

**White Knight Limousine & Coach Company**  
**1500 Jade Road**  
**Columbia, MO 65201-1702**  
573-814-5466 573-814-2339 (fax) www.GoWhiteKnight.com

**Motor Coach Driver Application**

**PERSONAL INFORMATION (All personal information MUST be completed)**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How Long? \_\_\_\_\_ If you have lived at your present address for less than three (3) years please provide previous addresses.

1. City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Length \_\_\_\_\_

2. City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Length \_\_\_\_\_

3. City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Length \_\_\_\_\_

Preferred Contact Phone Number (indicate if this is "Cell"): \_\_\_\_\_

Home: \_\_\_\_\_ Fax/Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please attach explanation.

**EXPERIENCE & QUALIFICATIONS (Attach sheet if more space is needed)**

**LICENSE**

State	License Number	Class	Endorsements	Expiration Date
_____	_____	_____	_____	____/____/____

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 \_\_\_\_\_

C. Have you ever been convicted or pled no contest to a felony within the last five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to either A, B, or C is yes, attach a statement giving details.

**Driving Experience**

Class of Truck	Equipment Type	From	To	Approximate No. of Miles Driven
Motorcoach	_____	_____	_____	_____
Straight Truck	_____	_____	_____	_____
Tractor & Trailer	_____	_____	_____	_____
Other	_____	_____	_____	_____

**ACCIDENT RECORDED FOR PAST 3 YEARS OR MORE**

Date(s)	Nature of Accident (rear-end, rollover, etc.)	Fatalities/Injuries
____/____/____	_____	_____
____/____/____	_____	_____

**TRAFFIC CONVICTIONS FOR PAST THREE YEARS (OTHER THAN PARKING TICKETS)**

Date	Location	Charge	Penalty
____/____/____	_____	_____	_____
____/____/____	_____	_____	_____

**EMPLOYMENT HISTORY:** Please include ALL employment for the past three years and all Commercial Driving Experience for the past ten years

Attach a sheet if additional space is needed.

**Present Or Last Position:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Subject to FMCSR's? Yes \_\_\_\_\_ No \_\_\_\_\_ Subject to drug/alcohol testing requirements per 49 CFR part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

**Previous Employer #2**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Subject to FMCSR's? Yes \_\_\_\_\_ No \_\_\_\_\_ Subject to drug/alcohol testing requirements per 49 CFR part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Employment History continued on next page

**Previous Employer #3**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Subject to FMCSR's? Yes \_\_\_\_\_ No \_\_\_\_\_ Subject to drug/alcohol testing requirements per 49 CFR part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

**Previous Employer #4**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Subject to FMCSR's? Yes \_\_\_\_\_ No \_\_\_\_\_ Subject to drug/alcohol testing requirements per 49 CFR part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

**Previous Employer #5**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Subject to FMCSR's? Yes \_\_\_\_\_ No \_\_\_\_\_ Subject to drug/alcohol testing requirements per 49 CFR part 40? Yes \_\_\_\_\_ No \_\_\_\_\_

**Previous Employer #6**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Declaration of Employment Status (Gaps in History)**

If you were driving a CMV, you must provide complete employment history for the last 10 years. Any gaps in employment in excess of 1 month must be explained below:

Activity During Employment Gap: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Additionally, I affirm that I was not employed by any company or individual. Yes \_\_\_\_\_ No \_\_\_\_\_

Activity During Employment Gap: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Additionally, I affirm that I was not employed by any company or individual. Yes \_\_\_\_\_ No \_\_\_\_\_

**To Be Read and Signed by Applicant**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby authorize release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information of the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE.

Today's Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**Alcohol and Controlled Substance Consent and Release**

I understand that, as required by the Federal Motor Carrier Safety Regulations or company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post-Accident
- Follow Up (see company policy)
- Return-to-duty (see company policy)

I certify that I have read, understand, and agree to abide by the condition of this consent and release form. Failure to sign will prevent this employer from using you as a CMV driver.

Today's Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Applicant's Signature \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Print name: \_\_\_\_\_

**For Company Use Only**

Application Received on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ By: \_\_\_\_\_

Application Reviewed on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ By: \_\_\_\_\_

Applicant Interviewed      Yes      No      (If yes), Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Applicant given Road Test      Yes      No      (If yes), Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      Pass      Fail

Background Check Done      Yes      No      Date Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

DMV Check Done      Yes      No      Date Received \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Applicant Approved      Yes      No

Applicant Hired      Yes      No      (If yes), Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_