



# EMPLOYMENT APPLICATION

*Corporate Address:  
2111 E. Sherman Ave.  
Nampa, ID 83686*

*NAMPA LOCATION: Main: (208) 466-4181 Fax: (208) 466-2861  
VALLIVUE LOCATION: Main: (208) 455-2532 Fax: (208) 455-2534  
Website: [www.brownbuscompany.com](http://www.brownbuscompany.com)*

THE COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO A POLICY OF NONDISCRIMINATION (INCLUDING APPLICATION FOR EMPLOYMENT) ON ANY BASIS INCLUDING RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY, CITIZENSHIP, SEX, AGE, PHYSICAL OR MENTAL DISABILITY, MEDICAL CONDITION, PREGNANCY, VETERAN OR MILITARY STATUS, OR ANY OTHER BASIS PROHIBITED BY LOCAL, STATE, AND FEDERAL LAW.

APPLICANTS WITH DISABILITIES MAY BE ENTITLED TO REASONABLE ACCOMMODATION UNDER THE AMERICANS WITH DISABILITIES ACT AND STATE LAWS. PLEASE CONTACT HUMAN RESOURCES IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION OR PARTICIPATING IN THE APPLICATION PROCESS.

**PLEASE READ CAREFULLY <<<<<< >>>>>> PRINT ONLY & CLEARLY**

Name: \_\_\_\_\_  
Last First Middle Phone #

Address: \_\_\_\_\_  
Number & Street City & State Zip

Applying for Position as: \_\_\_\_\_ (Bus Driver position is Part-Time (4-6 hrs per day)) Wage Expected: \_\_\_\_\_

Are you 21 years of age or older? YES NO (please circle one) How long have you lived at the above address? \_\_\_\_\_

Is there any additional information, relative to any change of name, use of assumed name or nickname, that we will need to allow us to check the information you are providing on this form? If yes, please explain: \_\_\_\_\_

Who should we notify incase of an emergency during working hours? \_\_\_\_\_  
Name Phone #

Do you have any relatives or friends employed by Brown Bus Co.? YES NO (please circle one) If yes, please provide their names and relationship to you. \_\_\_\_\_

Have you ever worked for Brown Bus Co. before? YES NO (please circle one) If yes, please provide detail (when, where). \_\_\_\_\_

Are you currently employed? YES NO (please circle one) If yes, may we contact your current employer? \_\_\_\_\_

Please list organizations, clubs, professional associations or other groups to which you belong - you may omit those which indicate your race, religion, national origin, ancestry, sex or age: \_\_\_\_\_

Have you served in the military? YES NO (please circle one) If yes, please provide details. \_\_\_\_\_

**If you are hired, you will be required to submit to FBI fingerprint & Idaho Bureau of Criminal Identification background checks.**

**\*\*\* Please answer the following questions carefully & honestly. \*\*\*\***

Have you ever been CHARGED or CONVICTED of a MISDEMEANOR? YES NO (please circle one) If yes, please provide additional information (such conviction will not necessarily disqualify you from the position applied for): \_\_\_\_\_

EDUCATION / TRAINING			
Type	Name of School	City & State	Graduated (Y / N)
Junior High / Middle School			
High School			
Vocational / Other			
College			

RECORD OF EMPLOYMENT / EMPLOYER REFERENCES	
Employer (current):	
Address:	
Contact Person & Phone #:	Phone #:
Position / Responsibilities:	
Dates:	From: To:

Employer (most recent 1st):	
Address:	
Contact Person & Phone #:	Phone #:
Position / Responsibilities:	
Dates:	From: To:
Reason Left:	

Employer (next previous):	
Address:	
Contact Person & Phone #:	Phone #:
Position / Responsibilities:	
Dates:	From: To:
Reason Left:	

Employer (next previous):	
Address:	
Contact Person & Phone #:	Phone #:
Position / Responsibilities:	
Dates:	From: To:
Reason Left:	

Have you ever been reprimanded or terminated for sexual misconduct and/or had problems with sexual misconduct in your personal life? YES NO (please circle one) If yes, please provide details: \_\_\_\_\_

REFERENCE - personal friend	
Name:	
Address:	
Phone #:	
Occupation:	
Years Acquainted:	

REFERENCE - personal friend	
Name:	
Address:	
Phone #:	
Occupation:	
Years Acquainted:	

REFERENCE - relative	
Name:	
Address:	
Phone #:	
Relationship:	
Occupation:	
Years Acquainted:	

REFERENCE - relative	
Name:	
Address:	
Phone #:	
Relationship:	
Occupation:	
Years Acquainted:	

DRIVER'S LICENSE				
Driver's Licenses Held	State	License #	Class	Expiration Date

Please provide a copy of your current driver's license with this application. Copy included YES NO (please circle one)

DRIVING EXPERIENCE			
Class of Equipment	Vehicle Type	Dates	Approx. # of Miles
Class D (cars)			
Class C (trucks, buses)			
Class B (trucks, buses)			
Class A (semi-tractor & trlr)			

ACCIDENT RECORD						
DATE	TYPE OF ACCIDENT	VEHICLE TYPE	DEATH OR INJURIES	CITY OR COUNTY	NIGHT / DAY	EMPLOYER

Please provide further details, if necessary: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE	TYPE OF ACCIDENT	VEHICLE TYPE	DEATH OR INJURIES	CITY OR COUNTY	NIGHT / DAY	EMPLOYER

Please provide further details, if necessary: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE	TYPE OF ACCIDENT	VEHICLE TYPE	DEATH OR INJURIES	CITY OR COUNTY	NIGHT / DAY	EMPLOYER

Please provide further details, if necessary: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATE	TYPE OF ACCIDENT	VEHICLE TYPE	DEATH OR INJURIES	CITY OR COUNTY	NIGHT / DAY	EMPLOYER

Please provide further details, if necessary: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**If necessary, attach additional sheets to provide a full account of accident record.**

TRAFFIC VIOLATIONS			
DATE	VIOLATION TYPE	LOCATION	PENALTY

Has your driver's license ever been revoked? YES NO (please circle one) If yes, please details of the incident.

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Have you ever received any safe driving awards or other similar recognitions? \_\_\_\_\_

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**Please read and sign the following statements before submitting this application.**

**AT-WILL EMPLOYMENT AGREEMENT**

I understand and agree that if I am accepted, my employment will be for no definite period and may, regardless of the normal date of payment of my wages or salary, be terminated at the will or election of Brown Bus Company or the employee at any time, without previous notice or warning; moreover, I agree Brown Bus Company is not expected to demonstrate just cause or otherwise explain any termination (and any variation requires the written agreement between the employee and the President and/or Operations Manager of the Brown Bus Company). My wages, salaries, fringe benefits, holidays or any other compensation may be changed, with notice, at any time at the discretion of Brown Bus Company management. I agree to give written notice, personally delivered, to the President and/or Operations Manager of Brown Bus Company or the Human Resource Manager of the Brown Bus Company of any alleged wrongful acts, including illegal discrimination or safety violations immediately upon its occurrence, and understand there will be no retaliation as a result such notice.

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

\_\_\_\_\_  
Dat

**AUTHORIZE AND CERTIFY**

I authorize Brown Bus Company or it's agents to investigate my background to ascertain any and all information of concern to my record, whether same is of record or not, and release Brown Bus Company, it's agents, any persons named herein from all liability for any damages on account of furnishing such information. I understand that misrepresentations or omission of facts called for on the employment application may, if I am hired, result in termination of employment.

I certify that this application was completed by me and that all entries on it and information on it are true and complete. Furthermore, I have read and understand all of the conditions upon which any offer of employment may be made.

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

\_\_\_\_\_  
Dat

\_\_\_\_\_  
Interviewer Signature

\_\_\_\_\_  
Dat

Interview Comments / Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_