

# KOBUSSEN BUSES LTD.

*"Family Pride In Every Ride"*

**ADAMS FRIENDSHIP**  
477 N. Pierce St.  
P.O. Box 97  
Adams, WI 53910  
Tel: 608.339.2411

**BALSAM LAKE**  
1908 150th St.  
Balsam Lake, WI 54810  
Tel: 715.825.4439

**BARABOO**  
202 Old Hwy 33  
West Baraboo, WI 53913  
Tel: 608.448.4482

**BLOOMER**  
2115 21st Ave.  
Bloomer, WI 54724  
Tel: 715.568.4233

**BONDUEL**  
400 W. Green Bay St.  
Bonduel, WI 54107  
Tel: 715.758.4870

**BRODHEAD**  
206 1st St.  
Brodhead, WI 53520  
Tel: 608.897.9054

**DEFOREST**  
6592 Lake Rd. Ste. A  
Windsor, WI 53598  
Tel: 608.842.2218

**KAUKAUNA**  
W914 County Rd. CE  
Kaukauna, WI 54130  
Tel: 920.766.0606

**LODI**  
106 Industrial Park Rd.  
Lodi, WI 53555  
Tel: 608.592.0551

**NEENAH**  
6302 Dixie Rd.  
Neenah, WI 54956  
Tel: 920.722.8572

**OCONTO**  
200 S. Katch Dr.  
Oconto, WI 54153  
Tel: 920.834.3467

**OSHKOSH**  
3044 Omro Rd.  
Oshkosh, WI 54904  
Tel: 920.424.7575

**RICHLAND CENTER**  
1177 Foundry Dr. E  
Richland Center, WI 53581  
Tel: 608.647.4446

**STURGEON BAY**  
112 N. 12th Ave.  
Sturgeon Bay, WI 54235  
Tel: 920.818.0785

**SUN PRAIRIE**  
1500 Forward Dr.  
Sun Prairie, WI 53590  
Tel: 608.825.8700

**TURTLE LAKE**  
340 Industrial Ave.  
Turtle Lake, WI 54889  
Tel: 715.986.2888

**WATERLOO**  
1500 Forward Dr.  
Sun Prairie, WI 53590  
Tel: 608.825.8700

**www.kobussen.com**  
**Fax: 920.766.0797**

## Driver's Application for Employment

(ANSWER ALL QUESTIONS — PLEASE PRINT)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital status, or non-job related disability.

Position(s) Applied for \_\_\_\_\_  Full-Time  Part-Time Date of application \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

List your addresses of residency for the past 3 years.

Current Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_ How long? \_\_\_\_\_

Previous Addresses \_\_\_\_\_ How long? \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_ How long? \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_ How long? \_\_\_\_\_  
Street City State Zip

Do you have legal right to live in the United States? Yes No

Date of Birth \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_  
(Required for Commercial Driver)

Have you worked for this company before? \_\_\_\_\_ Where? \_\_\_\_\_

Dates From \_\_\_\_\_ Rate of Pay \_\_\_\_\_ Position \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you may not be able to perform any portion of the job for which you have applied?

If yes, explain if you wish.

## EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

### USE THIS SHEET FOR ADDITIONAL EMPLOYMENT HISTORY INFORMATION

<p><b>PREVIOUS EMPLOYER:</b> Name _____ Phone Number _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____ (month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____</p>
<p><b>SECOND LAST EMPLOYER:</b> Name _____ Phone Number _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____ (month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____</p>
<p><b>THIRD LAST EMPLOYER:</b> Name _____ Phone Number _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____ (month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____</p>
<p><b>FOURTH LAST EMPLOYER:</b> Name _____ Phone Number _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____ (month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____</p>
<p><b>FIFTH LAST EMPLOYER:</b> Name _____ Phone Number _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____ (month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____</p>
<p><b>SIXTH LAST EMPLOYER:</b> Name _____ Phone Number _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____ (month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____</p>
<p><b>SEVENTH LAST EMPLOYER:</b> Name _____ Phone Number _____</p> <p>Street Address _____ City _____ State _____ Zip _____</p> <p>Position Held _____ From _____ To _____ (month/year) (month/year)</p> <p>Reasons for Leaving _____</p> <p>Were you subject to the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <p>*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason _____</p>

\*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD FOR PAST 5 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED). IF NONE, WRITE NONE.

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR END, SIDE SWIPE, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT				
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS). IF NONE, WRITE NONE.

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED.)

### EDUCATION

HIGHEST GRADE COMPLETED:

HIGH SCHOOL:

COLLEGE:

### EXPERIENCE AND QUALIFICATIONS OF DRIVER

	STATE	LICENSE NO.	TYPE/CLASS	EXPIRATION DATE
DRIVER LICENSES				

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

B. Has your license or permit ever been suspended or revoked? Yes No

IF THE ANSWER TO EITHER A OR B IS YES, PLEASE EXPLAIN IN DETAIL:

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR/SEMI TRAILER				
TRACTOR/TWO TRAILERS				
MOTORCOACH/SCHOOL BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS

\_\_\_\_\_

WHAT SPECIAL COURSES OR TRAINING HAVE YOU HAD AS A DRIVER: \_\_\_\_\_

DO YOU HOLD ANY SAFE DRIVING AWARDS, FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS – OTHER**

LIST ANY BUS, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU HAVE WORKED WITH (OTHER THAN THOSE ALREADY SHOWN)

**REFERENCES**

Name	Relationship	Telephone	Years Known

**BACKGROUND**

*Will you allow Kobussen Buses Ltd. to do the following:*

- A criminal check ..... Yes No
- A driver abstract check ..... Yes No
- A drug screen and physical ..... Yes No
- Are you currently taking any medication that would cause you to fail a physical examination (i.e. high blood pressure, diabetes, epilepsy) ..... Yes No

*Have you ever been convicted of any of the following:*

- Driving under the influence of alcohol ..... Yes No
- Using, possessing, distributing, selling or being under the influence of an illegal drug ..... Yes No

*Have you ever:*

- Been convicted of any moral charge ..... Yes No
- Been convicted of any felony charge ..... Yes No
- Tested positive or refused any pre-employment or random drug or alcohol test ..... Yes No

If you answered Yes to any of the above questions, please explain when and why the incident occurred.

**TO BE READ AND SIGNED BY APPLICANT**

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature