

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

Applicant Information

Full Name: _____ Date: _____
Last First M.I.
Address: _____
Street Address Apartment/Unit #
City State ZIP Code
Phone: _____ Email: _____
Date Available: _____ Social Security No.: _____ Date of Birth: _____
Position Applied for: _____ What age did you start driving? _____
Are you a citizen of the United States? YES NO
☐ YES ☐ NO If no, are you authorized to work in the U.S.? YES NO
☐ YES ☐ NO If yes, when? _____
Have you ever worked for this company? YES NO
☐ YES ☐ NO
Have you ever been convicted of a felony? YES NO
☐ YES ☐ NO
If yes, explain: _____

LICENSE INFORMATION

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

ACCIDENT RECORD FOR PAST 3 YEARS

DATES	NATURE OF ACCIDENT	FATALITIES	INJURIES	CHEMICAL SPILLS
				YES NO
				YES NO
				YES NO

TRAFFIC CONVICTIONS AND FORFEITURES PAST 3 YEARS

DATE CONVICTED	VIOLATION	STATE OF VIOLATION	PENALTY

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? If yes, explain: _____

B. Has any license, permit or privilege ever been suspended or revoked? If yes, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

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

LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MONTH/YEAR) AND REASON. _____

WERE YOU SUBJECT TO THE Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

SECOND LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MONTH/YEAR) AND REASON. _____

WERE YOU SUBJECT TO THE Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

THIRD LAST EMPLOYER: NAME _____
ADDRESS _____ PHONE _____
POSITION HELD _____ FROM _____ TO _____ SALARY _____
REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED, INCLUDE DATES (MONTH/YEAR) AND REASON. _____

WERE YOU SUBJECT TO THE Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? YES NO
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? YES NO

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to 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(d) and (e). I understand that I have the right to:

- Review information provided by current/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."

DATE
This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE
Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

APPLICANT'S SIGNATURE

PHYSICAL CONDITION:

Do you have any physical handicap?

☐ Yes

☐ No

I certify that I am physically able-bodied and free of physical handicaps. I do not suffer from any chronic diseases such as heart trouble, epilepsy, high or low blood pressure, fainting or dizzy spells, diabetes, or physical disability or disease as will serve to prevent my exercising reasonable or ordinary control over a motor vehicle while operating upon the highways. I am not a user of narcotics or impairing drugs nor addicted to alcoholic beverages.

If you have any of these conditions, please explain.

Signature _____

Date _____

JOB CAPABILITIES:

- Climb a flight of stairs
- Able to personally get in and out of van and in the event of an emergency, unload students off the vehicle.
- Follow instructions.
- Have a general idea of directions.
- Obey all Pennsylvania driving regulations
- Communicate with others.
- Pass a physical examination

I certify that I am physically and mentally capable of performing the above tasks.

Signature _____

Date _____

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 QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

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 any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior 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