

Application for Employment

Date of Application _____

Position applied for _____

In accordance 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, veteran status, non-job related disability, or any other protected group status.

Magic Carpet Ride is an at will employer; that is, the employment relationship can be freely terminated by either party at any time with or without notice or reason, and nothing in the Company's policies is intended to limit that traditional right. Further, nothing in the company policy, or any other Company plan or program, is intended to indicate that either the employee or the Company is agreeing to be obligated for any specific term of employment. All employees will serve a probation period for ninety days from the date of hire. Successful completion of the probationary period does not change the at-will employment relationship.

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

TO BE READ AND SIGNED BY APPLICANT

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.

I understand that information I provide regarding current and/or previous 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(0) and (e). I understand that I have the right to: Review information provided by previous employers; have errors in the information corrected by previous employers and for those previous employers to re-send 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.

Signature _____ Date _____

Applicant to Complete

Name: _____ DOB _____
 Last First Middle
Soc. Sec.# _____ Telephone(s) _____

Driver License _____ State of Issue _____ Expiration Date _____
(Required for Commercial Drivers)

List your addresses of residency for the past 3 years (with the first entry your current address)

Street _____ City _____ State ____ ZIP _____ Lgth. _____ Yrs.
Street _____ City _____ State ____ ZIP _____ Lgth. _____ Yrs.
Street _____ City _____ State ____ ZIP _____ Lgth. _____ Yrs.

Are you a U.S. citizen or otherwise have the legal right to work in the U.S. on an unrestricted basis?
(You may be required to provide documentation.) Yes No

Are you presently employed? Yes No
May we contact your present employer? Yes No

Are you available for full-time work? Yes No
Are you available for part-time work? Yes No
Are you willing to work swing shift? Yes No

If a driver; are you willing to travel or work outside of Florida in the summers/fall? Yes No
Have you ever been employed by this company? Yes No
When? _____
Where? _____

Have you ever been convicted of a felony? (This will not necessarily affect your application.)
 Yes No

If yes, please describe conditions. _____ (use back if necessary)

Date you can start _____
Desired starting salary _____
Please list applicable skills _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? Yes No
Explain if you wish _____

Education

	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there are other skills, qualifications, or experience that we should consider?

Employment History - Start with most recent employer

(All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code).

Company Name _____
Address _____ Telephone _____
From _____ Starting Wage _____ Position Held _____
To _____ Ending Wage _____ Contact Person _____
Reason for Leaving _____

May we contact? Yes No

Were you subject to the FMCSR's (*) while employed? Yes 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? Yes No

Reason for leaving _____

Company Name _____
Address _____ Telephone _____
From _____ Starting Wage _____ Position Held _____
To _____ Ending Wage _____ Contact Person _____
Reason for Leaving _____

May we contact? Yes No

Were you subject to the FMCSR's (*) while employed? Yes 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? Yes No

Reason for leaving _____

Company Name _____
Address _____ Telephone _____
From _____ Starting Wage _____ Position Held _____
To _____ Ending Wage _____ Contact Person _____
Reason for Leaving _____

May we contact? Yes No

Were you subject to the FMCSR's (*)while employed? Yes 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? Yes No

Reason for leaving _____

Company Name _____

Address _____ Telephone _____

From _____ Starting Wage _____ Position Held _____

To _____ Ending Wage _____ Contact Person _____

Reason for Leaving _____

May we contact? Yes No

Were you subject to the FMCSR's (*) while employed? Yes 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? Yes No

Company Name _____

Address _____ Telephone _____

From _____ Starting Wage _____ Position Held _____

To _____ Ending Wage _____ Contact Person _____

Reason for Leaving _____

May we contact? Yes No

Were you subject to the FMCSR's (*) while employed? Yes 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? Yes No

Reason for leaving _____

(*) The Federal Motor Carrier Safety Regulations (FMCSR's) 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.

References

List three personal references, not related to you, who have known you for more than one year.

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Name _____ Phone _____ Years Known _____

Address _____

Emergency Contact (In case of emergency, please notify:

Name _____ Phone _____

Address _____

Please Read Before Signing:

I certify that all information provided by me on this application is true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I authorize you to contact my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of any employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I hereby acknowledge that I have read and understand the above statements.

Signature _____ Date _____

**FOR COMPANY USE
Process Record**

Applicant Hired/Rejected _____ Date Employed _____ Position _____

Copy of: Driver's License w/ "P" Endorsement - Medical Card - Jessica Lunsford ID

Signature of Interviewing Officer _____ Date: _____

Termination of Employment

Date Terminated _____ Dismissed Voluntarily Quit Other _____

Termination report placed in file _____ All assigned equipment returned; Gate opener

Policy Manual - Bus keys

Received by Supervisor _____ Date: _____