

ROYAL COACHMAN

WORLDWIDE

Application for Employment

Applicant's Name: _____
Last First MI

Position Applied For: _____

Today's Date: ____ / ____ / ____

Please help our recruiting efforts by stating how you heard about this position:

NEWS PUBLICATIONS

- Bergen Record
- Citizen
- Daily Record
- Herald News
- Neighborhood News
- Star Ledger

WEBSITES

- Royal Coachman website
- Careerbuilder.com
- Craigslist.com
- Hotjobs.com
- Monster.com

REFERRED BY SOMEONE?

- Please state who referred you: _____

OTHER

- Please state: _____

FOR OFFICE USE ONLY

- Scheduled
- Walk in

Interviewed By (name & title): _____

Date of interview: _____

Considered for hire? (circle one): YES NO

If hired, anticipated Start date: _____

NOTE: This application is used for a variety of job openings. Some questions may not be applicable to the position for which you are applying.

Equal access to programs, service, and employment is available to all persons. Those applicants requiring reasonable accommodation to complete the application and/or interview process should notify the interviewer or a representative of the Human Resources Dept.

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Cell phone : _____

Email Address: _____

Date Available: _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

FOR DRIVING POSITIONS ONLY: Are you 25 years of age or older (insurance dictates drivers must be at least 25 years old) Yes No

Have you ever been employed Royal Coachman before? Yes No
 If yes, give dates and positions

Are you legally eligible for employment in this country? Yes No

Availability

Full-time Part-time

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Mornings							
Afternoons							
Evenings							

Military Service Record

Have you served in the Armed Forces of the United States?..... YES NO

Branch of Service: _____ Date of entry in service: _____

Date of discharge: _____ Rank at discharge: _____

Military training/awards received _____

Employment History

Starting with the most recent employer, please provide the following information for the last 10 years of your employment.

Company: _____	Phone: (____) _____	
Address: _____	Supervisor: _____	
Job Title: _____	Starting Salary: \$ _____	Ending Salary: \$ _____
Responsibilities _____		
From: _____	To: _____	Reason for Leaving: _____
May we contact this employer for a reference and/or employment verification?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If <i>No</i> , Please explain.		
Where you subject to the Federal Motor Carrier Safety Regulation (FMCSR's) while employed?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Was the job designed as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR part 40?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Company: _____	Phone: (____) _____	
Address: _____	Supervisor: _____	
Job Title: _____	Starting Salary: \$ _____	Ending Salary: \$ _____
Responsibilities _____		
From: _____	To: _____	Reason for Leaving: _____
May we contact this employer for a reference and/or employment verification?		YES <input type="checkbox"/> NO <input type="checkbox"/>
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Was the job designed as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR part 40?		YES <input type="checkbox"/> NO <input type="checkbox"/>

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Address: _____	Supervisor: _____	
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From: _____	To: _____	Reason for Leaving: _____
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If <i>No</i> , Please explain.		
Where you subject to the Federal Motor Carrier Safety Regulation (FMCSR's) while employed?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Was the job designed as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR part 40?		YES <input type="checkbox"/> NO <input type="checkbox"/>

Employment History

Continuation

Company: _____	Phone: _____	()	
Address: _____	Supervisor: _____		
Job Title: _____	Starting Salary: \$ _____	Ending Salary: \$ _____	
Responsibilities _____			
From: _____	To: _____	Reason for Leaving: _____	
May we contact this employer for a reference and/or employment verification?			YES NO <input type="checkbox"/> <input type="checkbox"/>
If <i>No</i> Please explain.			
Where you subject to the Federal Motor Carrier Safety Regulation (FMCSR's) while employed?			YES NO <input type="checkbox"/> <input type="checkbox"/>
Was the job designed as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR part 40?			YES NO <input type="checkbox"/> <input type="checkbox"/>

Company: _____	Phone: _____	()	
Address: _____	Supervisor: _____		
Job Title: _____	Starting Salary: \$ _____	Ending Salary: \$ _____	
Responsibilities _____			
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If <i>No</i> Please explain.			
Where you subject to the Federal Motor Carrier Safety Regulation (FMCSR's) while employed?			YES NO <input type="checkbox"/> <input type="checkbox"/>
Was the job designed as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR part 40?			YES NO <input type="checkbox"/> <input type="checkbox"/>

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Responsibilities _____			
From: _____	To: _____	Reason for Leaving: _____	
May we contact this employer for a reference and/or employment verification?			YES NO <input type="checkbox"/> <input type="checkbox"/>
If <i>No</i> Please explain.			
Where you subject to the Federal Motor Carrier Safety Regulation (FMCSR's) while employed?			YES NO <input type="checkbox"/> <input type="checkbox"/>
Was the job designed as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR part 40?			YES NO <input type="checkbox"/> <input type="checkbox"/>

please ask for another page if needed

Applicant Statement I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. "At Will" Employment: All employment and compensation with the Company is "at will" which means that your employment can be terminated with or without cause, at any time, at the discretion of either the Company or yourself, except as otherwise provided by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer has stated the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT

I certify that I have read, fully understand and accept all the terms of the foregoing Applicant Statement.

PRINTED NAME: _____

Signature of Applicant : _____

Date ____ / ____ / ____