

# COACH COMPANY

Providing quality service to New England for over 45 years



The Coach Company | 11 Wentworth Avenue | PO Box 423 | Plaistow NH 03865  
800.874.3377 | Fax 603.382.6637 | info@coachco.com

## CDL DRIVER APPLICATION

MUST BE COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED

LAST	FIRST	MIDDLE	CDL LICENSE NUMBER / STATE	EXPIRATION
DATE OF BIRTH - MM/DD/YYYY			SOCIAL SECURITY NUMBER	

### CURRENT ADDRESS

STREET	CITY	STATE AND ZIP CODE	YEARS	MONTHS
HOME PHONE	CELL PHONE			

If you have resided at current address less than 3 years, please list previous addresses:

STREET	CITY	STATE AND ZIP CODE	YEARS	MONTHS
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Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been denied a license, permit or privilege to operate a motor vehicle? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any license, permit or privilege ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS \_\_\_\_\_  
\_\_\_\_\_

### LICENSE HISTORY

<ul style="list-style-type: none"> <li>No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21).</li> <li>I certify that I do not have more than one motor vehicle license, the information for which is listed below.</li> <li>Include all licenses held for the past <b>3 years</b>; attach additional sheets if needed.</li> </ul>					
ISSUE DATE	STATE	LICENSE NUMBER	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
IF CURRENT LICENSE WAS ISSUED LESS THAN 3 YRS AGO, LIST PREVIOUSLY HELD LICENSE					
ISSUE DATE	STATE	LICENSE NUMBER	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

**ACCIDENT RECORD** FOR THE PAST 3 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE **NONE**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT:				
NEXT PREVIOUS:				
NEXT PREVIOUS:				

**TRAFFIC CONVICTIONS** AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE **NONE**

LOCATION	DATE	CHARGE	PENALTY

**EMPLOYMENT & CDL DRIVING HISTORY**

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle 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).

\*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 vehicle used to transport hazardous materials in a quantity requiring placarding.

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 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.

**You are required to list the complete mailing address, including street number, city, state,zip; and complete all other information.**

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
CITY	STATE	ZIP	SALARY RANGE	AVERAGE <b>DRIVING</b> HRS/WK
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
WERE YOU SUBJECT TO THE FMCSRs <sup>1</sup> WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO				
VEHICLE DRIVEN: <input type="checkbox"/> LIMO <input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> STRAIGHT TRUCK <input type="checkbox"/> TRACTOR AND SEMI TRAILER <input type="checkbox"/> OTHER _____				
TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)				
RADIUS OF OPERATION: <input type="checkbox"/> 0-50 MILES <input type="checkbox"/> 50-100 MILES <input type="checkbox"/> OVER 100 MILES				

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
CITY	STATE	ZIP	SALARY RANGE	AVERAGE <b>DRIVING</b> HRS/WK
CONTACT PERSON		PHONE NUMBER	REASON FOR LEAVING	
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO				
VEHICLE DRIVEN: <input type="checkbox"/> LIMO <input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> STRAIGHT TRUCK <input type="checkbox"/> TRACTOR AND SEMI TRAILER <input type="checkbox"/> OTHER _____				
TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)				
RADIUS OF OPERATION: <input type="checkbox"/> 0-50 MILES <input type="checkbox"/> 50-100 MILES <input type="checkbox"/> OVER 100 MILES				

EMPLOYER			DATE	
NAME			FROM MO.    YR.	TO MO.    YR.
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CITY	STATE	ZIP	SALARY RANGE	AVERAGE DRIVING HRS/WK
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TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)				
RADIUS OF OPERATION: <input type="checkbox"/> 0-50 MILES <input type="checkbox"/> 50-100 MILES <input type="checkbox"/> OVER 100 MILES				

**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. 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) will 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/previous 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.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

\* We Support a Drug-Free Work Environment \*  
Coach Company is an Equal Employment Opportunity employer

**Basil S. Kinson Company Inc.  
D/B/A The Coach Company**

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**APPLICANT ACKNOWLEDGMENT  
OF  
DRUG AND ALCOHOL TEST REQUIREMENT**

I, \_\_\_\_\_ understand that as part of my application for employment with The Coach Company, I must successfully complete USDOT drug and alcohol tests before performing any safety-sensitive function. I understand that a negative test result is required before I will be considered for hire for a safety-sensitive function.

**ALCOHOL AND CONTROLLED SUBSTANCE STATEMENT**

**The Federal Motor Carrier Safety Regulations 49CFR40.25(j) requires all persons applying for a driving position requiring a commercial driver's license to answer the following questions:**

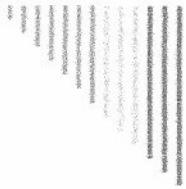
1) Within the last two years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?  
\_\_\_\_\_ **yes** \_\_\_\_\_ **no**

2) Within the last two years, have you ever tested positive, or refused to test, on any type of drug or alcohol test administered by an employer for which you perform safety-sensitive transportation work?  
\_\_\_\_\_ **yes** \_\_\_\_\_ **no**

3) **If you answered yes to either 1 or 2 above**, can you provide and/or obtain proof that you have successfully completed the DOT return-to-duty requirements?  
\_\_\_\_\_ **yes** \_\_\_\_\_ **no**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



Basil S Kinson, Inc d/b/a

# The Coach Company

Providing Quality Service To New England For Over 57 Years  
Commuter Bus Service to Boston and New York City  
Charter Coach Service

## **ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Basil S. Kinson DBA The Coach Company (the "Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish all background information requested by DISA Global Solutions Inc., 10900 Corporate Centre Drive, Suite 250, Houston, TX 77041, 1-800-752-6432, [www.disa.com](http://www.disa.com) and/or Company. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

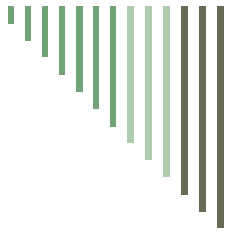
Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST \_\_\_\_\_ Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

SSN: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Basil S Kinson, Inc d/b/a**

# **The Coach Company**

Providing Quality Service To New England For Over 57 Years  
Commuter Bus Service to Boston and New York City  
Charter Coach Service

## **General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse**

I, \_\_\_\_\_, hereby provide consent to The Coach Company to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that this consent is for unlimited queries as needed, during the duration of employment with The Coach Company.

I understand that if the limited query conducted by The Coach Company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to The Coach Company without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for The Coach Company to conduct a limited query of the Clearinghouse, The Coach Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Basil S Kinson, Inc Corporate Office = 123 West Main St., Merrimac, MA 01860  
Coach Company Bus Terminal = 11 Wentworth Ave., Plaistow, NH 03865  
Mailing address = PO Box 423, Plaistow, NH 03865  
1-800-874-3377  
www.coachco.com