

FALCON TRANSPORTATION, INC.  
4155 W. CHICAGO AVENUE, SUITE 102  
CHICAGO, ILLINOIS 60651  
(773) 638-8000

## APPLICATION FOR TRAINING/EMPLOYMENT

TYPE OF POSITION APPLYING FOR: **BUS DRIVER TRAINING**  
**MECHANIC**

  

As an EQUAL EMPLOYMENT OPPURTUNITY/AFFIRMATIVE ACTION EMPLOYER, our company does not discriminate against applicants or employees because of their age, race, color, religion, national origin, sex (except where sex is a bona-fide occupational qualification) or on any other basis prohibited by law. Furthermore, our company will not discriminate against any applicant or employee because he or she is mentally or physically handicapped, a disabled veteran's, a veteran of the Vietnam era, or has a non-job related medical condition, provided he or she is qualfied and meets the requirements established.

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security \_\_\_\_\_  
(Last) (First)

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Street) (City)

Address: \_\_\_\_\_ How Long \_\_\_\_\_  
(for the (Street) (City)

past 3 \_\_\_\_\_ How Long \_\_\_\_\_  
years) (Street) (City)

Do you meet our state's minimum age requirement for work? Yes No

Do you have evidence of authorization to present in the U.S. to work if a job offer is made? Yes No

Do you wish to identify yourself to the company as a handicapped or a disabled persons? Yes No

If yes, explain: \_\_\_\_\_

Have you ever been convicted of a crime? Yes No

If yes, explain: (Where) (When) (Charge) (Sentence)

(Disclosure of a criminal record will not disqualify you for training. Each conviction will be evaluated on its own merit with respect to time, circumstances, and seriousness, in relation to the job and state requirements.)

Have you worked for this company or any of its subsidiaries? Yes No

If yes, when and where: \_\_\_\_\_

In case of emergency, we should contact Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_  
Area Code

Address: \_\_\_\_\_  
(Number) (Street) (City) (State) (Zip Code)

**WORK EXPERIENCE**  
(Most Recent Experience First)

| 1                     | PREVIOUS EMPLOYER and SUPERVISOR | PERIOD OF EMPLOYMENT | JOB RESPONSIBILITIES and DUTIES |
|-----------------------|----------------------------------|----------------------|---------------------------------|
|                       | Company Name                     | FROM                 | Starting                        |
| Address               | Month   Year                     | Starting Salary      |                                 |
|                       | Starting Salary                  |                      |                                 |
| City, State, Zip      | \$                               | Ending               |                                 |
|                       | Per Wk Mo Yr                     |                      |                                 |
| Name of Supervisor    | TO                               | Ending               |                                 |
| Title of Supervisor   | Month   Year                     |                      |                                 |
|                       | Ending Salary                    | Reason for Leaving   |                                 |
| Area Code   Extension | \$                               |                      |                                 |
| Phone Number ( ) ( )  | Per Wk Mo Yr                     |                      |                                 |

| 2                     | PREVIOUS EMPLOYER and SUPERVISOR | PERIOD OF EMPLOYMENT | JOB RESPONSIBILITIES and DUTIES |
|-----------------------|----------------------------------|----------------------|---------------------------------|
|                       | Company Name                     | FROM                 | Starting                        |
| Address               | Month   Year                     | Starting Salary      |                                 |
|                       | Starting Salary                  |                      |                                 |
| City, State, Zip      | \$                               | Ending               |                                 |
|                       | Per Wk Mo Yr                     |                      |                                 |
| Name of Supervisor    | TO                               | Ending               |                                 |
| Title of Supervisor   | Month   Year                     |                      |                                 |
|                       | Ending Salary                    | Reason for Leaving   |                                 |
| Area Code   Extension | \$                               |                      |                                 |
| Phone Number ( ) ( )  | Per Wk Mo Yr                     |                      |                                 |

| 3                     | PREVIOUS EMPLOYER and SUPERVISOR | PERIOD OF EMPLOYMENT | JOB RESPONSIBILITIES and DUTIES |
|-----------------------|----------------------------------|----------------------|---------------------------------|
|                       | Company Name                     | FROM                 | Starting                        |
| Address               | Month   Year                     | Starting Salary      |                                 |
|                       | Starting Salary                  |                      |                                 |
| City, State, Zip      | \$                               | Ending               |                                 |
|                       | Per Wk Mo Yr                     |                      |                                 |
| Name of Supervisor    | TO                               | Ending               |                                 |
| Title of Supervisor   | Month   Year                     |                      |                                 |
|                       | Ending Salary                    | Reason for Leaving   |                                 |
| Area Code   Extension | \$                               |                      |                                 |
| Phone Number ( ) ( )  | Per Wk Mo Yr                     |                      |                                 |

May we contact the employers listed above?      Yes      No  
 If no, indicate by number which one(s) you do not wish us to contact. \_\_\_\_\_

**RECORD OF EDUCATION**

|                                   | Dates Attended |    | Graduated |    | Type of Degree |
|-----------------------------------|----------------|----|-----------|----|----------------|
|                                   | From           | To | Yes       | No |                |
| High School                       |                |    | Yes       | No |                |
|                                   |                |    | Yes       | No |                |
|                                   |                |    | Yes       | No |                |
| College/Universities              | From           | To | Yes       | No |                |
|                                   |                |    | Yes       | No |                |
|                                   |                |    | Yes       | No |                |
| Other Business or Driving Schools | From           | To | Yes       | No |                |
|                                   |                |    | Yes       | No |                |
|                                   |                |    | Yes       | No |                |

Have you ever belonged to a club, organization, society or professional group which has a direct bearing on your qualifications for the job which you are seeking?

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**MILITARY SERVICE RECORD**

Have you ever been a member of the armed forces of the United States? Yes No  
 If yes, did you develop any special skills or abilities which directly relate to the job for which you are applying? \_\_\_\_\_

**DRIVING EXPERIENCE AND QUALIFICATIONS**

|                                  | State | Classification | License Number | Expiration Date |
|----------------------------------|-------|----------------|----------------|-----------------|
| <b>DRIVER &amp; BUS LICENSES</b> |       |                |                |                 |
|                                  |       |                |                |                 |
|                                  |       |                |                |                 |

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No  
 Has any license, permit or privilege ever been suspended or revoked? Yes No

If you answered yes to any of the above, (explain) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Show special courses or training that you have taken that will help you as a driver \_\_\_\_\_  
 \_\_\_\_\_

Which safe driving awards do you hold and from whom? \_\_\_\_\_  
 \_\_\_\_\_

**ACCIDENT REVIEW FOR PAST 5 YEARS**

(Attach sheet if more space is needed)

|                      | <b>Date</b> | <b>Description of Accident</b> | <b>Location</b> |
|----------------------|-------------|--------------------------------|-----------------|
| <b>Last Accident</b> |             |                                |                 |
| <b>Next Previous</b> |             |                                |                 |
| <b>Next Previous</b> |             |                                |                 |

**TRAFFIC CITATIONS FOR PAST 5 YEARS**

(Do not include parking violations)

| <b>Date</b> | <b>Type of Violation</b> | <b>Location</b> | <b>Penalty</b> |
|-------------|--------------------------|-----------------|----------------|
|             |                          |                 |                |
|             |                          |                 |                |
|             |                          |                 |                |

I UNDERSTAND THAT NOTHING CONTAINED IN THIS APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN FALCON TRANSPORTATION, INC., AND ME FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF ANY BENEFIT. (IF AFTER INTERVIEWING, TRAINING AND/OR PROCESSING AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I UNDERSTAND THAT MY EMPLOYMENT CAN BE TERMINATED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT THE OPTION OF EITHER FALCON TRANSPORTATION, INC. OR MYSELF.)

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IN MY APPLICATION MAY BE JUSTIFICATION FOR REFUSAL TO HIRE, OR TERMINATION OF EMPLOYMENT.

I FURTHER UNDERSTAND THAT AN INVESTIGATIVE REPORT MAY BE MADE AS TO MY CHARACTER AND GENERAL REPUTATION. I AUTHORIZE ALL PAST EMPLOYERS, SCHOOLS, PERSONS AND ORGANIZATIONS HAVING RELEVANT INFORMATION OR KNOWLEDGE TO PROVIDE IT TO FALCON TRANSPORTATION, INC. OR ITS DULY AUTHORIZED REPRESENTATIVE FOR ITS USE IN DECIDING WHETHER OR NOT TO OFFER ME EMPLOYMENT AND SPECIFICALLY WAIVE ANY REQUIRED WRITTEN NOTIFICATION. I HEREBY RELEASE EMPLOYERS, SCHOOLS, PERSONS AND ORGANIZATIONS FROM ALL LIABILITY IN RESPONDING TO INQUIRIES IN CONNECTION WITH MY APPLICATION. UPON WRITTEN REQUESTS BY ME, WITHIN A REASONABLE PERIOD OF TIME, FALCON TRANSPORTATION, INC. WILL MAKE AVAILABLE TO ME THE NATURE AND SCOPE OF ALL REPORTS OF EVERY TYPE OBTAINED, CONSISTENT WITH APPLICABLE STATE AND FEDERAL LAW. I ALSO AGREE TO ALLOW, WITHOUT NOTICE, FALCON TRANSPORTATION, INC. AND ITS AUTHORIZED REPRESENTATIVES TO RELEASE ANY AND ALL PERSONNEL RECORDS TO ITS CONTRACTING AGENCIES FOR THE PURPOSE OF ADHERING TO CONTRACTUAL COMPLIANCE, AND FEDERAL, STATE AND LOCAL LAWS.

THE TRAINING, IF ANY, PROVIDED TO YOU BY FALCON TRANSPORTATION, INC. WILL GREATLY ENHANCE YOUR CHANCES OF BEING LICENSED AS A BUS DRIVER. THE SKILLS LEARNED WILL BE USED BY MOST BUS OPERATIONS IN THIS STATE.

I UNDERSTAND THAT I MUST SUCCESSFULLY COMPLETE THE TRAINING PROGRAM, IF ONE IS PROVIDED, TO BE CONSIDERED FOR EMPLOYMENT AS A BUS DRIVER WITH FALCON TRANSPORTATION, INC. I ALSO UNDERSTAND THAT THE TRAINING IS WITHOUT COMPENSATION. APPLICATIONS FOR MECHANIC POSITIONS MAY REQUIRE CDL TRAINING.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE