

INSTRUCTIONS FOR ONLINE APPLICATION

1. PRINT ALL 7 PAGES OF THIS FORM
2. ANSWER ALL THE QUESTIONS
3. CALL BARKER BUS COMPANY AT 732-302-0500 TO SCHEDULE AN INTERVIEW
4. BRING THIS COMPLETED FORM WITH YOU ON THE DAY OF YOUR APPOINTMENT

PLEASE NOTE: THIS APPLICATION CANNOT BE COMPLETED OR SUBMITTED ONLINE.

PLEASE ANSWER THE QUESTIONS ON ALL 7 PAGES

HOW DID YOU FIND OUT ABOUT BARKER BUS?

_____ NEWSPAPER AD, NAME OF PAPER: _____

_____ REFERRED BY ANOTHER DRIVER
DRIVERS NAME: _____

_____ RADIO
STATION NUMBER & APPROXIMATE TIME: _____

_____ YOUR OWN CHILD IS TRANSPORTED BY BARKER BUS
COMPANY

_____ WWW.BARKERBUS.COM

_____ OTHER
EXPLAIN: _____

YOUR NAME: _____

TODAYS DATE: _____

BARKER BUS COMPANY EMPLOYMENT APPLICATION

OFFICE USE: Rate: _____ Start Date: ___/___/___

PLEASE READ: It is understood that employment with BARKER BUS COMPANY, is "AT WILL" and that the employee or employer may terminate the employee at any time, and no oral or written promises regarding any term or conditions of employment can be made, or should be relied upon.

Referred By: _____ Today's Date: ___/___/___

Do you have your own transportation? Yes__ No__ Make: _____ License Plate # _____

Position Applied for: _____ Type of employment: Full time__ Part Time__ Summer__ Temporary__

NAME AND ADDRESS OF APPLICANT

Last Name : _____ First Name: _____ Middle Initial: _____

No. _____ Street: _____ City: _____ State: _____ Zip: _____

Social Security Number : _____ - _____ - _____ Are You Legally entitled to Work in the United States: Yes__ No__

Phone # _____ Cell # _____ Business# _____

Previous Address in the United States: _____

In Case of Emergency Notify: _____ Phone #: _____

Height: Ft. ___ Ins. ___ Weight: Lbs. ___ Date of Birth: ___/___/___

DRIVER LICENSE INFORMATION (Attach an additional sheet if more space is needed)

Do you have a valid Driver's License? Yes__ No__ If you checked yes please provide the following information:

State: _____ License #: _____ Type: _____ Expiration Date: ___/___/___

Have you ever had a Drivers License(s) in any other state? Yes__ No__ If you checked yes list them here:

State: _____ License #: _____ Type: _____ Expiration Date: ___/___/___

State: _____ License #: _____ Type: _____ Expiration Date: ___/___/___

State: _____ License #: _____ Type: _____ Expiration Date: ___/___/___

DRIVING EXPERIENCE Type of Equipment:

Bus: _____ Date of Operation: ___/___/___ to ___/___/___ Total Miles of Operation (Approx.): _____

Straight Truck: _____ Date of Operation: ___/___/___ to ___/___/___ Total Miles of Operation (Approx.): _____

Tractor/Semi-Trailer: _____ Date of Operation: ___/___/___ to ___/___/___ Total Miles of Operation (Approx.): _____

Other (Specify): _____ Date of Operation: ___/___/___ to ___/___/___ Total Miles of Operation (Approx.): _____

ACCIDENT RECORD: (Attach an additional sheet if more space is needed)

Date of Last Accident: ___/___/___
Nature of Accident (Head-on, rear-end, etc.): _____ No. of Fatalities: ___ No. of Injuries: ___

Date of Next Previous Accident: ___/___/___
Nature of Accident (Head-on, rear-end, etc.): _____ No. of Fatalities: ___ No. of Injuries: ___

Date of Next Previous Accident: ___/___/___
Nature of Accident (Head-on, rear-end, etc.): _____ No. of Fatalities: ___ No. of Injuries: ___

Date of Next Previous Accident: ___/___/___
Nature of Accident (Head-on, rear-end, etc.): _____ No. of Fatalities: ___ No. of Injuries: ___

Date of Next Previous Accident: ___/___/___
Nature of Accident (Head-on, rear-end, etc.): _____ No. of Fatalities: ___ No. of Injuries: ___

TRAFFIC CONVICTIONS and FORFEITURES FOR THE PAST 3 YEARS (Other than parking violations)

Location: _____ Date: ___/___/___ Charge: _____ Penalty: _____

Location: _____ Date: ___/___/___ Charge: _____ Penalty: _____

Location: _____ Date: ___/___/___ Charge: _____ Penalty: _____

Location: _____ Date: ___/___/___ Charge: _____ Penalty: _____

Location: _____ Date: ___/___/___ Charge: _____ Penalty: _____

Location: _____ Date: ___/___/___ Charge: _____ Penalty: _____

Location: _____ Date: ___/___/___ Charge: _____ Penalty: _____

Location: _____ Date: ___/___/___ Charge: _____ Penalty: _____

Location: _____ Date: ___/___/___ Charge: _____ Penalty: _____

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, attach a statement giving details

EDUCATION

Secondary School attended and Location: _____

Highest grade successfully completed: _____ Year Graduated: ___/___/___

University Attended and Location: _____

No. of Years Completed: _____ Year Graduated: ___/___/___ Degree: _____

Major Subjects of Specialization: _____

Community College Attended and Location: _____

No. of Years Completed: _____ Year Graduated: ___/___/___ Degree: _____

Major Subjects of Specialization: _____

Other Educational Training/Courses: _____

OFFICE SECRETARIAL APPLICATIONS
Skill/Aptitude

Computer: _____ Years of Experience: _____

Other: _____ Years of Experience: _____

List secretarial training courses completed and any other training which may be helpful in considering your application.

MECHANIC APPLICATIONS
Type of Experience

Light: _____ Years of Experience: _____

Medium: _____ Years of Experience: _____

Heavy: _____ Years of Experience: _____

Other: _____ Years of Experience: _____

EMPLOYMENT HISTORY PAST 3 YEARS (List present or most recent positions first)
Currently licensed CDL applicants, Must complete 10 year history. Additional spaces provided on next page.

1. Name of Employer: _____
Address: No. _____ Street: _____ City: _____ State: _____
Type of Business: _____ Dept.: _____ Your Position: _____
Duties: _____
Name and Position of Immediate Supervisor: _____
Date Employed: ___/___/___ Date Left: ___/___/___ Starting Salary: _____ Final Salary: _____
Reason for Leaving: _____

2. Name of Employer: _____
Address: No. _____ Street: _____ City: _____ State: _____
Type of Business: _____ Dept.: _____ Your Position: _____
Duties: _____
Name and Position of Immediate Supervisor: _____
Date Employed: ___/___/___ Date Left: ___/___/___ Starting Salary: _____ Final Salary: _____
Reason for Leaving: _____

3. Name of Employer: _____
Address: No. _____ Street: _____ City: _____ State: _____
Type of Business: _____ Dept.: _____ Your Position: _____
Duties: _____
Name and Position of Immediate Supervisor: _____
Date Employed: ___/___/___ Date Left: ___/___/___ Starting Salary: _____ Final Salary: _____
Reason for Leaving: _____

MAY WE ASK YOUR PRESENT EMPLOYER FOR A REFERENCE? Yes No

REFERENCES: (Please do not list relatives or former employers)

NAME	OCCUPATION	ADDRESS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Whom do you know in this company? _____

ALL APPLICANTS WHO CURRENTLY HAVE A CDL MUST COMPLETE THE FOLLOWING ADDITIONAL EMPLOYMENT HISTORY

4. Name of Employer: _____
Address: No. _____ Street: _____ City: _____ State: _____
Type of Business: _____ Dept.: _____ Your Position: _____
Duties: _____
Name and Position of Immediate Supervisor: _____
Date Employed: ___/___/___ Date Left: ___/___/___ Starting Salary: _____ Final Salary: _____
Reason for Leaving: _____

5. Name of Employer: _____
Address: No. _____ Street: _____ City: _____ State: _____
Type of Business: _____ Dept.: _____ Your Position: _____
Duties: _____
Name and Position of Immediate Supervisor: _____
Date Employed: ___/___/___ Date Left: ___/___/___ Starting Salary: _____ Final Salary: _____
Reason for Leaving: _____

6. Name of Employer: _____
Address: No. _____ Street: _____ City: _____ State: _____
Type of Business: _____ Dept.: _____ Your Position: _____
Duties: _____
Name and Position of Immediate Supervisor: _____
Date Employed: ___/___/___ Date Left: ___/___/___ Starting Salary: _____ Final Salary: _____
Reason for Leaving: _____

7. Name of Employer: _____
Address: No. _____ Street: _____ City: _____ State: _____
Type of Business: _____ Dept.: _____ Your Position: _____
Duties: _____
Name and Position of Immediate Supervisor: _____
Date Employed: ___/___/___ Date Left: ___/___/___ Starting Salary: _____ Final Salary: _____
Reason for Leaving: _____

ALL APPLICANTS WHO CURRENTLY HAVE A CDL MUST COMPLETE THE FOLLOWING ADDITIONAL EMPLOYMENT HISTORY

8. Name of Employer: _____
Address: No. _____ Street: _____ City: _____ State: _____
Type of Business: _____ Dept.: _____ Your Position: _____
Duties: _____
Name and Position of Immediate Supervisor: _____
Date Employed: ___/___/___ Date Left: ___/___/___ Starting Salary: _____ Final Salary: _____
Reason for Leaving: _____

9. Name of Employer: _____
Address: No. _____ Street: _____ City: _____ State: _____
Type of Business: _____ Dept.: _____ Your Position: _____
Duties: _____
Name and Position of Immediate Supervisor: _____
Date Employed: ___/___/___ Date Left: ___/___/___ Starting Salary: _____ Final Salary: _____
Reason for Leaving: _____

10. Name of Employer: _____
Address: No. _____ Street: _____ City: _____ State: _____
Type of Business: _____ Dept.: _____ Your Position: _____
Duties: _____
Name and Position of Immediate Supervisor: _____
Date Employed: ___/___/___ Date Left: ___/___/___ Starting Salary: _____ Final Salary: _____
Reason for Leaving: _____

11. Name of Employer: _____
Address: No. _____ Street: _____ City: _____ State: _____
Type of Business: _____ Dept.: _____ Your Position: _____
Duties: _____
Name and Position of Immediate Supervisor: _____
Date Employed: ___/___/___ Date Left: ___/___/___ Starting Salary: _____ Final Salary: _____
Reason for Leaving: _____

Scholarships:

Activities/ Interests (Student, Professional, Community, Etc.):

Publications, Patents And Thesis Subjects:

Languages (Spoken, Written, Read) Note Fluency:

Other Interests or Hobbies:

Special Talents:

We appreciate your interest in seeking employment with us, please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.
ADDITIONAL REMARKS:

ALL APPLICANTS MUST READ AND THEN CHECK EITHER YES or NO BELOW

Have I ever been convicted in New Jersey or any other state or jurisdiction of any crime or disorderly persons offense involving sexual offenses, child molestation, endangering the welfare of children or incompetents, arson, robbery, assault, kidnaping, murder or manslaughter, or violations of the New Jersey controlled Dangerous Substance Act?

YES ___ NO ___ IF YOU CHECKED YES, THEN YOU MUST EXPLAIN BELOW

Signature of Applicant: _____ **Date:** ___/___/___

EXPLAIN:

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in the application are correct.

If employed. I agree that all material created and produced whether in written, graphic or broadcasting form. all inventions new or changes in processes developed during my employment are the exclusive property of the company to use and/or sell and that subsequent to my employment with this company I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company.

I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last known address.

I consent to BARKER BUS COMPANY obtaining such personal and job-related information as required in connection with this application for employment

Date : ___/___/___ Signature of applicant: _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety regulations.

This application form complies with all Human Rights Legislation.