

APPLICATION FOR EMPLOYMENT

VIA Adventures, Inc.

Corporate Offices: 300 Grogan Ave., Merced CA 95341 - (209) 384-1315

Tempe Offices: 1826 East Third St., Tempe AZ 85281 - (480) 966-4940

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

(Answer all questions - please print)

Position(s) applied for _____

Name _____

Last

First

Middle

Date of application _____

Social Security No. _____

Phone Number _____

List your address of residency for the past 3 years.

Current	_____	_____	_____	_____	How Long	_____
Address	Street	City	State	Zip		Yr/mo
Previous	_____	_____	_____	_____	How Long	_____
Addresses	Street	City	State	Zip		Yr/mo
	_____	_____	_____	_____	How Long	_____
	Street	City	State	Zip		Yr/mo
	_____	_____	_____	_____	How Long	_____
	Street	City	State	Zip		Yr/mo

Do you have a legal right to work in the United States? _____

Date of Birth _____

Can you provide proof of age? _____

(Required for Commercial Drivers)

Have you worked for this company before? _____ Position Held _____ Dates _____

Reason for leaving _____ (From / To)

Who referred you? _____ Rate of pay expected _____

Names of any relatives working for us _____

Have you ever been convicted of a felony? _____

(If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.)

Special training or skills (languages, machinery, special certificates or licenses) _____

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain if you wish _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle. (Includes vehicles having a GVWR of 16,001 Lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.)

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATES
Name _____	From _____ To _____
City _____ State _____ Zip _____	Position Held _____
Contact Person _____ Phone # _____	Salary / Wage _____
Reason for leaving _____	
*Were you subject to the FMCSRs while employed? _____	
Was your job designated as a safety-sensitive function in any DOT -regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____	

EMPLOYER	DATES
Name _____	From _____ To _____
City _____ State _____ Zip _____	Position Held _____
Contact Person _____ Phone # _____	Salary / Wage _____
Reason for leaving _____	
*Were you subject to the FMCSRs while employed? _____	
Was your job designated as a safety-sensitive function in any DOT -regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____	

EMPLOYER	DATES
Name _____	From _____ To _____
City _____ State _____ Zip _____	Position Held _____
Contact Person _____ Phone # _____	Salary / Wage _____
Reason for leaving _____	
*Were you subject to the FMCSRs while employed? _____	
Was your job designated as a safety-sensitive function in any DOT -regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____	

EMPLOYER	DATES
Name _____	From _____ To _____
City _____ State _____ Zip _____	Position Held _____
Contact Person _____ Phone # _____	Salary / Wage _____
Reason for leaving _____	
*Were you subject to the FMCSRs while employed? _____	
Was your job designated as a safety-sensitive function in any DOT -regulated mode subject to the drug and alcohol testing requirements of 49 CFR Part 40? _____	

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weights or has a GVWR of 10,001lbs. or more, (2) is designed or need to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

EDUCATION

Highest Grade Completed _____	High School _____	College _____
	Diploma _____	Degree _____
Last School Attended _____		_____
Name	Location	

PERSONAL REFERENCES (No Relatives)

Name: _____	Length of time known: _____
Address: _____	
Phone: _____	Relationship: _____

Name: _____	Length of time known: _____
Address: _____	
Phone: _____	Relationship: _____

Name: _____	Length of time known: _____
Address: _____	
Phone: _____	Relationship: _____

EXPERIENCE AND QUALIFICATIONS—DRIVER

(List all driver licenses or permits held in the past 3 years)

Driver Licenses	State	License No.	Type	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

If the answer to either A or B is Yes, give details:

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Truck, Flat, Etc.)	Dates From / To	Approx. No. of Miles (Total)
Straight Truck:	_____	_____	_____
Tractor / Semi-Trailer:	_____	_____	_____
Tractor/Trailers:	_____	_____	_____
Motorcoach-School Bus (No. Pax):	_____	_____	_____
Other:	_____	_____	_____

Years of driving experience as a licensed driver: _____

List states operated in for the last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom: _____

ACCIDENT RECORD

(For past 3 years or more—If none, Write NONE)

Dates	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Fatalities	Injuries	Hazardous Material Spill
Last Accident: _____	_____	_____	_____	_____
Next Previous: _____	_____	_____	_____	_____
Next Previous: _____	_____	_____	_____	_____
(Attach sheet if more space is needed)				

TRAFFIC CONVICTIONS

(And forfeitures for the past 3 years - other than parking violations)
(If None, Write NONE)

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
(Attach sheet if more space is needed)			

ACKNOWLEDGMENT AND AUTHORIZATION

(TO BE READ AND SIGNED BY APPLICANT)

NAME _____ SOCIAL SECURITY NO. _____

I authorize VIA Adventures, mc. to make 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. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

I understand that information I provide regarding current and / or previous employers may be used, and those employer(s) 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 previous employers
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to 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.

I understand that I am required to abide by all rules and regulations of VIA Adventures, Inc. as permitted by law. I also understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I hereby agree to undergo a pre-employment drug screening as set up by the Human Resources Department and further authorize any additional drug screening as requested.

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.

Signature: _____ Date: _____

FOR COMPANY USE

Applicant Hired:	_____	Classification:	_____	Applicant Rejected:	_____
Date Employed:	_____	Point Count:	_____	Reason Rejected:	_____
Rate of Pay:	_____		_____		_____

VIA ADVENTURES, INC.
PRE-EMPLOYMENT DRUG TESTING ACKNOWLEDGMENT

I understand that as required by the Federal Motor Carrier Safety Administration and the Federal Transit Administration of the U.S. Department of Transportation, Title 49 CFR, Section 382 and Section 655, all applicants for employment in a position, which involves the performance of safety-sensitive functions must be tested for controlled substances as a pre-condition of employment,

I consent to the urine sample collection and testing for controlled substances.

I understand that a verified positive test result for controlled substances will render me unqualified to operate a commercial motor vehicle.

The medical review officer will maintain the results of my controlled substance test. Negative and positive results will be reported to the employer. If the results are positive, the controlled substance will be identified.

The results will not be released to any other parties without my written authorization.

I understand the above conditions and hereby agree to comply with them.

Print Name

Signature

Company Witness Signature

Date

Date

VIA ADVENTURES, INC.

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996, you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Section 382 and 391 of the Federal Motor Carrier Safety Regulations.

DUE PROCESS RIGHTS

- Applicants who want to review investigative information provided by their previous employer(s) must submit a written request to the prospective employer. This can be done at any time, including when applying or as late as 30 days after being employed or being notified of denial of employment.
- After receiving the request, the prospective employer must give the information to the applicant within five business days. If the requested information has not yet arrived from the previous employer(s), then the five business day's deadline begins when the prospective employer receives the information.
- The applicant must arrange to review the records within 30 days of the prospective employer making them available.
- The applicant has the right to have errors in the information corrected by the previous employer, and for that previous employer to re-send the corrected information to the prospective employer; and
- The applicant has the right to have a rebuttal statement to the alleged information, if the previous employer and the driver cannot agree on the accuracy of the information.

Print Name

Signature

Date