

MOTORCOACH OPERATOR APPLICATION

Anderson Coach & Travel TM
AC – Coach Operations, Inc.
One Anderson Plaza, Greenville, PA 16125
(answer all questions – please print)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, or non-job related disability.

Date of Application: _____

Position (s) applied for: ☐ Full-Size Coach Operator ☐ Smaller Vehicle Operator

Are you at least 25 years of age? ☐ Yes ☐ No

Can you provide proof of age? ☐ Yes ☐ No

Name: _____ Date of Birth _____
Last First Middle

List your Addresses of Residency for the past 3 years: E-Mail Address _____

Current Address: _____
Street City State Zip Code
Phone: _____ How Long: _____

Previous Addresses:

_____	_____	_____	_____	How Long? _____
Street	City	State	Zip Code	
_____	_____	_____	_____	How Long? _____
Street	City	State	Zip Code	
_____	_____	_____	_____	How Long? _____
Street	City	State	Zip Code	

Do you have the legal right to work in the United States? ☐ Yes ☐ No

How did you hear about this position at Anderson Coach & Travel? _____

Have you worked for this company before? ☐ Yes ☐ No

Dates: From: _____ To: _____ Rate of Pay: _____ Position: _____

Reason for Leaving: _____

Are you now employed? ☐ Yes ☐ No If not, how long since leaving last employment? _____

Read Attachment 1 – this is a physical description of what a driver must be able to perform on the job.

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached description)? ☐ Yes ☐ No

If yes, explain if you wish: _____

EMPLOYMENT HISTORY

All applicants wishing to drive in interstate commerce* must provide the following information on all employers during the preceding three (3) years. You must give the same information for all employers for whom you have driven a commercial vehicle seven (7) years prior to the initial three (3) years [total of ten (10) year employment record]. Any gaps in employment must be explained.

EMPLOYER	DATE	
Name: _____	From: Mo. Yr.	To: Mo. Yr.
Address: _____	Position Held:	
City: _____ State: _____ Zip: _____	Salary/Wage:	
Contact Person: _____ Phone: _____	Reason for Leaving:	

>Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? ☐ Yes ☐ No

>Was this 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? ☐ Yes ☐ No

EMPLOYER	DATE	
Name: _____	From: Mo. Yr.	To: Mo. Yr.
Address: _____	Position Held:	
City: _____ State: _____ Zip: _____	Salary/Wage:	
Contact Person: _____ Phone: _____	Reason for Leaving:	

>Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? ☐ Yes ☐ No

>Was this 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? ☐ Yes ☐ No

EMPLOYER	DATE	
Name: _____	From: Mo. Yr.	To: Mo. Yr.
Address: _____	Position Held:	
City: _____ State: _____ Zip: _____	Salary/Wage:	
Contact Person: _____ Phone: _____	Reason for Leaving:	

>Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? ☐ Yes ☐ No

>Was this 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? ☐ Yes ☐ No

EMPLOYER	DATE	
Name: _____	From: Mo. Yr.	To: Mo. Yr.
Address: _____	Position Held:	
City: _____ State: _____ Zip: _____	Salary/Wage:	
Contact Person: _____ Phone: _____	Reason for Leaving:	

>Were you subject to the Federal Motor Carrier Safety Regulations (DOT Regulations) while employed? ☐ Yes ☐ No

>Was this 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? ☐ Yes ☐ No

** Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.*

ACCIDENT RECORD FOR PAST THREE (3) YEARS:

If none, write "NONE".

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES
Last Accident			
Next Previous			
Next Previous			

(attach sheet if more space is needed)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST THREE (3) YEARS (OTHER THAN PARKING VIOLATIONS):

If none, write "NONE".

LOCATION	DATE	CHARGE	PENALTY

(Attach sheet if more space is needed)

ACADEMIC INFORMATION

	Name and Address of School	Courses of Study	Years Completed	Diploma or Degree	Grade Point Average
High School					
Undergraduate College					
Graduate/Professional					
Other (Specify)					

EXPERIENCE AND QUALIFICATIONS -- DRIVER

DRIVER'S LICENSES	STATE	LICENSE NUMBER	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 previously been denied TWIC or Hazmat endorsement due to a security check?

Yes___ No___

If you answered yes to any of these questions, please write an explanation.

UNEXPIRED LICENSE

Section 383.21 FMCSR states, "No person who operates a commercial vehicle shall at any time have more than one driver license". I certify that I do not have more than one motor vehicle license, the information that is listed above.

Signature: _____ Date: _____

DRIVING EXPERIENCE

If none, write "NONE".

Class of Equipment	Type of Equipment (van, tank, flat, etc.)	Dates		Approx. # of Miles (total)
		To	From	
Straight Truck				
Tractor and Semi Trailer				
Tractor – Two Trailers				
Motorcoach – School Bus				
Other: _____				

List states operated in for last 5 years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any trucking, transportation, or other experience that may help in your work for this company: _____

List courses and training other than shown elsewhere in this application: _____

List special equipment or technical materials you can work with (other than those already shown): _____

TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) 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 understand, also, that I am required to abide by all rules and regulations of the Company.

Applicant's Signature

Date

ANDERSON COACH & TRAVEL™
AC – COACH OPERATIONS, INC.
ATTACHMENT 1

JOB PHYSICAL REQUIREMENTS

JOB TITLE: MOTORCOACH OPERATOR

JOB NARRATIVE

Essential Functions:

1. Must be able to sit for more than 7 hours per day.
2. Must be able to stand for 1–3 hours per day.
3. Must be able to walk for 1–3 hours per day.
4. Must be able to lift over 50 lbs. with proper body mechanics.
5. Requires infrequent twisting (based on 15 twists per hour).
6. Requires infrequent bending (based on 15 bends per hour).
7. Job entails light energy requirements. (3-5 minutes)
8. Involves moderate deviation of wrist.
9. Requires infrequent hand/wrist repetitions (based on 2 per minute).
10. Requires coordinated use of arms and feet.
11. Both hands are in use over 60% of the time.
12. Requires both near and far vision of 20/20.
13. Must be able to distinguish between red, green, yellow, and white.
14. Accurate depth perception required.
15. Must be able to hear a whispered voice at 8 feet.

ENVIRONMENTAL AND SAFETY FACTORS:

Noise.....	Slight, occasionally fairly loud sounds.
Body Injuries.....	Slight likelihood of infrequent traumatic injury.
Work with Others.....	Great, association is frequent and comprises a major portion of the job.
Role Ambiguity.....	Slight, rarely unclear what others expect of worker.
Irregular Hours.....	Severe, frequent excessive hours and/or shift changes.

JOB PHYSICAL REQUIREMENTS

JOB TITLE: DRIVER

Bona Fide Occupation Qualifications:

Sitting	7 or more hours per day.
Standing	1-3 hours per day.
Walking	1-3 hours per day.
Lifting	Over 50 Lbs. with good body mechanics Or 25-50 lbs. with improper body mechanics.
Twisting	Infrequent: 1-120 twists per day (120 based upon 15 twisting movements per hour).
Bending	Infrequent: 1-120 bends per day (120 based upon 15 twisting motions per hour).
Endurance	Light energy requirements (3-5 minutes).
Wrist Position	Moderate deviation of wrist.
Hand/Wrist Reps	Infrequent: 1-960 per day (960 based on 2 repetitions per minute).
Manual Dexterity	Gross dexterity with infrequent fine motor movement.
Right Hand	61-100% of job cycle time.
Left Hand	61-100% of job cycle time.
Either Hand	61-100% of job cycle time.
Both Hands	61-100% of job cycle time.
Near Vision	Requires very accurate near vision (20/20).
Far Vision	Requires 20/20 far vision.
Color Discrimination	Requires discriminating among red, green, yellow, and white.
Visual Depth	Accurate depth perception required.
Hearing	Requires hearing voice whispered at 8 feet (FAA Class II).
Low Temperature	Work environment 40-60 degrees F.
High Temperature	Work environment 70-80 degrees F.
Wetness	Occasional exposure to water or dampness.
Slippery Surfaces	Occasional work on surfaces that are slippery 1-3 hours per day.

Consumer Report Disclosure

Anderson Coach & Travel ("Company") intends to obtain and use a consumer report or an investigative consumer report from Justifacts Credential Verification, Inc, an external consumer reporting agency, to be used for employment purposes.

A consumer report may include information about your character, general reputation, personal characteristics, or mode of living, which is used or collected for employment purposes. An investigative consumer report also involves personal interviews with sources such as employers, educators, etc.

You have a right to request additional disclosures of the nature and scope of any investigative consumer report that the Company obtains about you by contacting the Company.

ACKNOWLEDGMENT

I hereby acknowledge receipt of this disclosure and that Anderson Coach & Travel may obtain consumer reports and investigative consumer reports about me from a consumer reporting agency and that they may consider information in consumer reports and investigative consumer reports as part of their decision making process regarding any aspect of my application for employment and/or continued employment with the company including periodic rescreening of current employees. I also acknowledge that I have received a copy of the Summary of Rights under the Fair Credit Reporting Act.

SIGNATURE _____

Full Legal Name (please print) _____

DATE: _____

Justifacts Credential Verification, Inc
5250 Logan Ferry Rd
Murrysville PA 15668
800-356-6885
www.justifacts.com

Authorization to Conduct Employment Background Investigation

I hereby authorize Justifacts Credential Verification, Inc, an Agent for Anderson Coach & Travel to ascertain information regarding my background to determine any and all information of concern to my record. I understand that this form indicates that a background search will be conducted and that this is my notification of that intent. I understand that the purpose of this background investigation is to determine my suitability for employment and may elicit information on my character, general reputation, personal characteristics and mode of living. Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records, credit history and workers compensation records through an investigative agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

PLEASE PRINT CLEARLY

FULL NAME: _____

OTHER NAMES USED/MAIDEN NAME/DATES: _____

CURRENT ADDRESS: _____ PHONE: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____ STATE ISSUED: _____

*MAY WE CONTACT YOUR CURRENT EMPLOYER? YES ___ NO ___

*HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___

If yes, please explain: _____

Note: No applicant will be denied employment solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

Notice to California Applicants: By signing below, you acknowledge receiving the "Notice to California Residents". You may omit any arrest, detention, processing, diversion, supervision, adjudication, or court disposition that occurred while you were subject to the process and jurisdiction of a juvenile court of law. You may also omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for the following marijuana related offenses: HS11357b&c, HS11360c, HS11364, HS11365, HS11550, and misdemeanors for which probation was completed and the case was judicially dismissed.

Notice to Massachusetts Applicants: You may omit any record that was sealed, or a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray, or disturbance of the peace, or any misdemeanor conviction where the date of the conviction, or the completion of any period of incarceration resulting from the conviction, occurred more than three years prior to the date of this employment application, unless you were convicted of any crime during that same three-year period.

An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment with a record expunged pursuant to section 100F, section 100G, section 100H or section 100K of chapter 276 of the General Laws may answer 'no record' to an inquiry herein relative to prior arrests, criminal court appearances, juvenile court appearances, adjudications or convictions..

Notice to New York Applicants: By signing below, you acknowledge receiving a copy of Article 23-A of the New York Correction Law, governing the licensure and employment of persons previously convicted of one or more criminal charges.

SIGNATURE: _____ DATE: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

Para Informacion en español, visite www.consumerfinance.gov/learnmore o escribe a la FTC Consumer Financial Protection Bureau, 1700 G. Street, N.W., Washington, DC 20552

The Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or any other type of consumer report to deny your application for credit, insurance, or employment - or to take adverse action against you - must tell you, and give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer-reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - A person has taken adverse action against you because of information in your credit file;
 - You are the victim of identity theft and place a fraud alert in your file;
 - Your file contains inaccurate information as the result of fraud;
 - You are on public assistance;
 - You are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from the consumer reporting agencies that create credit scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information free from the mortgage lender.
- **You have a right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer-reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer-reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer report agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers of credit and insurance must include a toll-free number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688)
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For info about your federal rights contact:

TYPE OF BUSINESS	CONTACT:
1.a. Banks, savings associations and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations or credit unions also should list, in addition to the Bureau:	a. Bureau of Consumer Protection 1700 G Street NW Washington DC, 20552 b. Federal Trade Commission: Consumer Response Center -FCRA Washington, DC 20580 1-877-382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and Insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center PO Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street, Alexandria VA 22314
3. Air Carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington DC, 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington DC 20423
5. Creditors Subject to Packers and Stockyards Act	Nearest Packers and Stockyards Administration Area Supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United State Small Business Administration 409 Third Street, SW, 8 th Floor Washington DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street NE Washington DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington DC 20580 (877) 382-4357

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	ID NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box – ☐ None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- ☐ Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15
- ☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____ Date _____

Signature _____ Title _____

Printed Name _____

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.