

Vancouver Tours & Transit Ltd.
Charter Bus Lines/Quick Coach Lines
8730 River Road, Delta, B.C. Canada V4G 1B5
Telephone: (604) 940-1707 Fax: (604) 946-0622

APPLICATION FOR EMPLOYMENT

Date of Application: _____ Name: _____
(Please Print)

Present Address: _____
_____ Postal Code: _____

Telephone - Home: _____ Cell: _____

Expected Salary: _____ Are you bondable? _____

Some of the questions may be considered a violation of the "Privacy Act". Answers to these questions are however a precondition to employment, as the information is required by the U.S. Department of Transport.

Addresses during the last 3 years (if different than above) _____

Do you wish FULL TIME? _____ Do you wish PART TIME? _____

Which areas of Charter Bus Lines/Quick Coach Lines are you interested in applying for:

Driver _____ Shop _____ Administration _____

Customer Service _____ Dispatch _____

Date you would be available for work? _____

List any friends presently working for us _____

This is an International Company and has an active Drug/Alcohol program which may require various types of testing. This is a condition of employment. Do you agree to this? _____

Is there any legal reason that would prohibit you from crossing the International Border?
(Yes_____ No _____)

Photocopy/attach a Drivers Abstract to the application (attached: Yes____ No____)

NOTE: Attach a photocopy of your drivers license if you are not in possession of an abstract (attached: Yes_____ No _____)

Contact person in the event of an emergency::

Name_____ Relationship_____

Address (if different than above)_____

Telephone Number(if different than above)_____

Have you had any major illness/injuries in the past 5 years?_____ If so please describe:

Have you received compensation for your injures?_____ If yes please describe:

BC Drivers License #_____ Class_____

Do you have an Air Brakes endorsement?_____

List any commercial vehicle experience, and types of equipment operated_____

List all motor vehicle accidents involved during the past 3 years stating the date and nature of accident including any personal injuries/fatalities_____

List all violations of motor vehicle laws (not including parking) of which you were convicted of during the past 3 years_____

Personal References: (Name, Occupation, Address & Telephone)

1. _____
2. _____
3. _____

As per U.S. D.O.T. Regulations, prior motor carrier employers may be contacted to verify safety performance history. You have the right to review information provided by a previous motor carrier employer

List below, beginning with most recent; your past employment for last 10 years:

1) Company: _____ Phone : _____

Address: _____

Position: _____ Salary: _____

Supervisor: _____ Employment Dates: _____

Reason For Leaving: _____

During your employment, were you subject to US DOT FMCSR's?(**Y / N**), and was this job designated as a safety designated function in any DOT regulated mode subject to alcohol and controlled substances testing requirements?(**Y / N**)

2) Company: _____ Phone : _____

Address: _____

Position: _____ Salary: _____

Supervisor: _____ Employment Dates: _____

Reason For Leaving: _____

During your employment, were you subject to US DOT FMCSR's?(**Y / N**), and was this job designated as a safety designated function in any DOT regulated mode subject to alcohol and controlled substances testing requirements?(**Y / N**)

3) Company: _____ Phone : _____

Address: _____

Position: _____ Salary: _____

Supervisor: _____ Employment Dates: _____

Reason For Leaving: _____

During your employment, were you subject to US DOT FMCSR's?(**Y / N**), and was this job designated as a safety designated function in any DOT regulated mode subject to alcohol and controlled substances testing requirements?(**Y / N**)

4) Company: _____ Phone : _____

Address: _____

Position: _____ Salary: _____

Supervisor: _____ Employment Dates: _____

Reason For Leaving: _____

During your employment, were you subject to US DOT FMCSR's?(**Y / N**), and was this job designated as a safety designated function in any DOT regulated mode subject to alcohol and controlled substances testing requirements?(**Y / N**)

May we contact the above employers? ____ If not, indicate by number which one(s) you do not wish us to contact _____

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient for dismissal.

Date: _____

Signature: _____