

# TRI-CAP POSITIONS WHICH INVOLVE DRIVING OF TRI-CAP VEHICLES

If you are applying for a driving position with Tri-CAP you must also submit the following information to be considered for employment. This additional information is required by the Federal Motor Carrier Safety Regulations, Part 391.

- To be considered for bus driving positions you must be at least 21 years or older, have a valid CDL with Passenger Endorsement license, and have a current Medical Examiners Card or take physical to attain one at a clinic designated by Tri-CAP.

**BE NOTIFIED: THAT YOU WILL BE REQUIRED TO SUBMIT TO A DRUG TEST IF YOU ARE SELECTED FOR THIS POSITION. EMPLOYMENT WILL DEPEND ON YOUR RECEIVING A NEGATIVE DRUG TEST RESULT. Also, upon employment you will be subject to all drug and alcohol testing policies and procedures as designed by Federal, State and Agency Regulations.**

Your Addresses for the past three years:

Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Street \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

1. Please list the state, number and expiration date of each motor vehicle operations license or permit issued to you.

State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
State \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

2. Please list the nature and extent of experience you have with motor vehicles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please list all violations of motor vehicle laws and ordinances of which you have been convicted or any forfeiting of bond during the past three years (this does not include parking tickets). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please state, in detail, any facts or circumstances leading to the denial, revocation or suspension of any license, permit, or privilege to operate a motor vehicle which has/had been issued to you. If you have never had a denial, revocation or suspension please state this in writing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please list the names, addresses, phone numbers of your employers during the past three years, (ten years if you have been an operator of a commercial motor vehicle). Please include the dates of your employment and the reasons for leaving such employment.

Employer Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_  
Reason for leaving \_\_\_\_\_