

Central Oregon Breeze

Division of CAC Transportation
25890 Walker Road
Bend, OR 97701
541-389-7469

BUS DRIVER APPLICATION:

Part Time and Full Time Bus Driver Positions:

Requirements:

- Possess a **Class B Commercial Driver's License with a Passenger Endorsement**
- Be at least 24 years of age.
- US Citizen or verification of authorization to work in the US
- Be able to work outside in all types of weather
- Be physically able to lift and move baggage up to 65 pounds
- Maneuver up and down stairs several times a day
- Repeatedly bend, kneel, and stretch
- Remain alert and courteous to passengers at all times
- Must comply with all company policies and procedures
- Comply with all governmental DOT, FTA and FMCSA regulatory requirements
- Have a current valid Medical Card
- Take a Pre-employment Drug Test
- Random Drug and Alcohol testing will be done according to the current FTA & FMCSA Rates
- Suspicious Drug and Alcohol testing will be at the company's sole and exclusive discretion

Responsibilities:

- Operate class B Buses
- Check-in passengers along a pre-set route
- Load and unload luggage from the back of the bus.
- Keep track of how many passengers are on the bus at any given time.
- Keep restroom breaks to a minimum so bus stay as close to on time as possible.
- Keep electronic logbooks (company trains on the system they are using)
- Announce upcoming stops and locations
- Assist passengers boarding
- Assistance may be required by a passenger to know their stop
- Train for the use of the lift for wheelchair and other passengers needing the lift
- Be able to work long hours with a break in Portland

DRIVER'S APPLICATION FOR EMPLOYMENT

Application must be completed in full and signed to be considered for a driving position in accordance with the information listed in 4* CFR 391.21. 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.

Office Use Only) Date office received application _____

APPLICANT INFORMATION					
First Name		Middle Name		Last Name	
Phone		Email			
Date of Birth		Social Security Number may be filled in at the interview			
Date of Application		Full or Part-Time		Date Available for Work	

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

PREVIOUS THREE YEARS RESIDENCY					
Attach additional sheet if more space is needed					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION – Past Three (3) Years				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Includes all licenses held for the past 3 years, attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, BUS TYPE)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
BUS				
STRAIGHT TRUCK				
TRACTOR & SEMI-TRAILER				
OTHER				

ACCIDENT RECORD FOR THE PAST THREE (3) YEARS

Attach additional sheet if more space is needed. Check this box if none

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALUTES	# INJURES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFETURES FOR THE PAST THREE (3) YEARS (Other than parking violations)

Attach additional sheet if more space is needed. Check this box if none.

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited, bond, collateral and/or points)

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

If yes, explain:

Has any license, permit, or privilege ever been suspended or revoked? YES NO

If yes, explain:

EMPLOYMENT HISTORY

THE Federal Motor Carrier Safety Regulations (49 CFR 391.21) requires all applicants wishing to drive a commercial vehicle to list all employment for the **last three (3) years**. In addition, if you have driven a commercial vehicle previously, you must **provide employment history for an additional seven (7) years for a total of ten (10) years**. Any gaps in employment in excess of one (1) month must be explained.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip and complete all other information

CURRENT (MOST RECENT) EMPLOYER

NAME		PHONE	
ADDRESS			
POTION HELD		FROM MO/YR	TO MO/YR
REASON FOR LEAVING		SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason.			

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	YES <input type="checkbox"/> NO <input type="checkbox"/>

SECOND (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POTION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason.					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>					

THIRD (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POTION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason.					
While employed here, were you subject to the Federal Motor Carrier Safety Regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40? YES <input type="checkbox"/> NO <input type="checkbox"/>					

EDUCATION					
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE	DETAILS
High School					
College					
Other					

OTHER QUALIFICATIONS
Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving 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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)

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

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) may be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/prior employers.
- Have errors in the information corrected by previous employers, and for those previous employers to resend 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.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		DATE	
Applicant Name (printed)			

ALMOST DONE – PLEASE CONTINUE ON THE NEXT PAGE

RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT DRUG INFORMATION BY
 APPLICANT/DRIVER REQUIRED BY PART (40.25(4).

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past three (3) years.

Applicant Signature		DATE	
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APPLICANT/DRIVER TO ANSWER ITEMS LISTED BELOW

During the past three (3) years have you tested positive on a Pre-employment alcohol or drug test administered by an employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
During the past three (3) years have you refused to test on a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If you answered **YES** to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart 0.

Signature of Applicant/Driver

Applicant Signature		DATE	
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Has you had your license denied, revoked or suspense/permit or privilege to operate a motor vehicle.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you answered YES to either of the questions above, please provide documentation of your successful completion of the return-to-duty process required by Part 40 Subpart 0.		
Signature of Applicant/Driver		

Applicant Signature		DATE	
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TO BE SIGNED IN THE OFFICE AT THE TIME OF THE INTERVIEW

I certify that the information given above is correct and that the E-Signatures are mine signed at the time I filled out the application. I am now signing the official form stating that this application is correct to the best of my knowledge and that I give my permission as stated above with the E-Signatures.

Applicant Handwritten Signature		DATE	
Applicant's Handprinted Name			

Please return application using the secure shared link provided with the email for the drop box. Only you and the office have access unless you share your link.