



**SCHEDULE AVAILABILITY**

- I am available **FULL-TIME** (40+ hours) and have **NO RESTRICTIONS** on my hours and days.
- I am available **FULL-TIME** (40+ hours) with the day / hour **RESTRICTIONS** as **MARKED BELOW**.
- I am available **PART-TIME** with the day / hour **RESTRICTIONS** as **MARKED BELOW**.

**SCHEDULE RESTRICTIONS**

Please shade in any hours which you are **NOT AVAILABLE** for work

**EXAMPLE:** If you cannot work Tuesdays between 10 AM and 5 PM, shade in these areas as shown:

	0100 1 AM	0200 2 AM	0300 3 AM	0400 4 AM	0500 5 AM	0600 6 AM	0700 7 AM	0800 8 AM	0900 9 AM	1000 10AM	1100 11AM	1200 NOON	1300 1 PM	1400 2 PM	1500 3 PM	1600 4 PM	1700 5 PM	1800 6 PM	1900 7 PM	2000 8 PM	2100 9 PM	2200 10PM	2300 11PM	2400 MID
TUE																								

	0100 1 AM	0200 2 AM	0300 3 AM	0400 4 AM	0500 5 AM	0600 6 AM	0700 7 AM	0800 8 AM	0900 9 AM	1000 10AM	1100 11AM	1200 NOON	1300 1 PM	1400 2 PM	1500 3 PM	1600 4 PM	1700 5 PM	1800 6 PM	1900 7 PM	2000 8 PM	2100 9 PM	2200 10PM	2300 11PM	2400 MID
SUN																								
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**NOTIFICATION AND AGREEMENT**

*Please read before signing*

**I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) MAY BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and qualified applicants for employment without regard to age, race, religion, color, sexual orientation, national origin, marital status, pregnancy, veteran status, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I understand that if offered a position with Shuttle Express, I will be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory result from, refusal to cooperate with, or any attempt to affect the results of these pre-employment testing checks may result in withdrawal of any employment offer or termination of employment if already employed.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the Company at any time, can constitute a contract of employment. I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms of conditions of employment. No representative or agent of the company has the authority to enter into any agreement of employment for any specific period of time or to make any change in any policy, procedure, benefit or other term or condition of employment or to make any agreement contrary to the foregoing, other than in a document issued by the Management Team of Shuttle Express.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Interview By: \_\_\_\_\_

Date: \_\_\_\_\_

**COMMERCIAL DRIVING EXPERIENCE**

*Please indicate number of years for each*

Vans \_\_\_\_\_ Trucks \_\_\_\_\_ Do you have a Commercial Drivers License?     YES    NO  
Taxi \_\_\_\_\_ Combination \_\_\_\_\_ Class A \_\_\_\_\_ Class B \_\_\_\_\_  
Limousine \_\_\_\_\_ Bus / School Bus \_\_\_\_\_ Passenger Endorsement? \_\_\_\_\_

Traffic convictions and forfeitures for the past 3 years (other than parking violations)     YES    NO  
(A YES response will not necessarily be a bar to employment)    If YES, please explain below:

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**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

<u>Date</u>	<u>Nature of Accident – Head-On, Rear-end, Upset, ECT.</u>	<u>Fatalities</u>	<u>Injuries</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Driver License Number information**

<u>State</u>	<u>License Number</u>	<u>Type</u>	<u>Expiration Date</u>
_____	_____	_____	_____

- A. Have you ever been denied a license, permit or privilege to operate a motor Vehicle?     YES    NO
- 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 the answer to either A or B is Yes please give details below:

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**EMPLOYMENT HISTORY**

Begin with your most recent employment [1] and continue with all past employment for last 10 years.

[1] From: \_\_\_\_\_ Company Name: \_\_\_\_\_ Wage: \_\_\_\_\_  
To: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title \_\_\_\_\_ Type of Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Phone# \_\_\_\_\_

[2] From: \_\_\_\_\_ Company Name: \_\_\_\_\_ Wage: \_\_\_\_\_  
To: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of Work \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

[3] From \_\_\_\_\_ Company Name: \_\_\_\_\_ Wage: \_\_\_\_\_  
To: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor name: \_\_\_\_\_ Phone#: \_\_\_\_\_

[4] From: \_\_\_\_\_ Company Name: \_\_\_\_\_ Wage: \_\_\_\_\_  
To: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

[5] From: \_\_\_\_\_ Company Name: \_\_\_\_\_ Wage: \_\_\_\_\_  
To: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Employment History (continued)**

[6] From: \_\_\_\_\_ Company Name: \_\_\_\_\_ Wage: \_\_\_\_\_  
To: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

[7] From: \_\_\_\_\_ Company Name: \_\_\_\_\_ Wage: \_\_\_\_\_  
To: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor name: \_\_\_\_\_ Phone#: \_\_\_\_\_

[8] From: \_\_\_\_\_ Company Name: \_\_\_\_\_ Wage: \_\_\_\_\_  
To: \_\_\_\_\_ Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Type of Work: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_ Phone #: \_\_\_\_\_