



DRIVER'S APPLICATION FOR EMPLOYMENT

Instructions: Thank you for your interest in employment with Champion Coach, Inc. Please complete all sections of this employment application to be considered for employment. Champion Coach, Inc. is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, sexual orientation, or any other status protected under local, state, or federal law. Use additional paper if necessary to provide complete answers to any questions.

Section 1: Personal Information

Application Date:	Desired Start Date:
Name (First, Middle, Last):	Date of Birth:
Social Security Number:	Email:
Cell Phone:	Home Phone:

Please list all addresses where you have resided in the past 3 years starting with your current address:

Current Street Address:	
City, State, Zip Code:	How Long?
Previous Street Address:	
City, State, Zip Code:	How Long?
Previous Street Address:	
City, State, Zip Code:	How Long?

Section 2: Employment

Desired Position:	Full-time or Part-time:	Compensation Desired:
Have you ever applied for employment at this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the United States on an unrestricted basis for any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list any other name under which you have been employed: _____

Are you currently employed? ☐ Yes ☐ No

Can you, with or without a reasonable accommodation, perform the functions of the job? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes. Please explain:

Section 3: Education

Education/Type	Name & City	Did you Graduate?	Degree Received
High School		Yes / No	
College		Yes / No	
Technical/Trade School		Yes / No	
Graduate School		Yes / No	
Other		Yes / No	

All driver applicants must provide the following information on all employers during the preceding 3 years. Please list complete mailing address for each employer including street number, city, state and zip code.

If you drove a commercial vehicle at any time during the last 10 years, please provide an additional 7 years of employment information on those employers for whom you operated such vehicle(s). Federal regulation requires that all applicants provide 10 years of employment history. Start with the most recent employer. Use the back of this paper if necessary.

Section 4: 10 Year Employment History

Name of Current or Last Employer:			
Address:		City:	State: Zip Code:
Starting Date (Month/Year):	Date Last Worked (month/Year):	Position:	
Salary/Hourly Rate: \$	Safety/Performance Bonus: \$	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____	
Employer's Phone Number:	Name of Supervisor:	Type of Work Performed?	
Reason(s) for Leaving:		If you were terminated or asked to resign, please explain:	
Were you subject to the U.S. DOT - Federal Motor Carrier Safety Regulations (FMCSA) 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	

Employment History continued on next page

Name of Previous Employer:			
Address:		City:	State: Zip Code:
Starting Date (Month/Year):	Date Last Worked (month/Year):	Position:	
Salary/Hourly Rate: \$	Safety/Performance Bonus: \$	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?_____	
Employer's Phone Number:	Name of Supervisor:	Type of Work Performed?	
Reason(s) for Leaving:		If you were terminated or asked to resign, please explain:	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSA) 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	

Name of Previous Employer:			
Address:		City:	State: Zip Code:
Starting Date (Month/Year):	Date Last Worked (month/Year):	Position:	
Salary/Hourly Rate: \$	Safety/Performance Bonus: \$	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?_____	
Employer's Phone Number:	Name of Supervisor:	Type of Work Performed?	
Reason(s) for Leaving:		If you were terminated or asked to resign, please explain:	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSA) 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 Drug and Alcohol Testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Previous Employer:			
Address:		City:	State: Zip Code:
Starting Date (Month/Year):	Date Last Worked (month/Year):		Position:
Salary/Hourly Rate: \$	Employer's Phone Number:	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____	
Safety/Performance Bonus: \$	Name of Supervisor:	Type of Work Performed?	
Reason(s) for Leaving:		If you were terminated or asked to resign, please explain:	
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSA Regulations) 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 Drug and Alcohol Testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Previous Employer:			
Address:		City:	State: Zip Code:
Starting Date (Month/Year):	Date Last Worked (month/Year):		Job Title:
Salary/Hourly Rate:	Employer's Phone Number:	May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why? _____	
Reason(s) for Leaving:		If you were terminated or asked to resign, please explain:	
Were you subject to the U.S. DOT Federal Motor Carrier Safety Regulations (FMCSA) 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 Drug and Alcohol Testing requirements of 49 CFR Part 40?? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment Gaps:

Explain any periods that you were not working during the last 10 years other than due to personal illness, injury or disability.

Job Certifications, Awards or Accomplishments:

If you hold any certifications, are a member of any job related organizations (professional, trade, etc.), or have received any job-related awards or accomplishments, list and describe them.

Job Skills and Qualifications:

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Section 5: Driver Information

Driver License: Please list all driver licenses or permits held in the past 3 years

	STATE	LICENSE NO.	TYPE (Class)	EXPIRATION DATE
DRIVER LICENSES				

Experience: Please list all driving experience

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Mini-Bus, Straight, Flat, Dump Truck, etc.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
SCHOOL BUS				
MOTORCOACH				
TRACTOR AND SEMI-TRAILOR				
OTHER (Indicate Type)				

Accident Record for the Past 3 Years or more. If none, write NONE

	DATE	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				
NEXT PREVIOUS				

Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations).

If none, write NONE

LOCATION	DATE	CHARGE	TYPE OF VEHICLE OPERATED

Section 5 Driver Information continued:

If the answer to any of the questions below is yes, please give details on back.

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

☐ Yes ☐ No

If you answered "yes" you must give a statement with details on back.

2. Has any license, permit or driving privilege ever been suspended or revoked?

☐ Yes ☐ No

3. For the past 2 years, have you tested positive or refused to test on any pre-employment drug or alcohol test required by a DOT-regulated employer because you would perform safety-sensitive transportation work?

☐ Yes ☐ No

If you answered "yes" to question number 3, you must identify the DOT-regulated employer(s) and when the testing took place in the space below. You must provide the Company with documentation that you successfully completed the return-to-duty process required by the DOT regulations. Failure to provide this documentation to the Company within two (2) weeks or other time period determined by the Company will result in the withdrawal of any employment offer.

To be Read and Signed by Applicant:

I, the applicant, certify that the entries and information set forth in this Application are true and complete to the best of my knowledge. I understand that deliberately entering false information will result in the withdrawal of any job offer. I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

Applicant Signature

Date

Champion Coach
145 Ben Hamby Lane
Greenville, SC 29615

Telephone: (864) 284-9000
Fax (864) 284-9400
apply@championcoach.com

Section 6: Acknowledgement, Certification, and Authorization:

PLEASE READ CAREFULLY BEFORE SIGNING – Initial this page where indicated and sign the next page after reading all certifications and notices contained therein.

1. I certify that the information contained in this application for employment at the Company is correct and complete. I understand that any false or misleading statements or omissions made in this application or interview(s), whenever discovered are grounds for disqualification from further consideration or for dismissal from employment, regardless of how discovered.
2. I understand that if I am offered employment at the Company it is at-will and can be terminated at any time and for any reason with or without advance notice by myself or the company.
3. I understand and agree that only the Company has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment. I agree that such an agreement must be in writing and signed by the President, and I will not rely upon any other representations regardless of the source.
4. I understand and agree that the Company may make a full complete investigation of my personal employment history, and authorize any former employer, person, firm, corporation, school, government agency, or other entity to provide the Company with any information (including fact or opinion) they may have regarding me. In consideration of the Company's review of this application, I release the Company and all providers of any information from any liability, which may arise as a result of furnishing or receiving this information. I understand and agree any employment offer or continued employment shall authorize the Company to provide truthful information (fact or opinion) regarding my employment to any potential or future employer and release and waive any claims against the company for truthfully communicating any such information to be potential or future employer.
5. I understand and agree that I may be required to submit to drug testing and complete a medical examination as part of my application for employment. I also understand and agree that I may be required to submit to a complete medical examination during my employment with the Company, provided that such examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory testing, any specimen obtained by the physician or collection site to disclose the results of the examination and the laboratory test to the Company in accordance with state and/or federal laws. The Company will keep such results confidential and disclose the results only to persons who need to know where required by law. Also, I agree to fully cooperate and provide the company with any additional consent(s) and/or release(s) as required by the Company to investigate my employment application.
6. I agree that the Company may investigate and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying.
7. I understand and agree that if offered employment by the Company I may be required to disclose military service information in accordance with law, and that any such employment offer shall be depended upon the receipt of satisfactory military record as determined by the Company.
8. If hired, I agree not to disclose or use confidential information belonging to prior employees and that I will inform the Company of any agreements that would limit my ability to work for the Company.

Initial Here

Section 6 continued: Acknowledgement, Certification, and Authorization:

Disclosure and Authorization to Obtain Consumer Report

In order to evaluate you for hiring, promotion, reassignment, transfer, retention in employment, or other employment-related purposes, the Company may decide to obtain a consumer report bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. However, no consumer report will be obtained by the Company for employment purposes without your prior written authorization.

I hereby acknowledge that the Company has disclosed, in writing, that it may obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living for employment purposes. I hereby authorize the Company and its representatives and agents to obtain a consumer report bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

Previous Employer Inquiries & Investigations

As required by §391.23, we will make investigative inquiries to previous DOT-regulated employers related to your employment history, drug and alcohol testing results, and accident history. We will use this information in our hiring decision.

Pursuant to §391.23, you have the following rights with regard to responses received in these areas from previous DOT-regulated employers:

1. The right to review information provided by previous DOT-regulated employers;
2. The right to have errors in the information corrected by the previous employer; and for that previous employer to re-send the corrected information to the prospective employer;
3. The right to have a rebuttal statement attached to the alleged erroneous information, if you and the previous employer cannot agree on the accuracy of the information.

If you wish to review previous DOT-regulated employer information received in response to required inquiries, you must submit a written request to the prospective employer no later than 30 days after being employed or being notified of denial of employment. After making such written request, any information received will be provided to you within five days, unless no such information has been provided in response to required inquiries. For information on procedures to rebut information provided by previous DOT-regulated employers, see Title 49 of the Coded Federal Regulations (CFR), Part 391.23(j).

I hereby acknowledge and certify that I have read and understood these Authorizations and Notifications on this and the previous page (pages 8 & 9) of this Employment Application.

Authorization/Signature _____

Date: _____

Print Name: _____