



JEFFERSON LINES

APPLICATION FOR EMPLOYMENT

(For positions that require a CDL)

Jefferson Partners L.P.

Jefferson Lines

Jefferson Tours

(referred to as the "Company"
throughout this application)

Jefferson Partners L.P. does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, Vietnam era veteran status, special disabled veteran status, disability, age or any other characteristic protected by local, state or federal law.

"Jefferson Lines complies with provisions of the American with Disabilities Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act of 1964, Federal Transit Administration Programs Guidance, and any other Federal, State, and/or local laws, rules, and or regulations."

Applicant: Read and sign before
submitting this application.

*I understand that the information in
this application will be used and that
prior employers will be contacted for
the purposes of investigation as
required by Section 391.23 of the
Federal Motor Carrier Safety
Regulations.*

Printed Name _____

Signature _____

Application Date _____

Return completed application to: **Jefferson Lines**
2100 E. 26th Street
Minneapolis, MN 55404
Attn: Human Resources
(612) 359-3428

For Human Resources use only:

Date received _____

I. GENERAL INFORMATION

Name _____
Last First MI

Social Security No. _____

Present Address _____ How Long? _____
Street
City State Zip Code

List all addresses for the past three (3) years:

Street City State and Zip Code How Long? _____

Street City State and Zip Code How Long? _____

Street City State and Zip Code How Long? _____

Home Telephone Number: _____ Cell: _____

Email Address: _____
(required)

Date of Birth: _____ (required for drivers) Can you provide proof of age? _____

Are you legally authorized to work in the United States?* ☐ Yes ☐ No

**Proof of eligibility documentation must be provided at time of hire.*

Have you previously been employed at Jefferson Lines? ☐ Yes ☐ No

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

If yes, please describe circumstances, date of conviction and state/county:

*A conviction is not an automatic bar to employment. The type, seriousness, frequency of violations, recency, relevancy, work history and other circumstances will be considered.

II. POSITION

What position are you applying for? _____

Date available to begin work _____ Do you want to work: ☐ Full-time ☐ Part-time

Are you presently employed? ☐ Yes ☐ No Salary Expectations _____

II. EDUCATION

SCHOOL	NAME AND ADDRESS	COURSE OF STUDY	# OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA/ DEGREE
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

IV. EMPLOYMENT HISTORY

All applicants must provide the following employment information on all employers during the preceding three (3) years. Applicants with commercial driving experience must provide employment information for an additional seven (7) years.

START WITH PRESENT OR MOST RECENT EMPLOYMENT.

EMPLOYER		DATES	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE & ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE	REASON FOR LEAVING	
WAS THIS POSITION SUBJECT TO FMCSR? <input type="checkbox"/> Yes <input type="checkbox"/> No		WERE YOU SUBJECT TO DRUG & ALCOHOL TESTING? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYER		DATES	
NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE & ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE	REASON FOR LEAVING	
WAS THIS POSITION SUBJECT TO FMCSR? <input type="checkbox"/> Yes <input type="checkbox"/> No		WERE YOU SUBJECT TO DRUG & ALCOHOL TESTING? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History (con't.)

An Equal Opportunity Employer

DOT Application (rev 3/10)

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NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE & ZIP	SALARY/WAGE	
CONTACT PERSON	PHONE	REASON FOR LEAVING	
WAS THIS POSITION SUBJECT TO FMCSR? <input type="checkbox"/> Yes <input type="checkbox"/> No		WERE YOU SUBJECT TO DRUG & ALCOHOL TESTING? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE & ZIP	SALARY/WAGE	
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(additional employer sheets can be provided)

V. DRIVERS LICENSE

STATE	DRIVERS LICENSE (or permit) NUMBER	CLASS	ENDORSEMENTS	EXPIRATION DATE
Prior state, if any				

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☐ No

B. Has any license, permit or privilege ever been suspended or revoked? ☐ Yes ☐ No

If "yes" to A or B, explain in detail the facts and circumstances for each incident:

Traffic convictions and forfeitures for the past three (3) years (other than parking violations).
If none, write none.

LOCATION	DATE	CHARGE	PENALTY

Accident record for past three (3) years. If none, write none.

Dates	Nature of Accident (head-on, rear-end, upset, etc.)	Injuries	Fatalities

(attach additional sheets if necessary)

VI. DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)	PAST OR PRESENT LICENSE
		FROM	TO		
Bus					
Straight Truck					
Tractor and Semi-Trailer					
Tractor-Two Trailers					
Other					

List states operated in for last five years: _____

Indicate special courses or training that will help you as a motorcoach operator: _____

Which safe driving awards do you hold and from whom? _____

VII. ADDITIONAL EXPERIENCE

Please describe any job-related training or additional skills you may have acquired that are not covered elsewhere on this application.*

**Do not include experiences which would indicate race, color, religion, sex, national origin, Vietnam-era veteran status, special disabled veteran status, disability, age or any other characteristic protected by local, state or federal law.*

[illegible]

VIII. REFERENCES

Please list below at least three (3) business references who are **not** relatives or employed by this Company. (These must be work references.)

NAME and POSITION	COMPANY	ADDRESS	PHONE

Please read the following carefully before signing this application:

- This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of facts on this application, on my resume or during any stage of the hiring process will eliminate me from further consideration or if discovered after hire may result in termination of my employment.
- I understand that the information contained in this employment application or my being invited to participate in any stage of the hiring process is NOT intended to create an employment contract between this Company and me. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and this Company has the right to terminate my employment at any time, for any reason or no reason, with or without notice. This Company's policies and procedures, including employment at-will, cannot be modified in any way without express written intent to do so by the president of this organization.
- I understand that an offer of employment is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States, the successful completion of a drug and/or alcohol test pursuant to the Federal Motor Carrier Safety Regulations and other job-related contingencies as identified by the Company and/or state/federal regulations.
- I authorize this Company and its representatives to contact my prior employers, former supervisors and company personnel, schools and all others for the purpose of verifying the information I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties and compliance with policies. I authorize my prior employers to provide this Company any job-related information, personal or otherwise, they may have regarding me and I release this Company and them from any liability resulting from the release of this information. I further authorize all employers, schools and other persons to provide any information or transcripts that may be requested by this Company which will be used to determine if I am qualified to perform the job duties for which I am applying.
- Finally, if hired, I agree to abide by and conform to the rules, regulations, policies and procedures of the Company, and acknowledge that these rules, regulations, policies and procedures may be changed, interpreted, withdrawn, or added to by the Company at any time.

By signing below, I acknowledge that I have read, understand and agree with the above statements.

Date _____

Signature _____

Print Name _____

Thank you for applying for a position with Jefferson Lines, a leader in the motorcoach industry.