

White Knight Limousine & Bus Company
1500 Jade Road
Columbia, MO 65201-1702

Phone: 573-814-5466 Fax: 573-814-2339 Website: GoWhiteKnight.com

Motor Coach Driver Application

PERSONAL INFORMATION:

First Name _____ Last Name _____

Street Address: _____

City, State, Zip Code _____ How Long? _____

If you have lived at your present address for less than three (3) years please provide previous address(s)

1. City, State, Zip, How long _____

2. City, State, Zip, How long _____

3. City, State, Zip, How long _____

Phone Numbers: Cell: _____ Home: _____

Date of Birth ____/____/____ Social Security Number ____/____/____

Are you eligible to work in the United States? Yes _____ No _____

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes _____ No _____

If yes, please attach explanation.

EXPERIENCE & QUALIFICATIONS (Attach sheet if more space is needed)

LICENSE

State	License No.	Type	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 ever been suspended or revoked? Yes ___ No ___

C. Have you ever been convicted or pled no contest to a felony within the last five years? Yes ___ No ___

If the answer to either A, B, or C is yes, attach a statement giving details.

Driving Experience

Class of Truck	Type of Equipment	From	To	Approximate No. of Miles (total)
Straight Truck	_____	_____	_____	_____
Tractor & Semi Trailer	_____	_____	_____	_____
Tractor & 2 Trailers	_____	_____	_____	_____
Other	_____	_____	_____	_____

ACCIDENT RECORDED FOR PAST 3 YEARS OR MORE

Date(s)	Nature of Accident (rear-end, upset, etc.)	Fatalities	Injuries
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRAFFIC CONVICTIONS FOR PAST THREE YEARS (OTHER THAN PARKING TICKETS)

Date	Location	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY: Please include ALL employment for the past three years and all Commercial Driving Experience for the past ten years. Attach a sheet if additional space is needed.

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____ Fax Number: _____

Position Held: _____ From: _____ To: _____ Salary _____

Reason for leaving: _____

Subject to FMCSR's? Yes ___ No ___ Subject to drug/alcohol testing requirements per 49 CFR part 40? Yes ___ No ___

Previous Position #1:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____ Fax Number: _____

Position Held: _____ From: _____ To: _____ Salary _____

Reason for leaving: _____

Subject to FMCSR's? Yes ___ No ___ Subject to drug/alcohol testing requirements per 49 CFR part 40? Yes ___ No ___

Previous Position #2:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____ Fax Number: _____

Position Held: _____ From: _____ To: _____ Salary _____

Reason for leaving: _____

Subject to FMCSR's? Yes ___ No ___ Subject to drug/alcohol testing requirements per 49 CFR part 40? Yes ___ No ___

Previous Position #3:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____ Email: _____ Fax Number: _____

Position Held: _____ From: _____ To: _____ Salary _____

Reason for leaving: _____

Subject to FMCSR's? Yes ___ No ___ Subject to drug/alcohol testing requirements per 49 CFR part 40? Yes ___ No ___

As a prospective employer we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain "safety sensitive transportation work" (driving a commercial motor vehicle) during the past two years.

YES ___ I have tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

NO ___ I have not tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application.

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.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Today's Date _____ Applicant's Signature _____

For Company Use Only:

Application Received on: _____ By: _____

Application Reviewed on _____ By: _____

Applicant Interviewed Yes No (If yes) Date _____

Applicant given Road Test Yes No (If yes) Date _____ Pass Fail

Background Check Done Yes No Date Received _____

DMV Check Done Yes No Date Received _____

Applicant Approved Yes No

Applicant Hired Yes No (If yes) Date _____

When Hired Pre-Employment Urine Analysis Received _____ DOT Physical Yes No

DOT Physical Expiration Date _____ Driver's License Expiration _____

Date Applicant Left the Employment of White Knight _____

Reason Resignation Termination Other _____