

FIVE STAR TOURS

STOP!!! BEFORE YOU MAIL THE ENCLOSED APPLICATION, PLEASE READ THIS!

THE D.O.T. AND COMPANY POLICY BOTH REQUIRE THAT WE VERIFY THE LAST THREE YEARS OF YOUR EMPLOYMENT HISTORY.

SOMETIMES, THIS VERIFICATION IS NOT EASY BECAUSE A COMPANY YOU WORKED FOR MAY HAVE CLOSED, DECLARED BANKRUPTCY, ETC.

IN THESE CASES, OTHER DOCUMENTS SHOULD BE INCLUDED WITH YOUR APPLICATION SO WE CAN PROCESS IT AS QUICKLY AS POSSIBLE. THE COMPANY PRIDES ITSELF ON RESPONDING QUICKLY TO DRIVER APPLICATIONS –USUALLY 1 TO 2 WORKING DAYS AFTER WE RECEIVE THEM.

PLEASE REMEMBER TO INCLUDE PHONE NUMBERS FOR ALL EMPLOYERS FOR THE LAST THREE YEARS. BECAUSE OF THE VOLUME OF APPLICATIONS WE RECEIVE, WE CANNOT ALWAYS ALLOW THE TIME TO LOOK UP PHONE NUMBERS.

EMPLOYMENT VERIFICATION DOCUMENTS

IF THE COMPANY YOU WORKED FOR:

WE NEED THESE DOCUMENTS:

WENT OUT OF BUSINESS

**W2's FOR EACH YEAR WORKED,
CHECK STUBS, DRIVER
CERTIFICATION CARD, AND/OR
SAFETY AWARDS**

WAS AN OWNER-OPERATOR

**OWNER-OPERATORS NAME, THE
BROKER HE/SHE USED, OR THE
COMPANY HE/SHE LEASED TO**

SOLD TO ANOTHER COMPANY

**NAME OF THE PURCHASING
COMPANY OR THE DOCUMENTS
LISTED ABOVE BESIDE "WENT
OUT OF BUSINESS"**

IN ANY BRANCH OF THE ARMED SERVICES

**DD 214 MEMBER 4 DISCHARGE
PAPER**

IF YOU WERE SELF-EMPLOYED

**1099 TAX FORM (SELF-
EMPLOYMENT FORM),
CONTRACTORS USED, BROKERS
USED, COMPANY LEASED TO,
INSURANCE COMPANY USED TO
INSURE COMPANY PROPERTY**

IF YOU WERE UNEMPLOYED

**DOCUMENTATION FROM
UNEMPLOYMENT OFFICE
SHOWING PERIOD(S) OF
UNEMPLOYMENT**

APPLICATION FOR EMPLOYMENT

FIVE STAR TOURS

FIVE STAR TOURS

1050 KETTNER BLVD

SAN DIEGO, CA 92101

PHONE – 619-232-5040

FAX – 619-232-7035

An Equal Opportunity Employer

FIVE STAR TOURS APPLICATION EMPLOYMENT HISTORY

Begin with your present or most recent employment and work backward in order, listing your employers for the last 10 years and including all full and part time employment. All time must be accounted for including military service, school, self-employment, and periods of unemployment. **WE MUST HAVE TELEPHONE NUMBERS FOR ALL EMPLOYERS.**

EMPLOYER: _____ SUPERVISOR: _____

ARE YOU PRESENTLY EMPLOYED? YES NO MAY WE CONTACT YOUR CURRENT EMPLOYER YES NO

ADDRESS: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

WHY DO YOU WANT TO CHANGE EMPLOYERS? _____

CURRENT EMPLOYER DATES OF EMPLOYMENT	
FROM	_____
TO	_____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

SECOND TO LAST EMPLOYER DATES OF EMPLOYMENT	
FROM	_____
TO	_____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

THIRD TO LAST EMPLOYER DATES OF EMPLOYMENT	
FROM	_____
TO	_____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

FOURTH TO LAST EMPLOYER DATES OF EMPLOYMENT	
FROM	_____
TO	_____

FIVE STAR TOURS

EMPLOYMENT HISTORY

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

NEXT EMPLOYER DATES OF EMPLOYMENT
FROM _____
TO _____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

NEXT EMPLOYER DATES OF EMPLOYMENT
FROM _____
TO _____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

NEXT EMPLOYER DATES OF EMPLOYMENT
FROM _____
TO _____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

NEXT EMPLOYER DATES OF EMPLOYMENT
FROM _____
TO _____

FIVE STAR TOURS

EMPLOYMENT HISTORY

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

NEXT EMPLOYER DATES OF EMPLOYMENT	
FROM	_____
TO	_____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

NEXT EMPLOYER DATES OF EMPLOYMENT	
FROM	_____
TO	_____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

NEXT EMPLOYER DATES OF EMPLOYMENT	
FROM	_____
TO	_____

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

NEXT EMPLOYER DATES OF EMPLOYMENT	
FROM	_____
TO	_____

FIVE STAR TOURS

EMPLOYMENT HISTORY

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

FIFTH TO LAST EMPLOYER DATES OF EMPLOYMENT	
FROM _____	
TO _____	

EMPLOYER: _____ SUPERVISOR: _____

ADDRESS: _____

TELEPHONE: _____

POSITION HELD: _____ RATE OF PAY: _____

TYPE OF EQUIPMENT OPERATED: _____ NUMBER OF STATES DRIVEN IN: _____

REASON FOR LEAVING: _____

SIXTH TO LAST EMPLOYER DATES OF EMPLOYMENT	
FROM _____	
TO _____	

EDUCATION

LIST ANY EDUCATION, VOCATIONAL, ON-THE-JOB, OR OTHER TRAINING YOU HAVE RECEIVED WHICH YOU WOULD LIKE TO BE CONSIDERED IN DETERMINING YOUR QUALIFICATIONS FOR THE POSITION YOU ARE APPLYING FOR.

CHECK THE HIGHEST GRADE COMPLETED: 7 8 9 10 11 12 COLLEGE: 1 2 3 4

SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR COURSE OF STUDY	DATES ATTENDED FROM TO	LIST DIPLOMAS
HIGH	NAME: CITY: STATE:			
COLLEGE	NAME: CITY: STATE:			
TRADE	NAME: CITY: STATE:			
TRUCK DRIVING SCHOOL	NAME: CITY: STATE: PHONE:			

FIVE STAR TOURS

APPLICATION DRIVING RECORD

(TO BE COMPLETED BY DRIVER, SALES, OR MANAGEMENT APPLICANTS)

HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? YES NO

IF YES, EXPLAIN: _____

DO YOU POSSESS A COMMERCIAL DRIVERS LICENSE: _____ WHAT ENDORSEMENTS? _____

ANY RESTRICTIONS? _____

DRIVERS LICENSE NUMBER: _____ STATE: _____ EXPIRATION DATE: _____

LIST ALL DRIVERS LICENSES HELD IN THE PAST THREE (3) YEARS

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE

TRAFFIC CONVICTIONS AND FORFEITURES

LIST ALL TRAFFIC CONVICTIONS, FORFEITURES OR SUSPENSIONS OF A LICENSE IN A MOTOR VEHICLE (OTHER THAN PARKING) FOR THE LAST 3 YEARS. IF NONE, WRITE NONE.

DATE	STATE	CHARGE	FOR SPEED LIST M.P.H. OVER LIMIT	PENALTY

ACCIDENT RECORD

LIST ALL ACCIDENTS/INCIDENTS YOU HAVE BEEN INVOLVED IN WHILE OPERATING A TRUCK, CAR, MOTORCYCLE, OR OTHER MOTORIZED VEHICLE INCLUDING PROPERTY DAMAGE. INCLUDE ALL ACCIDENTS/INCIDENTS WHETHER YOUR AT FAULT OR NOT FOR THE LAST 3 YEARS. IF NONE, WRITE NONE.

DATE	NATURE OF ACCIDENT HEAD-ON, REAR-END, ROLL OVER, ETC.	WERE YOU AT FAULT	FATALITIES	INJURIES

FIVE STAR TOURS

APPLICANT CERTIFICATION

HOW DID YOU LEARN ABOUT US?
NEWSPAPER <input type="checkbox"/> FRIEND <input type="checkbox"/> WALK-IN <input type="checkbox"/> TRADE MAGAZINE <input type="checkbox"/> RELATIVE <input type="checkbox"/>
DRIVER RECOMMENDED BY? _____
OTHER: _____

I hereby certify that all questions answered are correct and authorize **FIVE STAR TOURS** to contact my former employers, references furnished, and all other sources that they see fit in order to verify the facts and information furnished with regard to my character and qualifications. Included in these qualifications will be the appropriate documents furnished by me verifying citizenship or valid authority to work in the United States. These will be furnished in conjunction with the immigration reform and control act of 1986 and/or other applicable laws. In addition, I understand that a pre-employment physical, controlled substance screening, and breath alcohol tests may or may not be performed and will be part of the determination of my ability to perform in the position for which I am applying. I understand that the completion of this form or any other application form of the company does not assure me a position with said company or obligates the company in any way. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without notice or cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I further understand that this application is not nor is it intended to be a contract of employment and that any employment relationship established between the applicant and the company may be terminated at the will of either the applicant or the company. Should any employment relationship occur, I understand that I am required to abide by all the rules and regulations of the company. I understand that any misleading, incorrect, or omitted statements may render this application void, and, if employed, would be cause of immediate discharge. **I CERTIFY THAT THIS APPLICATION WAS COMPLETED BY ME, AND ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.** I also understand and agree that any conduct which would have been reason for my discharge can and will be used against me by **FIVE STAR TOURS** even if it is acquired after my employment ceases. I agree to submit a urine sample and/or specimen for testing and agree to breath alcohol tests for the purpose of screening for pre-employment medical qualifications and thereafter as warranted by **FIVE STAR TOURS** policy or Federal Regulatory agencies. I agree to submit to blood testing for controlled substances and alcohol testing if it becomes necessary. I authorize any and all previous employers to disclose any employment history and controlled substance and alcohol test results upon request.

DATE: _____ X _____
SIGNATURE OF APPLICANT

As a prospective employer, we must ask any applicant for a driving position with our company whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past two years.

YES, I HAVE TESTED POSITIVE FOR DRUGS/ALCOHOL, OR REFUSED TO TAKE A PRE-EMPLOYMENT DRUG/ALCOHOL TEST IN THE TWO YEARS PRECEDING THE DATE OF THIS APPLICATION.

NO, I HAVE NOT TESTED POSITIVE FOR DRUGS/ALCOHOL, OR REFUSED TO TAKE A PRE-EMPLOYMENT DRUG/ALCOHOL TEST IN THE LAST TWO YEARS PRECEDING THE DATE OF THIS APPLICATION.

Our company policy is zero tolerance for violations of the controlled substance and/or alcohol regulations. Any positive tests (pre-employment, random, post-accident) will result in this application being denied. This certifies that all information therein is true and complete to the best of my knowledge; I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

DATE

APPLICANT SIGNATURE

**FIVE STAR TOURS
1050 KETTNER BLVD
SAN DIEGO, CA 92101
PHONE – 619-232-5040
FAX – 619-232-5040**

RELEASE OF INFORMATION

REGARDING CONTROLLED SUBSTANCE AND ALCOHOL TESTING RESULTS / PREVIOUS EMPLOYMENT AND COMMERCIAL DRIVING EXPERIENCE

APPLICANT NOTE: This document must be returned with your completed and signed application.

I hereby acknowledge that **FIVE STAR TOURS** will request the following information from any prior employer or any of their respective agents and employees as required by 382.413.

1. Alcohol test result with a breath alcohol concentration of 0.04 or greater?
2. Positive drug test results?
3. Refusals to submit to a required alcohol or drug test?
4. Other violations of DOT agency drug and alcohol testing regulations?
5. With respect to any employee who has violated a DOT drug and alcohol regulation, documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests?
6. Any positive pre-employment controlled substance tests and dates of such tests?

I understand that my refusal to sign this release will disqualify me from obtaining a commercial driving position with **FIVE STAR TOURS**.

I hereby authorize anyone to furnish **FIVE STAR TOURS** any information as may be required regarding my driving experience, personnel record, and/or character without recourse. I understand that if qualified, any misrepresentation or false statement on my driving application revealed at a later date shall be considered sufficient cause for disqualification. I also understand this release in no way assures the applicant will be qualified as a commercial driver for **FIVE STAR TOURS**

I hereby knowingly and voluntarily release all persons and entities from any and all claims or liabilities for releasing information described in this form to those identified in the preceding paragraphs.

I certify that I have read, understand and agree to all of the provisions of this form.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____ SOCIAL SECURITY NUMBER: _____

NOTE: THIS DOCUMENT MUST BE RETURNED WITH YOUR COMPLETED/SIGNED APPLICATION

FIVE STAR TOURS

DAC INFORMATION RELEASE

In conjunction with my application for employment (including contract services) with you, I understand that a consumer report, which may contain public record information, will be requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information; names and date of previous employers, reasons of termination of employment, work experience, accidents, etc. I further understand the report may contain public record information concerning my driving record, workers compensation claims, credit report, bankruptcy proceedings, criminal records, etc. from Federal, State and other agencies which maintain such records; as well as information from DAC Services concerning:

- Previous driving record requests made by others from such State agencies.
- State provided driving records.
- Claims involving myself in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by DAC Services to furnish the above mentioned information.

I have the right to make a request to DAC Services, upon proper identification, to request the nature and substance of all information in its files on myself at the time of my request, including the sources of information, and the recipients of any reports on myself which DAC Services has previously furnished within a two year period preceding my request. I hereby consent to your obtaining the above information from DAC Services and I agree that such information, which DAC Services has or obtains, and my employment history with you if I am hired, will be supplied by DAC Services to other companies which subscribe to DAC Services.

Signature

Date

FIVE STAR TOURS
1050 KETTNER BLVD
SAN DIEGO, CA 92101
PHONE: 619-232-5040
FAX: 619-232-7035

Company: _____

Individual: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Name of Applicant: _____ Social Security Number: _____

JOB APPLIED FOR: BUS DRIVER

1. This applicant lists dates of employment with your firm from: _____ To: _____

If incorrect, please list dates: _____

2. Did applicant drive a commercial motor vehicle for you company: Yes No Type: _____

3. Was applicant a CDL DRIVER? Yes No What CDL Class? A B C

4. Job classification with your company: _____

5. Number of accidents while employed with your company: _____

6. Why did employee leave your company: Resigned Discharged Laid-Off

7. Would you re-employ this person? Yes No Upon Review

8. Has applicant had any Hours-Of-Service violations that resulted in an Out-Of-Service order? YES NO

Have any tests been conducted on the applicant in the last 2 years for:

Alcohol: YES NO Controlled Substances: YES NO

IN THE PREVIOUS TWO YEARS HAS THE APPLICANT:

1. Tested 0.04 B.A.C. or greater on Alcohol Testing? YES NO if yes, dates: _____

2. Tested POSITIVE on Controlled Substances? YES NO if yes, dates: _____

3. Has applicant REFUSED any Alcohol Testing? YES NO if yes dates: _____

4. Has applicant REFUSED any Controlled Substance Testing? YES NO if yes, dates: _____

5. Other violations of DOT agency drug / alcohol testing regulations? YES NO If yes, dates: _____

6. Any positive pre-employment test results in past history? YES NO if yes, dates: _____

7. Did you ever receive any information from a previous employer That the individual violated any dot drug/alcohol regulations YES NO If yes, dates: _____

Please list previous employer before yourself: _____

Reason for leaving: _____

Signature of person providing information

Title

Date

Was the above a verbal response? YES NO

FIVE STAR TOURS

DECLARATION OF EMPLOYMENT STATUS

Under the Federal Motor Carrier Safety Regulations companies are required to verify the employment background of all prospective drivers for the preceding three (3) years. You have advised that you were unemployed or self-employed during the time period shown below. This form is designed to enable you to account for that period of your employment history, or period when you were not employed, which cannot be verified by any other means. In the section below, please fill in the dates and describe your activities during that time.

DATES: FROM _____ TO _____
MONTH / YEAR MONTH / YEAR

During the period specified I was engaged as follows:

I also confirm that during that period, the statements I have checked below are true:

- ____ 1. I was not employed in any capacity on a full-time or regular part-time basis.
- ____ 2. I was self-employed.
- ____ 3. I did not collect unemployment benefits during this time.
- ____ 4. I was not convicted of a crime or felony involving a motor carrier or any aspect of the trucking industry.
- ____ 5. I was not involved in a motor vehicle accident of any type.

The two people listed below, neither of whom is related to me in any manner, can verify the above information. I hereby authorize you to contact them and request that information, and authorize them to release that information to you.

Names, addresses and telephone numbers:

SIGNATURE: _____ DATE: _____

THIS FORM CAN BE USED TO ACCOUNT FOR UP TO 60 DAYS UNEMPLOYMENT ONLY. ANY LONGER PERIODS REQUIRE DOCUMENTED PROOF.