



## EMPLOYMENT APPLICATION

**APPLICANT NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

An Equal Opportunity Employer

11435 Brittmoore Park Dr., Houston TX 77041

- Please **COMPLETE all** questions in each section per instructions.
- Do not leave any blank spaces or sections. If the question is not applicable to you, enter "N/A."
- If the application is not complete, it will not be considered.
- Include any additional information regarding your qualifications that you think might be relevant in the consideration of your application.
- If you need more room, feel free to attach extra sheets, noting the number of extra sheets attached when you sign and date the application.
- **IF YOU DO NOT SIGN AND DATE THIS APPLICATION, THIS APPLICATION WILL NOT BE CONSIDERED.**
- **This application will be active for a period of 45 days from the date you sign and date the application. Following the expiration of the 45-day period, you must complete a new application to be considered for employment with the Company. No Company personnel may make representations or statements that effectively modify or extend the period of time during which your application remains active.**

**Section A. Candidate Identification**

List name exactly as it appears on your social security card.

Name:	_____	Date of Birth _____
	First                      Middle                      Last	
Address:	_____	Social Security #: _____
	Street	(For office use only)
	_____	Phone: _____
	City                                      State                                      Zip	Area Code - Number

If hired, can you furnish proof that you are either a US Citizen or legally permitted to work in the United States: Yes \_\_\_ No \_\_\_

**Section B. Type of Employment Desired**

**IF "POSITION APPLIED FOR" IS NOT COMPLETED, THIS APPLICATION WILL NOT BE CONSIDERED.**

Position Applied For: \_\_\_\_\_ Date you could begin working: \_\_\_\_\_

Preferred Location: \_\_\_\_\_

Preferred Shift: \_\_\_\_\_ Preferred Starting Salary: \_\_\_\_\_

Applying for: Full Time \_\_\_ Part Time \_\_\_ Seasonal \_\_\_

**Section C. Education**

Your educational record will be considered only if it is relevant to the job for which you are applying.

Highest grade completed:  
Highest education completed:

Please list any degrees or certificates received:

Name & City/State of Colleges or Trade Schools:	Academic Major (s)	Degree(s):
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section D. Skills**

Indicate which items below you are familiar with by checking \_\_\_\_\_ List other software applications or office equipment with which you have \_\_\_\_\_

the appropriate spaces:

\_\_\_ MS Office                    \_\_\_ Windows 95/98/Pro  
\_\_\_ E-mail                        \_\_\_ Internet

Typing Speed: \_\_\_\_\_ words per minute

experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section E. United States Military Service**

Please list any job related military service or skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section F. Employment History**

All candidates must provide employment history for the previous ten (10) years, if applicable. DOT candidates also must complete the DOT Attachment with this application.

**For all Candidates:** When may we contact your present employer for a reference? Now \_\_\_ Only after conditional offer \_\_\_

**For DOT Candidates:** If you are applying for a position to operate a commercial motor vehicle, subject to DOT Commercial Driver Regulations, the Company is required to contact your current and previous employers for the preceding three (3) years to inquire about your past drug and alcohol test results and to investigate your safety performance history.

Has your employment ever been involuntarily terminated or have you ever been asked to resign by any previous employer? Yes\_\_\_ No\_\_\_  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Present or most recent position**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed From (Mo/Yr): \_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_ Employed To (Mo/Yr): \_\_\_\_\_  
Your last position responsibilities: \_\_\_\_\_ Starting base pay: \_\_\_\_\_  
\_\_\_\_\_ Ending base pay: \_\_\_\_\_  
\_\_\_\_\_ Other compensation (incentive pay, commissions  
bonuses, etc)  
Your starting position and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSR while employed?

Was the job a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

**Previous position**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed From (Mo/Yr): \_\_\_\_\_  
Name & Title of Supervisor \_\_\_\_\_ Employed To (Mo/Yr): \_\_\_\_\_  
Your last position responsibilities: \_\_\_\_\_ Starting base pay: \_\_\_\_\_  
\_\_\_\_\_ Ending base pay: \_\_\_\_\_  
\_\_\_\_\_ Other compensation (incentive pay, commissions  
bonuses, etc)  
Your starting position and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCSR while employed?  
Was the job a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

**Previous position**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed From (Mo/Yr): \_\_\_\_\_  
Name & Title of Supervisor \_\_\_\_\_ Employed To (Mo/Yr): \_\_\_\_\_  
Your last position responsibilities: \_\_\_\_\_ Starting base pay: \_\_\_\_\_  
\_\_\_\_\_ Ending base pay: \_\_\_\_\_  
\_\_\_\_\_ Other compensation (incentive pay, commissions  
bonuses, etc)  
Your starting position and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
Were you subject to the FMCSR while employed?  
Was the job a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

**Previous position**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed From (Mo/Yr): \_\_\_\_\_  
Name & Title of Supervisor \_\_\_\_\_ Employed To (Mo/Yr): \_\_\_\_\_  
Your last position responsibilities: \_\_\_\_\_ Starting base pay: \_\_\_\_\_



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\_\_\_\_\_ Ending base pay: \_\_\_\_\_

\_\_\_\_\_ Other compensation (incentive pay, commissions  
bonuses, etc)

Your starting position and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSR while employed?

Was the job a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

**Previous position**

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employed From (Mo/Yr): \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Employed To (Mo/Yr): \_\_\_\_\_

Your last position responsibilities: \_\_\_\_\_

Starting base pay: \_\_\_\_\_

\_\_\_\_\_

Ending base pay: \_\_\_\_\_

\_\_\_\_\_

Other compensation (incentive pay, commissions  
bonuses, etc)

Your starting position and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSR while employed?

Was the job a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

**Previous position**

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employed From (Mo/Yr): \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Employed To (Mo/Yr): \_\_\_\_\_

Your last position responsibilities: \_\_\_\_\_

Starting base pay: \_\_\_\_\_

\_\_\_\_\_

Ending base pay: \_\_\_\_\_

\_\_\_\_\_

Other compensation (incentive pay, commissions  
bonuses, etc)

Your starting position and responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSR while employed?

Was the job a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

**Previous position**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed From (Mo/Yr): \_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_ Employed To (Mo/Yr): \_\_\_\_\_  
Your last position responsibilities: \_\_\_\_\_ Starting base pay: \_\_\_\_\_  
\_\_\_\_\_ Ending base pay: \_\_\_\_\_  
\_\_\_\_\_ Other compensation (incentive pay, commissions  
bonuses, etc)  
Your starting position and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSR while employed?

Was the job a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

**Previous position**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Employed From (Mo/Yr): \_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_ Employed To (Mo/Yr): \_\_\_\_\_  
Your last position responsibilities: \_\_\_\_\_ Starting base pay: \_\_\_\_\_  
\_\_\_\_\_ Ending base pay: \_\_\_\_\_  
\_\_\_\_\_ Other compensation (incentive pay, commissions  
bonuses, etc)  
Your starting position and responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Were you subject to the FMCSR while employed?

Was the job a safety-sensitive function in any DOT regulated mode subject to alcohol & controlled substance testing required by 49 CFR Part 40?

**Section G: Comments and Accomplishments**

Use the space below to note any other job-related skills or details that you feel are relevant to the position for which you are applying. These may include professional affiliations, honors, awards, etc.



**Section J: EEO Policy Statement**

It is the policy of A Ambassador, CityCar, Avanti Transportation and affiliated entities to promote equal employment opportunities. This means that A Ambassador, CityCar, Avanti Transportation and affiliated entities will not discriminate, nor tolerate discrimination, against any applicant or employee because of race, color, religion, marital status, sex, sexual orientation, national origin, age, disability, veteran status, or other classification protected by law.

**Section K: Certifications**

Read the certifications below carefully to be certain you understand and agree with each one.

- I understand and agree that this application is not a contract and that acceptance of employment is not a contract of employment for a specified term. I understand and agree that I may resign my employment with the Company at any time for any reason with or without notice. I understand and agree that, unless I am employed under a written employment agreement, my employment may be terminated at will. I understand that means that either I or the Company may terminate my employment at any time, with or without cause or notice. If I am employed on an at-will basis, I understand that no one at the Company has the authority to change the at-will status of my employment unless it is in a written agreement signed by an executive officer of the Company. I also understand that any handbooks, manuals, policies, and procedures maintained by the Company are not contractual in nature, and may be amended or abolished at the sole discretion of the Company at any time.
- I authorize the Company to make investigations and inquiries of my personal, employment, criminal, financial, or medical histories and other related matters needed to make an employment decision. (Inquires regarding medical history will be made only if they are job related and consistent with business necessity and after a conditional employment offer has been extended.) Should inquires regarding my criminal and medical history and/or status be necessary, I agree to sign all authorizes necessary for the Company to obtain this information.
- I release all employers, schools, health care providers, and other persons and entities from any and all liability in responding to inquiries and releasing information in connection with my application.
- Should I become an employee of the Company, I will follow all terms of the Company's policy regarding drugs and alcohol. As a condition of potential employment, I agree to take a pre-employment drug screen in accordance with federal, state and Department of Transportation regulations, as applicable. I agree that I will submit to any drug and/or alcohol tests appropriate under the Company's policy and that I will provide any authorization necessary to ensure release of those test results to the Company.
- Should I become an employee of the Company, I will conduct the Company's business in a strictly ethical and legal manner. In addition, I will obey all of the laws of the United States and of all localities and states where the Company does business or seeks to do business.
- I agree that I will completely and accurately report any hours that I work unless the Company advises me that I do not have to record my hours because I am employed in a position the Company classifies as "exempt."
- Under the Immigration Reform and Control Act, the Company employs only those individuals who are authorized as eligible to work in the United States. Accordingly, if I am offered and choose to accept a position with the Company, I understand I will be required to demonstrate my ability to work in the United States within three days of my start date. I understand that if I fail to demonstrate my eligibility to work in the United States, my employment will be terminated.
- I also certify that the information I have provided in this application including all supporting documents and any discussions and/or interviews with Company representatives are true and complete to the best of my knowledge and belief, and I understand that any misrepresentations or omission of fact in those discussions or interviews and/or on this or any other record relating to my consideration for employment will constitute grounds for immediate dismissal.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_



**DOT ATTACHMENT**

All DOT candidates must complete this attachment or the application will not be considered. If hired, you will be required to provide proof of valid commercial driver's license.

Candidate Information

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Print) Last First Middle (For Office Use Only)

Can you provide proof of age? Yes \_\_\_\_\_ No \_\_\_\_\_

List the addresses at which you have resided for the last three years: How long at Address

Current Street Address	City	State	Zip	
_____	_____	_____	_____	_____
Previous Street Address	City	State	Zip	_____
_____	_____	_____	_____	_____
Previous Street Address	City	State	Zip	_____
_____	_____	_____	_____	_____
Previous Street Address	City	State	Zip	_____
_____	_____	_____	_____	_____

**Commercial Motor Vehicle Operator Licenses or Permits (List all that have been issued to you whether expired or unexpired.)**

State	License #	Type	Expiration Date

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? No \_\_\_ Yes \_\_\_, attach a statement giving details  
 B. Has any license, permit or privilege ever been suspended or revoked? No \_\_\_ Yes \_\_\_, attach a statement giving details

**Driving Experiences. If none, write none.**

Equipment Class	Equipment Type (Van, Tank, Flat, Etc.)	Date From	Date To	Approximate # of Miles (Total)
Straight Truck				
Tractor & Semi-Trailer				
Tractor-Two Trailers				
Other				

**Accident record for the past three (3) years. If more, attach sheet. If none, write none.**

Accidents	Date	Nature of Accident (Head-on, Rear-end, etc)	Fatalities	Injuries
Last				
Next Previous				
Next Previous				

**Traffic convictions and forfeited bond or collateral for the past three (3) years. If none, write none. Do not list parking violations.**

Location	Date	Charge	Penalty




**Experiences and other qualifications not shown elsewhere in this employment application or history attachment.**

List states operated in for last five (5) years: \_\_\_\_\_

Which safe driving awards to you hold and from whom? \_\_\_\_\_

List special equipment or technical materials you can work with. \_\_\_\_\_

List special courses or training that have helped you as a driver. \_\_\_\_\_

List CDL endorsements. \_\_\_\_\_

**Pre-Employment/Contract Alcohol & Drug Statement**

**Section 40.25(j)**

As the employer, you must ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by the DOT agency drug and alcohol testing rules during the past three years. If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you until and unless the employee documents successful completion of the return-to-duty process. (See section 40.25(b)(5) and (e).)

The prospective employee/contractor is required by Section 40.25(j) to respond to the following questions:

1. Have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past three years?

Check one: YES \_\_\_\_\_ or NO \_\_\_\_\_

2. If you answered yes, can you provide/obtain proof that you successfully completed DOT return-to-duty requirements.

Check one: YES \_\_\_\_\_ or NO \_\_\_\_\_

Employee/Contractor \_\_\_\_\_ Date: \_\_\_\_\_

**Notice of Investigation**

Please take notice of the following:

1. As a candidate for a position to operate a commercial motor vehicle with the Company you will be required by DOT rules to provide certain information regarding your current and prior employment. This includes the names and addresses of your employers for the last three years; your dates of employment and the reasons for leaving; whether you were subject to the regulation of the Federal Motor Carrier Safety Administration (FMCSA); and whether your job was designed as a safety sensitive function by any mode of the DOT (FRA, FAA, PHMSA, FMCSA or FTA) and subject to drug and/or alcohol testing.
2. This information will be used by the Company in making a hiring decision. Because current and prior employers have thirty (30) days to respond with information, I understand that I may become employed by the Company before my current and/or prior employers have provided the Company with the information required by the DOT. Consequently, I understand that, even though I may become employed by the Company, my employment might be terminated by the Company after it receives information from my current and/or prior employers, based upon my prior safety and/or drug and alcohol testing record.
3. Your current and previous employers will be contacted for the purpose of investigating your safety performance history as required by the FMCSA.

You have the following rights regarding the investigative information that will be provided:

- The right to review information provided by current and previous employers;
- The right to have errors in the information corrected by your current and previous employers to re-send the corrected information to any prospective employers.
- The right to have a rebuttal statement attached to the alleged erroneous information, if you do not agree on the accuracy of the information.

Drivers who have previous DOT regulated employment history in the preceding three years, and wish to review current or previous employer-provided investigative information must submit a written request to the Company, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The Company will provide this information to you within five (5) business days of receiving your written request. If the Company has not yet received the requested information from your previous employer(s), then the five business days' deadlines will begin when the Company receives the requested safety performance history information. If you have not arranged to pick up or receive the requested records within thirty (30) days of the Company making them available, then the Company may consider you to have waived your request to review the records.

Please acknowledge your receipt of this Notice by printing your name and signing below:

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date