like about this job? _____

Reason for leaving? _____

Are/were you subject to the FMCSRs** while employed? Yes No

Was your job designated as a safety-sensitive function in a DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

What did you dislike about this Job? _____

What were/are your duties? _____

Employer: _____ May we contact this employer? Yes No

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Employed from: _____ To: _____ Beginning Wage _____ Ending Wage: _____

Supervisor name: _____ What did you like about this job? _____

Reason for leaving? _____

Were you subject to the FMCSRs** while employed? Yes No

Was your job designated as a safety-sensitive function in a DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

What did you dislike about this Job? _____

What were/are your duties? _____

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle:(1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Employment History, continued - Please give an accurate, complete full time and part time employment record including time periods of unemployment. Start with your present or most recent employer. If you need additional space, please use a separate sheet of paper. DO NOT indicate "see resume." **NOTE:** All applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding **ten years**.

Employer: _____ May we contact this employer? Yes No

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Employed from: _____ To: _____ Beginning Wage _____ Ending Wage: _____

Supervisor name: _____ What did you like about this job? _____

Reason for leaving? _____

What did you dislike about this Job? _____

Were you subject to the FMCSRs** while employed? Yes No

What were/are your duties? _____

Was your job designated as a safety-sensitive function in a DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ May we contact this employer? Yes No

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Employed from: _____ To: _____ Beginning Wage _____ Ending Wage: _____

Supervisor name: _____ What did you like about this job? _____

Reason for leaving? _____

What did you dislike about this Job? _____

Were you subject to the FMCSRs** while employed? Yes No

What were/are your duties? _____

Was your job designated as a safety-sensitive function in a DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? Yes No

** The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle:(1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Previous Addresses

List the addresses at which you have resided at during the preceding three (3) years.

1 Address: _____ Length at this address? _____
 City: _____ State: _____ Zip: _____

2 Address: _____ Length at this address? _____
 City: _____ State: _____ Zip: _____

3 Address: _____ Length at this address? _____
 City: _____ State: _____ Zip: _____

Education

	Name and address of School	Course of study	Years completed
High School	_____	_____	_____
Undergraduate College	_____	_____	_____
Graduate Professional	_____	_____	_____
Other (specify)	_____	_____	_____

Work Skills and Qualifications - Indicate training and experience in the following:

Mechanic	Years Experience	Office
<input type="checkbox"/> Diesel Engine Tune-up and Rebuild	_____	<input type="checkbox"/> Clerical/Office skills _____
<input type="checkbox"/> Gas Engine Tune-up and Rebuild	_____	<input type="checkbox"/> Computer skills/Name of Software _____
<input type="checkbox"/> Inspections (DOT)	_____	<input type="checkbox"/> Languages _____
<input type="checkbox"/> Air Conditioning & Electrical	_____	<input type="checkbox"/> Other skills _____
<input type="checkbox"/> Diagnostic Equipment (types)	_____	Please list any other experience, abilities or skills that might be helpful in considering your application: _____ _____ _____
<input type="checkbox"/> Motorcoach Suspension	_____	
<input type="checkbox"/> Brakes/Airbrakes	_____	
<input type="checkbox"/> Cooling System	_____	

Drivers License Information

License Number: _____ Issuing State: _____ Class: _____ Endorsements: _____

Expiration Date: _____ Special Driver Certificate type: _____

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No If yes, date: _____

2. Has any license, permit or privilege ever been suspended or revoked? Yes No If yes, date: _____

Reason for denial, suspension or revocation: _____

Accident History (3 Years)

Check here if no accidents occurred in the last 3 years

Date	Nature of Accident	No. Of injuries	No. of Fatalities	Hazmat Material Spill		
				Yes	No	
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	_____	Yes	No

Traffic Convictions and Forfeitures (3 Years)

Check here if no traffic convictions and/or forfeitures occurred in the last 3 years

Date	Violation	State of Violation	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Driving Experience

Check here if no driving experience within the last 3 years

Class of Equipment	Type of Equipment - Circle all that apply	Dates		Approximate
		To	From	No. of miles
Straight Truck	Van Tank Flat Dump Refer	_____	_____	_____
Tractor and Semi Trailer	Van Tank Flat Dump Refer	_____	_____	_____
Tractor and two Trailers	Van Tank Flat Dump Refer	_____	_____	_____
Tractor and three Trailers	Van Tank Flat Dump Refer	_____	_____	_____
Motorcoach - School bus/SPAB (More than 8 passengers)	<input type="checkbox"/>	_____	_____	_____
Motorcoach - School bus/SPAB (More than 15 passengers)	<input type="checkbox"/>	_____	_____	_____
Other	<input type="checkbox"/>	_____	_____	_____

Additional Information

Additional Info. to help us consider your application:

References: Please provide the names of individuals who are not related to you.

Name: _____ Telephone: _____

Address: _____ How long have you known them? _____

City: _____ State: _____ Zip: _____ Relationship: _____

Name: _____ Telephone: _____

Address: _____ How long have you known them? _____

City: _____ State: _____ Zip: _____ Relationship: _____

In case of emergency, notify:

Name: _____ Telephone: _____
(Other then already provided)

Address: _____

City: _____ State: _____ Zip: _____ Relationship: _____

Applicant's Statement: These answers are true and complete to the best of my knowledge. I authorize Santa Barbara Airbus to make such investigation and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE SANTA BARBARA AIRBUS IS TERMINABLE-AT-WILL SO THAT BOTH THE COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY REASON. ANY CHANGES IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug and/or alcohol test may be required depending on Company Policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company and its' employees against liability which might result from making such investigation. I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- o Review information provided by previous employers;
- o 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
- o 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.

If you have read and understand the Applicant's Statement check this box:

I certify that the information contained in this application for employment at Santa Barbara Airbus is correct and complete.

Applicants Signature: _____ Date: _____ Printed Name: _____