DB FISHER SCHOOL STUDENT TRANSPORTATION, INC.

D.B. Fisher School Student Transportation Inc, is currently accepting applications for school bus drivers, van drivers, and aides for the Northern Lebanon School District. If interested, please complete the following application and email to alandis@dbfisher.com.

If you have any questions, please contact D.B Fisher at 717-865-4001 or 717-865-3041.

Thank You!

D.B. Fisher

1715 Grace Avenue Lebanon, PA 17046 717.865.4001

DB FISHER SCHOOL STUDENT TRANSPORTATION, INC.

Employment Application

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EMPLOYMENT RECORD (ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code

ADDRESS POSITION HELD REASONS FOR LEAVING ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAIN REASON. WERE YOU SUBJECT TO THE Federal Motor Carrier Safety Regulations (FMCSRs) while employed by Was the previous job position designated as a safety sensitive function in any DOT regulated mode, sub required by 49 CFR Part 40? SECOND LAST EMPLOYER: NAME ADDRESS POSITION HELD FROM REASONS FOR LEAVING ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINE REASON. Were YOU SUBJECT TO THE Federal Motor Carrier Safety Regulations (FMCSRs) while employed by Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject required by 49 CFR Part 40? THIRD LAST EMPLOYER: NAME ADDRESS POSITION HELD FROM REASONS FOR LEAVING ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED REASONS FOR LEAVING ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED REASON. WERE YOU SUBJECT TO THE Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject equired by 49 CFR Part 40? TO BE READ AND SIGNED BY APP authorize you to make sure investigations and inquiries to my personal, employment, so may be necessary in arriving at an employment decision. (Generally, inquiries regar and forting and in connection with my apply the event of employment, I understand that false or misleading information given in my apply the event of employment, I understand that false or misleading information given in my apply understand, also, that am required to abide by all rules and regulations of the Company, understand that information in provide regarding current and/or previous employers may be us upose of investigating my safety performance history as required by 49 CFR 391.23(d) and (in Review information provided by current/previous employers and for those previous information. PATE This regrifies that I completed this applications and the balleged erroneous informa	PHUNE		
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This certifies that I completed this application, and that all entries on it and information in it	APPLICANT'S S it are true and complete	IGNATURE to the best of	my knowledge.

Regulations.

Do you have any physical l	handicap? [] Yes [] No
serve to prevent my exercis	able-bodied and free of physical handicaps. I do not suffer from any chronic diseases such as n or low blood pressure, fainting or dizzy spells, diabetes, or physical disability or disease as will sing reasonable or ordinary control over a motor vehicle while operating upon the highways. I ampairing drugs nor addicted to alcoholic beverages
Signature	Date
JOB CAPABILITIES:	
 Have a general ide Obey all Pennsylva Communicate with Pass a physical ex I certify that I am physically 	get in and out of van and in the event of an emergency, unload students off the vehicle ea of directions. ania driving regulations others.
	FOR COMPANY USE
	PROCESS RECORD
APPLICANT HIRED	REJECTED
DATE EMPLOYED	POINT EMPLOYED
DEPARTMENT	CLASSIFICATION
SIGNATURE OF INTERVIEWER	
	TERMINATION OF EMPLOYMENT
DATE TERMINATED	DEPARTMENT RELEASED FROM
DISMISSED	VOLUNTARILY QUITOTHER
TERMINATION REPORT PLACED IN FI	LESUPERVISOR

PHYSICAL CONDITION:

Employment Application Disclaimer and Acknowledgement

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or an time, with or without cause, and with or without prior notice at the c	ninated, or any offer or acceptance of employment withdrawn, at any notice at the option of the company or myself.			
Signature	Date			

Applicant Waiver (All job applicants must sign and submit with application form)

I hereby certify that the information hereunder is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information.

In consideration for my employment and my being considered for employment by your company, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, may be withdrawn, with or without prior notice, at any time, at the option of either the company or me.

I understand that no representative of the company has any authority to enter into an agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement, that is contrary to the foregoing.

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

Applicant	Date
Company Representative	Date