

EMPLOYMENT APPLICATION

Lucini Bus Lines is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, physical or mental disability, health care status or other protective status.

Personal

| Last Name | First | Middle | Initial | Social Security Number |
|------------------------------------|------------------------------|------------------------|---------|---|
| Other Names Used | | | | Home Telephone # |
| Address | City | State | Zip | Cell Phone # |
| E-Mail Address | | | | Availability to begin |
| Have you ever interviewe | ed with the company or its a | affiliates before? | | If yes list date(s), job title(s) and location(s) |
| Have you ever been emp | loyed with the company or | its affiliates before? |) | If yes list date(s), job title(s) and location(s) |
| Do you have any relative Yes No | s employed by the company | or its affiliates? | | If yes name(s), job title(s) and location(s) |
| Are you 21 years or older | ? | | | Referred By |
| Position Applying For | | | | Salary Desired |
| | | | | |
| | | | | |

| May we Contact your Current Employee for references? | Yes | 🗌 No |
|---|-----|------|
| If hired, would you be available for overtime? | Yes | 🗌 No |
| Have you ever pleaded guilty or no contest to, or been convicted of any criminal offense? | Yes | 🗌 No |
| If you answer "Yes" to the above question, please explain. | | |



Employment History

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

| Employed From | Employer Name | Supervisor Name | Starting Salary |
|-----------------------------|------------------|----------------------|-----------------|
| Employed Until | Employer Address | Supervisor's Phone # | Ending Salary |
| Job Title | | Reason For Leaving | |
| Duties and Responsibilities | | | |

| Employed From | Employer Name | Supervisor Name | Starting Salary |
|--------------------------|------------------|----------------------|-----------------|
| Employed Until | Employer Address | Supervisor's Phone # | Ending Salary |
| Job Title | | Reason For Leaving | |
| Duties and Responsibilit | ies | | |

| Employed From | Employer Name | Supervisor Name | Starting Salary |
|-----------------------------|------------------|----------------------|-----------------|
| Employed Until | Employer Address | Supervisor's Phone # | Ending Salary |
| Job Title | | Reason For Leaving | I |
| Duties and Responsibilities | 5 | | |

| Employed From | Employer Name | Supervisor Name | Starting Salary |
|-----------------------------|------------------|----------------------|-----------------|
| Employed Until | Employer Address | Supervisor's Phone # | Ending Salary |
| Job Title | 1 | Reason For Leaving | |
| Duties and Responsibilities | | | |



| Circle Highest Grade Completed | | High Schoo | ol | 9 | 10 | 11 | 12 |
|-----------------------------------|--------------------|-------------|-----------------|---|----|---------------------------|----|
| | | College, Tr | ade or Business | 1 | 2 | 3 | 4 |
| Graduate Studies | | | | | | | |
| School | Ac | ldress | Major Studies | | - | gree, Diplo se or Cert | |
| High School | | | | | | | |
| College University | | | | | | | |
| Graduate School | | | | | | | |
| Vocational, Business, or Other | | | | | | | |
| List Any Professional Designa | ations | | | | I | | |
| Other Special Knowledge, Sk | ills, or Qualifica | tions | | | | | |

Computer

| Software package | Years | Skill Level | Hardware | Years of |
|------------------|-------|------------------|-------------------|------------|
| | | (High, Med, Low) | (PC or Platforms) | Experience |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Shop | Applicants | | | | | |
|-----------------------|------------|-------|---------------------|-------|-------|--|
| | | | | | | |
| | Years | Month | | Years | Month | |
| Engine Tune up Diesel | | | Brakes and Steering | | | |
| Engine Tune up Gas | | | Lubrication | | | |
| Automotive Electrical | | | Tire Repair | | | |
| Transmissions | | | Other | | | |

Experience



| Driver Qualifications | | | | | | | | |
|---|-----------------|--------------------------------|-------|---|-------------------|--|--|--|
| | Class of | Type of Equipment (van, | Dates | | Approx. Number of | | | |
| | Equipmen | Truck, Bus, Auto) | | | Miles Total | | | |
| | t | | | | | | | |
| Straight Truck | | | | | | | | |
| Auto or Van | | | | | | | | |
| Bus | | | | | | | | |
| Other | | | | | | | | |
| List State Where a CDL was h | eld in the Last | 5 Years: | | | | | | |
| List Special Driving Courses or Specialized Driver Training | | | | | | | | |
| What Experience have you had working with Children? Explain | | | | | | | | |
| Have you ever Driven a | If Yes For wh | nat company or School District | Date | S | Salary | | | |
| Bus I Yes No I | | | | | | | | |

| License | State | License Number | Type/Class | Expiration Date | Air Brakes? | | | |
|---|--|----------------|------------|-----------------|-------------|--|--|--|
| Information | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Have you ever b | Have you ever been denied a license, permit or privilege to drive a motor vehicle? | | | | | | | |
| Has your license, permit, or privilege ever been suspended or revoked? \Box Yes \Box No | | | | | | | | |
| Have you ever in the past 3 years failed or refused a DOT mandated Drug test? Yes No | | | | | | | | |

Activities

List Current membership in civic, professional, social, or other organization:

List past memberships in Civic, professional, or other organizations:

List sports, hobbies, or other interest (Exclude any that indicate race color, sex, age, national origin, disability, religious preference, marital status, or sexual orientation):

Summary

Briefly summarize any additional information you believe are important in considering your application:



The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by the Company, I shall be subject to dismissal, if any information that I have given in this application, the background release form, in any resume or interview or any part of the hiring process is false or misleading or if I have failed to give any information herein requested, or if I withheld relevant information, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my Educational, professional and past employment history and references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment related about me to the Company and will hold the Company and my former employee harmless from any claim made on a basis that such information about me was provided or that an employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the company's intended to create an employment contract between the company and me under which my employment could be terminated only for cause. On the contrary I understand and agree that if hired my employment will be terminable at will and may be terminated by me or the company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If Employed, I will be required to provide original documents which verify my identity and the right to work in the United States under the immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of form I-9.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

I here be acknowledge that I have read and agreed to the above statements.

Signature

Date