Greyhound Lines, Inc.

15110 North Dallas Parkway
Dallas, Texas 75248

An Equal Opportunity Employer M/F/V/D

APPLICATION FOR DRIVER EMPLOYMENT

ATTACH YOUR RESUME IF YOU HAVE ONE.

This Company does not unlawfully discriminate with respect to age, sex, race, religion, national origin, disability or veteran status. The Age Discrimination in Employment Act of 1967, as amended, prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Please complete and print all information in blue ink. If a question does not apply, respond N/A. After reading the printed statements on the back, sign and date the application in ink.

PERSONAL

NAME: _____ ***SOCIAL SECURITY NUMBER:*** _____
LAST FIRST MIDDLE

ADDRESS: _____ ***DATE OF BIRTH:*** _____
CITY STATE ZIP

PHONE NUMBER: (____) _____ ***ALTERNATE PHONE NUMBER:*** (____) _____

RESIDENCE

LIST ALL ADDRESSES FOR THE PAST 10 YEARS BEGINNING WITH THE CURRENT ADDRESS (USE A SEPARATE SHEET IF NECESSARY)

NUMBER AND STREET	CITY	STATE	ZIP	FROM MO/YR	TO MO/YR
					PRESENT

GENERAL INFORMATION

1. Are you 22 years of age or older? ❑ YES ❑ NO
2. Are you a U.S. Citizen or do you otherwise have a legal right to work in this country? ❑ YES ❑ NO
3. Have you ever used another name (including maiden name if applicable)? ❑ YES ❑ NO If yes, show name used: _____
4. Have you ever applied for a Greyhound driver position before? ❑ YES ❑ NO If yes, _____ (Date) and _____ (Location)
5. Have you ever attended Greyhound Driver Training School? ❑ YES ❑ NO If yes, _____ (Date) and _____ (Location)
6. **Have you ever worked for Greyhound Lines, Inc.?** ❑ YES ❑ NO If yes, _____ (Date) and _____ (Location)
7. **Have you ever been convicted or pleaded guilty or no contest (nolo contendre) with regard to a criminal offense other than a traffic violation?** ❑ YES ❑ NO
8. If yes, state nature of offense(s), date(s), of conviction, and location(s) of court. _____
9. Have you ever been disciplined or discharged for theft, unauthorized removal of Company property, or any related offense? ❑ YES ❑ NO
10. Have you ever been disciplined or discharged for fighting, assault or related offenses? ❑ YES ❑ NO
11. Have you ever been disciplined or discharged for insubordination? ❑ YES ❑ NO
12. Have you ever been disciplined or discharged for violating a safety rule? ❑ YES ❑ NO
13. Have you ever been discharged or asked to leave a company? ❑ YES ❑ NO
14. Have you ever tested positive for drugs or alcohol? ❑ YES ❑ NO
    If yes, state the company, address and phone number: _____
    Were you discharged or disciplined? ❑ YES ❑ NO
15. Have you ever received a dishonorable discharge from the military service? ❑ YES ❑ NO
    If yes, please explain in the **"APPLICANT'S COMMENTS"** section.

Such convictions will not absolutely prohibit employment, but will only be considered in relation to specific job requirements.

If you've answered "Yes" to Questions 7 through 15, please EXPLAIN the circumstances (include city, state and company if applicable) in the "APPLICANT'S COMMENTS" section on the back.

EDUCATION

SCHOOL	NAME / ADDRESS OF SCHOOL	CITY / STATE	GRADUATED? (Y/N)	MAJOR / MINOR	DEGREE	GRADE AVERAGE
HIGH						
COLLEGE						
OTHER						

LICENSE INFORMATION

List all unexpired state motor vehicle operators license(s) or permit(s) you currently hold or have held in the past 12 months:

DRIVER LICENSE, CDL, OR CDL PERMIT NUMBER	ISSUING STATE	EXPIRATION DATE

Has your driver license or other permit or privilege to operate a motor vehicle ever been revoked, denied, suspended, or restricted (whether dismissed or reinstated)? ❑ YES ❑ NO **If yes, State** _____ **Year** _____

State in the "APPLICANT'S COMMENTS" section on the back, in detail the facts and circumstances of any denial, revocation or suspension, or restrictions (whether dismissed or reinstated) of any license, permit or privilege to operate a motor vehicle that has been issued to you.

Do you have a current DOT card? ❑ YES ❑ NO **If yes, what is the expiration date?** _____

If you have a CDL, do you have passenger endorsement? ❑ YES ❑ NO

CHECK THE TYPE OF VEHICLE OPERATED AND HOW LONG

❑ CAR _____ YEARS ❑ TRUCK _____ YEARS ❑ TRUCK/TRACTOR _____ YEARS ❑ BUS _____ YEARS

List violations of motor vehicle laws or ordinances ("traffic citations") other than parking, in the last 5 years where you were convicted, pled guilty, or forfeited bond or collateral. Continue in "APPLICANT'S COMMENTS" on the back.

LIST TRAFFIC CITATIONS (NOT PARKING) IN THE LAST 5 YEARS - CONTINUE ON A SEPARATE SHEET IF NECESSARY

MONTH / YEAR	TYPE OF CITATION	CITY / STATE	PLED GUILTY / CONVICTED		DISPOSITION (Fine, Suspended Sen., Etc.)
			YES	NO	

LIST ALL ACCIDENTS INVOLVED IN AS A DRIVER - CONTINUE ON A SEPARATE SHEET IF NECESSARY

MONTH / YEAR	NATURE OF ACCIDENT	CITY / STATE	NUMBER INJURED	NUMBER OF FATALITIES	WERE YOU CITED?

EMPLOYMENT HISTORY

You MUST account for all activities, including past employment (part-time and/or full-time), schooling, military service or periods of unemployment for the past 10 years. List your previous employers beginning with the current or most recent. Please print.

The Department of Transportation, Federal Motor Carrier Safety Regulations require that any person applying for a job as a commercial vehicle driver must inform the prospective of all previous employment as a driver of a commercial vehicle for the past 10 years, in addition to other required information about the applicant's employment history.

Employer 1.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	

Position subject to FMCSR? ❑ **YES** ❑ **NO** **Was position designated as a safety sensitive function subject to alcohol and controlled subtances testing as required by 49 CFR part 40?** ❑ **YES** ❑ **NO**

Employer 2.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	

Position subject to FMCSR? ❑ **YES** ❑ **NO** **Was position designated as a safety sensitive function subject to alcohol and controlled subtances testing as required by 49 CFR part 40?** ❑ **YES** ❑ **NO**

EMPLOYMENT HISTORY - CON'T.

Employer 3.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	

Position subject to FMCSR? ❑ **YES** ❑ **NO** **Was position designated as a safety sensitive function subject to alcohol and controlled subtances testing as required by 49 CFR part 40?** ❑ **YES** ❑ **NO**

Employer 4.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	

Position subject to FMCSR? ❑ **YES** ❑ **NO** **Was position designated as a safety sensitive function subject to alcohol and controlled subtances testing as required by 49 CFR part 40?** ❑ **YES** ❑ **NO**

Employer 5.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	

Position subject to FMCSR? ❑ **YES** ❑ **NO** **Was position designated as a safety sensitive function subject to alcohol and controlled subtances testing as required by 49 CFR part 40?** ❑ **YES** ❑ **NO**

Employer 6.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	

Position subject to FMCSR? ❑ **YES** ❑ **NO** **Was position designated as a safety sensitive function subject to alcohol and controlled subtances testing as required by 49 CFR part 40?** ❑ **YES** ❑ **NO**

Employer 7.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	

Position subject to FMCSR? ❑ **YES** ❑ **NO** **Was position designated as a safety sensitive function subject to alcohol and controlled subtances testing as required by 49 CFR part 40?** ❑ **YES** ❑ **NO**

Employer 8.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	

Position subject to FMCSR? ❑ **YES** ❑ **NO** **Was position designated as a safety sensitive function subject to alcohol and controlled subtances testing as required by 49 CFR part 40?** ❑ **YES** ❑ **NO**

Employer 9.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	

Position subject to FMCSR? ❑ **YES** ❑ **NO** **Was position designated as a safety sensitive function subject to alcohol and controlled subtances testing as required by 49 CFR part 40?** ❑ **YES** ❑ **NO**

Employer 10.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	

Position subject to FMCSR? ❑ **YES** ❑ **NO** **Was position designated as a safety sensitive function subject to alcohol and controlled subtances testing as required by 49 CFR part 40?** ❑ **YES** ❑ **NO**

Employer 11.)	Name & Title of Immediate Supervisor	Your Position	Reason for Leaving
Address		Your Hourly / Yearly Salary Start: End:	
City/State Zip	Phone	Employed From: To:	

Position subject to FMCSR? ❑ **YES** ❑ **NO** **Was position designated as a safety sensitive function subject to alcohol and controlled subtances testing as required by 49 CFR part 40?** ❑ **YES** ❑ **NO**

MAY WE CONTACT YOUR CURRENT PLACE OF EMPLOYMENT? ❑ YES ❑ NO

If no, please supply the name/title of a current work reference other than your immediate supervisor / manager.

Name _____ **Phone Number** _____

SEE BACK FOR APPLICANT'S COMMENTS

IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING

An inquiry will be made by a third party working on behalf of Greyhound Lines, Inc. to verify the accuracy and truthfulness of the information you have provided. Present and prior employers may be contacted for the purpose of investigating your qualifications, to include but not limited to employment verification, motor vehicle record and safety performance history, and drug & alcohol testing history.

I hereby authorize education institutions, law enforcement authorities, companies, any other organizations and individuals to release such information and documents as deemed appropriate or necessary by Greyhound Lines, Inc. I release all parties providing information from all liability connected with providing the information. NOTE: You have the right to be provided a copy of the safety performance history data provided to Greyhound Lines, Inc. by your previous employer/s. If you want to receive a copy of the safety performance history provided by your previous employer/s, you must request the copy in writing. If you want the previous employer to correct the data, you must request the previous employer to correct the data, or you may provide a written rebuttal.

Should any omissions or discrepancies arise in this application, your employment history, medical history, and motor vehicle record, due to incorrect or incomplete information furnished by you, the Company reserves the right to cease any further consideration of you for employment. Omissions or discrepancies discovered after employment will be grounds for termination.

Except as set forth in the Company's collective bargaining agreements, or as otherwise required by law, employment can be terminated at any time by the Company or the employee with or without prior notice. Only the President and his executive staff can modify this policy in individual cases. Any modifications must be in writing and signed by the authorizing officer to be enforceable.

Should any information deemed negative by the Company be discovered in the course of your background investigation, the Company reserves the right to cease any further consideration of you for employment. Any such negative information discovered in the course of your background investigation after employment will be grounds for termination.

Company policy prohibits the unlawful manufacture, distribution, dispensation, possession, or use of drugs or alcohol on Company property or while in Company uniform or any room or facility paid for or provided by the Company. Being under the influence or testing positive of any alcoholic beverage or illegal drug while on Company property or on duty, is cause for termination. For the purpose of this policy, "drugs" are defined as any drug which is not legally obtainable and/or any drug which is legally obtainable, such as prescription drugs, but which is not legally obtained, and is not being used for prescribed purposes, and/or is not being taken according to prescribed dosages.

Compliance with the drug and alcohol policy is a condition of original and continued employment. Consequently, a violation of any aspect of our policies will render Company employees subject to disciplinary action up to and including termination. This policy supplements other Company directives and policies on the issues. A urine sample will be collected and tested for controlled substances and a breath alcohol test (BAT) will be conducted for the detection of alcohol. I hereby agree to submit to a urine drug screen analysis and BAT.

All offers of employment are conditioned on the applicant's providing proper proof of eligibility to be employed in the United States. In addition, all offers of employment are conditioned upon meeting all Department of Transportation and Greyhound Lines, Inc., requirements for commercial drivers and successful completion of GLI's Driver Training Program.

This application is valid for six months from the date submitted. If you have not been hired within that time period, you must submit a new application to be considered.

By signing below, you acknowledge you have read and understood all the information provided above. This certifies that this application was completed by you, and that all entries on it and information in it are true and complete to the best of your knowledge.

Date Submitted _____ Signature _____

Print Name _____

APPLICANT'S COMMENTS

Please comment on how your education and prior experience satisfy the job functions of the position you are seeking. Note any special course work, honors, activities, and special projects, or any other data which would have a direct bearing on the job for which you are applying. Omit any information which may identify your age, race, sex, religion, national origin, evidence of a disability or veteran status. This section may also be used as additional space for listing residence, employment history, etc. Please print.