

**Birnie Bus Service/Tours, Inc.**  
**PO Box 43057**  
**Jacksonville, FL 32203**



Tele (315) 336-3950

Fax (315) 281-0042

[www.birniebus.com](http://www.birniebus.com)



**APPLICATION FOR EMPLOYMENT**

**INSTRUCTIONS TO THE APPLICANT**

1. Any applicant who provides unrequested information will automatically be rejected.
2. Disabled applicants can request any accommodation needed to enable them to complete the application.
3. 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.
4. Please provide all information as requested, unless marked as optional. PLEASE PRINT.

Date of Application \_\_\_ / \_\_\_ / \_\_\_

Position Applied for:    Driver    Monitor    Mechanic    Other: \_\_\_\_\_

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**PERSONAL INFORMATION**

Name (Last, First, Middle Initial, Suffix) \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DL #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Class/ Endorsements : \_\_\_\_\_ Expires: \_\_\_\_\_

Have you worked for this company before? YES or NO If YES, where? \_\_\_\_\_  
 When? From \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_ Reason For Leaving \_\_\_\_\_

How did you hear about us? Newspaper ad? \_\_\_ Agency? \_\_\_ Which Paper or Agency? \_\_\_\_\_  
 Radio? \_\_\_ TV? \_\_\_ What station? \_\_\_\_\_ What Time Did You Hear/See It? \_\_\_\_\_  
 Walk in? \_\_\_ Friend? \_\_\_ Relative? \_\_\_ Birnie Employee? \_\_\_ Name \_\_\_\_\_

Do you have the legal right to work in the United States? (Please Circle) ..... YES or NO  
 (If hired, you will be required by law to complete a Form I-9, Employment Eligibility Verification.)  
 If No, please explain \_\_\_\_\_

**RATE OF PAY EXPECTED:** \_\_\_\_\_ per \_\_\_\_\_

**AVAILABILITY FOR WORK** - Check below if NO RESTRICTIONS, otherwise circle days & hours you will be available.

**ALWAYS AVAILABLE**

<u>Days</u>	<u>Hours Available</u>
Sunday	12Midnight -1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Noon - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Midnight
Monday	12Midnight -1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Noon - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Midnight
Tuesday	12Midnight -1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Noon - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Midnight
Wednesday	12Midnight -1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Noon - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Midnight
Thursday	12Midnight -1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Noon - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Midnight
Friday	12Midnight -1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Noon - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Midnight
Saturday	12Midnight -1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Noon - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 -10 -11 -12Midnight

**ADDRESS(ES) FOR PAST SEVEN YEARS** - How Long At Present Address? Years \_\_\_\_ Months \_\_\_\_

Street _____	City / State / Zip _____	How Long? ____ / ____
Street _____	City / State / Zip _____	How Long? ____ / ____
Street _____	City / State / Zip _____	How Long? ____ / ____
Street _____	City / State / Zip _____	How Long? ____ / ____
Street _____	City / State / Zip _____	How Long? ____ / ____

**EMERGENCY CONTACT** – (Please provide the name and phone number of the person who would be contacted in case of an emergency. Please do not use your home phone number if the person would be at work or school, etc. Please give a work number or cell number which will be kept confidential)

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EDUCATION** - Circle Highest Grade Completed      1 2 3 4 5 6 7 8      9 10 11 12      13 14 15 16

Name / City

Elementary School

High School

College

Course of Study / Major

High School \_\_\_\_\_

College/Professional \_\_\_\_\_

Describe any specialized training, apprenticeship, skills, extra-curricular activities you think may be pertinent to this job.

(Optional) List any professional, trade, business, or civic activities and offices held.

**DRIVERS AND MONITORS:** As part of the employment process, you will be required to pass a physical performance test, which includes dragging an object weighing 125 lb. and other emergency skills. Is there any reason you might be unable to perform these functions of the job for which you have applied? YES NO If YES, please explain \_\_\_\_\_

No applicant will be automatically disqualified from consideration based on physical skills alone, unless they have a bearing on the particular job applying for.

**EMPLOYMENT HISTORY**

**ALL APPLICANTS** must provide employment information for the past 10 years. Employment references will be checked.

List employers in reverse order **STARTING WITH THE MOST RECENT**. Use reverse-side if additional space needed.

LAST OR PRESENT EMPLOYER.			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATES EMPLOYED	
EMPLOYER				From Mo/Yr	To Mo/Yr	
ADDRESS						
CITY		STATE	PHONE		SALARY/WAGE	
JOB TITLE		SUPERVISOR		Starting	Final	
WORK PERFORMED				per	per	
REASON FOR LEAVING						

PREVIOUS EMPLOYER.			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATES EMPLOYED	
EMPLOYER				From Mo/Yr	To Mo/Yr	
ADDRESS						
CITY		STATE	PHONE		SALARY/WAGE	
JOB TITLE		SUPERVISOR		Starting	Final	
WORK PERFORMED				per	per	
REASON FOR LEAVING						

PREVIOUS EMPLOYER.			MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATES EMPLOYED	
EMPLOYER				From Mo/Yr	To Mo/Yr	
ADDRESS						
CITY		STATE	PHONE		SALARY/WAGE	
JOB TITLE		SUPERVISOR		Starting	Final	
WORK PERFORMED				per	per	
REASON FOR LEAVING						

**HAVE YOU EVER BEEN CONVICTED OF ANY CRIME:** YES NO

If so: Date of conviction \_\_\_\_\_ Offense \_\_\_\_\_

Please note: No applicant will be automatically disqualified from consideration based on a criminal history alone. Disqualification will occur only if the crime has a bearing on the particular job applying for. A complete and thorough background check through the United States Department of Criminal Justice will be done prior to an offer of employment.

## CHARACTER REFERENCES

Please provide names and phone numbers of three (3) people, not related to you, who will provide character references on your behalf.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

## PLEASE READ & INITIAL EACH STATEMENT. SIGN NEXT TO THE "X".

\_\_\_\_\_ **PRE-EMPLOYMENT PHYSICAL AND DRUG SCREEN:** Inquiries regarding medical history -- including a physical -- will be made only if and after a conditional offer of employment has been extended. As prescribed by federal and state laws or as required by contract, I understand that as a condition of my employment, a pre-employment drug screen will be required for which a negative result must be received prior to the first day of employment.

\_\_\_\_\_ **ADDITIONAL DRUG SCREENS:** I understand that as part of my continued employment that I may be subject to random drug screening as mandated by federal and state law(s); that I must submit to an alcohol / drug screen if I am involved as a driver in a motor vehicle accident; and, that the company may request that I submit to an alcohol / drug screen if there is reasonable suspicion that I am under the influence of a foreign substance.

\_\_\_\_\_ **ADDITIONAL PHYSICALS:** I understand that my continued employment as a school bus driver will require that I undergo annual physical examinations as mandated by federal and state law(s).

\_\_\_\_\_ **RELEASE FROM LIABILITY:** 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. This release will remain in effect for the course of my employment, should I be hired.

\_\_\_\_\_ **COMPANY RULES/HANDBOOK:** I understand, also, that I am required to abide by all rules and regulations of the Company and I will be provided a copy of the Employee Handbook and agree to read and understand its content.

**I understand that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. I understand that the information that I give may be investigated as allowed by law. I certify to the best of my knowledge and belief all of the statements contained herein and any attachments are true, correct, complete, and made in good faith.**

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