



**CITIZEN
EXPRESS
LINES**

NOTES

APPLICANT

The attached "Employment Application" must be completed in accordance with **Federal Motor Carrier Safety Administration, §391.21 Application for employment.**

Each application form must be completed by the applicant, must be signed by him/her, and must contain the following information:

- (1) The date on which the application was submitted;
 - (2) The applicant's name, address, date of birth, and social security number;
 - (3) The addresses at which the applicant has resided during the 3 years preceding the date on which the application was submitted;
 - (4) The issuing State, number, and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to the applicant;
 - (5) The nature and extent of the applicant's experience in the operation of motor vehicles, including the type of equipment (such as buses, trucks, truck tractors, semi trailers, full trailers, and pole trailers) which he/she has operated;
 - (6) A list of all motor vehicle accidents in which the applicant was involved during the 3 years preceding the date the application is submitted, specifying the date and nature of each accident and any fatalities or personal injuries it caused;
 - (7) A list of all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which the applicant was convicted or forfeited bond or collateral during the 3 years preceding the date the application was submitted;
 - (8) A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred;
 - (9) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application was submitted,
 - (10) For those drivers applying to operate a commercial motor vehicle as defined by Part 383, a list of the names and addresses of the applicant's employers during the last 10 years preceding the date the application was submitted,
 - (11) The dates he or she was employed by that employer,
 - (12) The reason for leaving the employ of that employer,
 - (13) Was applicant subject to the FMCSRs while employed by that previous employer,
 - (14) Was the job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR part 40, and;
 - (15) Signature at the end of the application form.
- (16) In addition, a signature is required to the accompanying release and consent forms, **Security Survey/Interview Agreement and Pre-employment Drug Screening and Alcohol Testing Consent.**

A company representative will confirm the consents with the applicant at the time of the granted interview.



EXPIRES: _____ DESTROY: _____
(90 DAYS) (1 YEAR)

Citizen Trucking LLC
 DBA: Citizen Express Lines
 67 E. Baffert Dr.
 Nogales, AZ. 85621
 (520) 281-0400

Citizen Tours LLC
 DBA: Gray Line Tours
 3594 E Lincoln St.
 Tucson, AZ., 85714
 (520) 622-8811 (520) 624-6609

Citizen School Transport LLC
 67 E. Baffert Dr. 3594 E. Lincoln St.
 Nogales, AZ., 85621 Tucson, AZ. 85714
 (520) 281-0400 (520) 622-8811
 (520) 624-6609

AN EQUAL OPPORTUNITY EMPLOYER AND SUPPORTER OF THE AMERICAN WITH DISABILITIES ACT OF 1990

APPLICATION FOR EMPLOYMENT APPLICATION DATE _____

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

NOTICE: This application expires and will no longer be valid after 90 days from date of this application and at the end of the 90 days; it will be necessary to reapply by filling out a new application if applications are being accepted at that time.

NAME: _____
Last First Middle

ADDRESS: _____
Number Street City State Zip

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH _____

HOME PHONE _____ WORK: _____

Other Phone: _____ Cell phone Pager Message

POSITION DESIRED: _____

SALARY REQUIREMENTS: \$ _____ per _____

WORK: FULL-TIME PART-TIME DAY NIGHT

DATE AVAILABLE FOR WORK: _____

EDUCATION					
SCHOOL	DATE FROM/TO	NAME OF SCHOOL	CITY & STATE	MAJOR	DID YOU GRADUATE?
ELEMENTARY					
HIGH SCHOOL					
COLLEGE or JR COLLEGE					
OTHER (BUSINESS, VOCATIONAL, MILITARY, OJT, SPECIAL COURSES, etc.					

EMPLOYMENT RECORD – Applicants

Applicants to drive a commercial motor vehicle (1) in intrastate or interstate commerce shall provide a total of ten (10) years information on those employers for whom the applicant operated such vehicle. List complete mailing address, street number, city, state and zip code.

(1) Includes vehicles having a GVWR of 26,001 lbs or more, or vehicles designated to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

All other applicants must provide the following information on all employers during the preceding 3 years.

(Note: LIST EMPLOYERS IN REVERSE ORDER STARTING WITH THE MOST RECENT.)

If presently employed, may we contact your supervisor at work? Yes No

EMPLOYER			DATE			
Name:			From:		To:	
			Mo.	Yr.	Mo.	Yr.
Address:			Position Held:			
City: State: Zip			Salary/Wage			
Supervisor's Name: Phone #			Reason for leaving			
Were you subject to FMCSRs (2) while employed? [] Yes [] No						
<small>(2) 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) weighs or has a GVWR of 26,001 pounds or more, 2) is designed or used to transport 9 or more passengers, OR 3) is of any size and used to transport hazardous materials in a quantity requiring placarding.</small>						
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 40? [] Yes [] No						

EMPLOYER			DATE			
Name:			From: Mo.	Yr.	To Mo.	Yr.
Address:			Position Held:			
City:	State:	Zip	Salary/Wage			
Supervisor's Name:			Phone #		Reason for leaving	
Were you subject to FMCSRs (2) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<small>(2) 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) weighs or has a GVWR of 26,001 pounds or more, 2) is designed or used to transport 9 or more passengers, OR 3) is of any size and used to transport hazardous materials in a quantity requiring placarding.</small>						
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 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						

EMPLOYER			DATE			
Name:			From: Mo.	Yr.	To Mo.	Yr.
Address:			Position Held:			
City:	State:	Zip	Salary/Wage			
Supervisor's Name:			Phone #		Reason for leaving	
Were you subject to FMCSRs (2) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<small>(2) 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) weighs or has a GVWR of 26,001 pounds or more, 2) is designed or used to transport 9 or more passengers, OR 3) is of any size and used to transport hazardous materials in a quantity requiring placarding.</small>						
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 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						

EMPLOYER			DATE			
Name:			From: Mo.	Yr.	To Mo.	Yr.
Address:			Position Held:			
City:	State:	Zip	Salary/Wage			
Supervisor's Name:			Phone #		Reason for leaving	
Were you subject to FMCSRs (2) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<small>(2) 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) weighs or has a GVWR of 26,001 pounds or more, 2) is designed or used to transport 9 or more passengers, OR 3) is of any size and used to transport hazardous materials in a quantity requiring placarding.</small>						
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 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						

EMPLOYER			DATE			
Name:			From: Mo.	Yr.	To Mo.	Yr.
Address:			Position Held:			
City:	State:	Zip	Salary/Wage			
Supervisor's Name:			Phone #		Reason for leaving	
Were you subject to FMCSRs (2) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<small>(2) 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) weighs or has a GVWR of 26,001 pounds or more, 2) is designed or used to transport 9 or more passengers, OR 3) is of any size and used to transport hazardous materials in a quantity requiring placarding.</small>						
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 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						

EMPLOYER			DATE			
Name:			From: Mo.	Yr.	To Mo.	Yr.
Address:			Position Held:			
City:	State:	Zip	Salary/Wage			
Supervisor's Name:			Phone #		Reason for leaving	
Were you subject to FMCSRs (2) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<small>(2) 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) weighs or has a GVWR of 26,001 pounds or more, 2) is designed or used to transport 9 or more passengers, OR 3) is of any size and used to transport hazardous materials in a quantity requiring placarding.</small>						
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 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						

EMPLOYER			DATE			
Name:			From: Mo.	Yr.	To Mo.	Yr.
Address:			Position Held:			
City:	State:	Zip	Salary/Wage			
Supervisor's Name:			Phone #		Reason for leaving	
Were you subject to FMCSRs (2) while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<small>(2) 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) weighs or has a GVWR of 26,001 pounds or more, 2) is designed or used to transport 9 or more passengers, OR 3) is of any size and used to transport hazardous materials in a quantity requiring placarding.</small>						
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 40? <input type="checkbox"/> Yes <input type="checkbox"/> No						

DRIVER LICENSES List all driver's licenses or permits in the past 3 years	State	License Number	Type/Class	Endorsements	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

C. Are you at least 21 years of age? Yes No

If the answer to either A or B is yes, attach a statement giving details.

ACCIDENT RECORD FOR PAST 3 YEARS (Include all vehicle accidents)

DATE	Nature of accident (Head-on, Rear-end, etc.)	Fatalities (Number)	Injuries (Number)
Last Accident: _____			
Next Previous: _____			
Next Previous: _____			
Next Previous: _____			

TRAFFIC CONVICTIONS AND FORFEITURES OF BOND OR COLLATERAL IN PAST 3 YEARS (OTHER THAN PARKING)

Location	Date	Charge	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DRIVING EXPERIENCE

Class of equipment	Type of Equipment	DATES From To	Approx. Miles (Total)
Straight Truck			
Tractor/Semi-Trailer			
Shuttle van More than 8 passengers			
Motorcoach More than 15 passengers			
School Bus			
Other			

List States operated in for last five years: _____

List special courses or training you have completed which will help you as a driver: _____

Which safe driver awards do you hold and from whom? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

Show any transportation or other experience that might help in your work for this Company:

List courses and training other than shown elsewhere in this application:

REFERENCES (NOT RELATIVES)

NAME: _____	(ADDRESS)	PHONE _____
NAME: _____	(ADDRESS)	PHONE _____
NAME: _____	(ADDRESS)	PHONE _____
NAME: _____	(ADDRESS)	PHONE _____

ADDITIONAL INFORMATION – DRIVER APPLICANTS

ADDRESS FOR THE PAST THREE (3) YEARS

ADDRESS	CITY	STATE	ZIP

CLERICAL APPLICANTS – EXPERIENCE AND QUALIFICATION

Typing Skills: _____ W. P. M. Shorthand skills: _____ W. P. M.

Indicate training and years of experience in types of office work:

List types of office machines you can operate:

MAINTENANCE APPLICANTS – EXPERIENCE AND QUALIFICATION

List types of maintenance experience and years of each:

List equipment you can operate:

List courses and training in maintenance work:

AGREEMENT – TO BE READ AND SIGNED BY APPLICANT

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to the applicant's record, whether same is of record or not.

In addition, the applicant will not become an employee until employer has verified that the applicant is authorized to work under Federal Laws.

I understand that the information in this application will be used, and that prior employers may be contacted, for purpose of investigation as required by section 391 of the Motor Carrier Safety Regulations.

This applicant agrees to furnish such additional information and complete such examinations as may be required to complete his/her employment file.

I hereby request and authorize this Company, any person or persons, each former employer, or any Firm or Corporation referred to in this application to give any information or answer all questions asked concerning my ability, work or moral character in connection with this application, and release from liability or responsibility all persons, Companies or Corporations requesting or supplying such information. I further agree that any false statements will disqualify me for employment or cause my subsequent dismissal and that acceptance does not bind either party to a specific period of employment.

In consideration of employment, the applicant agrees to conform to the rules of **Citizen Equipment LLC, Citizen Tours, LLC, (Gray Line Tours), Citizen Trucking LLC, (Citizen Express Lines), Citizen School Transport, LLC** and recognizes that if hired, the applicant's employment and compensation can be terminated, with or without cause, and without notice, at any time, at the option of Citizen Equipment LLC, Citizen Tours LLC, Citizen Trucking LLC, Citizen School Transport, LLC or the employee. No individual foreman or supervisor has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

IMPORTANT: Any extraneous notations on any Company employment application forms (other than that which is specifically called for) will invalidate the entire application form.

EMPLOYMENT ON "AT WILL" BASIS: I understand that this employment application is not a contract of employment, and that any individual who is hired may voluntarily leave employment upon notice and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

This certifies that this application was completed by me, and that all entries on it and information in it is true and complete to the best of my knowledge.

Date

Applicant's signature



IMPORTANT NOTICE TO APPLICANT/EMPLOYEE

As condition of employment, you are required to participate in a written and/or computerized Security Survey and an oral Security Interview, which will be conducted by disinterested professionally trained examiner(s). The purpose of the Security Interview is basically to have the applicants screened by a professional to determine certain personal/work habits and past experiences. As a result, we will have a better idea of what type of person is applying for employment.

You will not be asked any questions about race, color, creed, living arrangements, religion, or union activities. Nor will you be asked any embarrassing questions or questions of a private nature. You will only be asked questions critical to the job for which you are applying.

Each applicant is requested to voluntarily complete the following agreement, which will become a part of your personnel file if you are hired.

SECURITY SURVEY/INTERVIEW AND POLYGRAPH AGREEMENT

I hereby agree to submit to a Security Survey or Interview as a condition of employment with **Citizen Equipment LLC, Citizen Tours LLC, (Gray Line Tours), Citizen Trucking LLC, (Citizen Express Lines), Citizen School Transport.** I further agree to submit to a polygraph examination (when legally appropriate) at any time while employed by this Company as considered necessary by management. At the same time, I understand that my refusal to submit to a polygraph will not in itself be grounds for termination.

I hereby release and hold harmless the companies listed above from any and all actions or liabilities arising from these examinations. I have executed this statement voluntarily and understand that if hired, the results of these interviews/examinations will become part of my personnel file with this Company but I hereby waive all claims that might have in connection with these or future examinations and results thereof.

(Date)

(Signature of applicant)

(Date)

(Interviewing company official)

General Office:	67 Baffert Dr.,	◇ Nogales, AZ.	◇ 85621	◇ (520) 281-0400	
Sales Office:	3594 E. Lincoln St.	◇ Tucson, AZ.	◇ 85714	◇ (520) 622-8811	◇ Fax (520) 622-8838
Operations/Maintenance:	3594 E. Lincoln St.	◇ Tucson, AZ.	◇ 85714	◇ (520) 624-6609	◇ Fax (520) 622-8838
				1-800-276-1528	



PRE-EMPLOYMENT
CONSENT AGREEMENT
DRUG SCREENING & ALCOHOL TESTING

I understand that pre-employment drug screening for controlled substances by urinalysis and alcohol testing by Evidential Breath Testing (EBT) is required as a condition of submitting my Employment Application and possible employment with **Citizen Equipment LLC, Citizen Tours LLC (Gray Line Tours), Citizen Trucking LLC (Citizen Express Lines), Citizen School Transport.**

I hereby consent to a urine sample collection and testing for the following listed controlled substances as well as being tested for ethanol (alcohol) by Evidential Breath Testing (EBT) as a condition of submitting an employment application and possible employment.

Drug

- Marijuana
- Cocaine
- Opiates (Morphine and Codeine)
- PCP (Phencyclidine)
- Amphetamines (Met amphetamines)

I understand that I will be medically disqualified and ineligible for employment for **Citizen Equipment LLC, Citizen Tours LLC (Gray Line Tours), Citizen Trucking LLC (Citizen Express Lines), Citizen School Transport** if my urinalysis test for controlled substances is positive. I also understand that I will be ineligible for employment if my alcohol test shows positive for alcohol use.

Negative and positive test results will be reported to **Citizen Equipment LLC, Citizen Tours LLC (Gray Line Tours), Citizen Trucking LLC (Citizen Express Lines), Citizen School Transport.** My written authorization is required for urinalysis and breath test results to be provided to any other parties.

I have read and fully understand the conditions set forth in this Pre-employment Consent Agreement by Urinalysis and Alcohol Testing by Evidential Breath Testing Device.

(Date)

(Printed Name - Applicant)

(Signature - Applicant)

(Date)

(Interviewing company representative)

General Office: 67 E. Baffert Dr. ♦ Nogales, AZ. ♦ 85621 ♦ (520) 281-0400
Sales Office: 3594 E. Lincoln St. ♦ Tucson, AZ. ♦ 85714 ♦ (520) 622-8811 ♦ Fax (520) 622-8838
Operations/Maintenance: 3594 E. Lincoln St. ♦ Tucson, AZ. ♦ 85714 ♦ (520) 624-6609 ♦ Fax (520) 622-8838
1-800-276-1528



TRAINING COST REIMBURSEMENT AGREEMENT

Citizen Tours, LLC (Gray Line Tours), Citizen Trucking LLC, (Citizen Express Lines), Citizen School Transport, LLC invests a large amount of time and money in training and processing of new drivers. While in training, you provide the time and we provide the training. Hiring and training a person to become a certified driver, whether motor coach or school bus, is a costly investment for the Company. For example, we pay for Professional Security Interview, Drug Screening Test, Background Check, Fingerprint Search (school bus), Driver training, First Aid, (school bus), Uniforms (coaches), etc. With the investment of these training costs, **Citizen Tours, LLC (Gray Line Tours), Citizen Trucking LLC, (Citizen Express Lines), Citizen School Transport, LLC** asks its new drivers for a commitment of one year.

All applicants must sign the following agreement before employment.

“If I leave the company of **Citizen Tours, LLC (Gray Line Tours), Citizen Trucking LLC, (Citizen Express Lines), Citizen School Transport, LLC** any time within my first 12 months of employment, I will reimburse **Citizen Tours, LLC (Gray Line Tours), Citizen Trucking LLC, (Citizen Express Lines), Citizen School Transport, LLC** for the cost of my training.”

(Signature)

(Date)

General Office: 67 Baffert Dr., ◊ Nogales, AZ. ◊ 85621 ◊ (520) 281-0400
Sales Office: 3594 E. Lincoln St. ◊ Tucson, AZ. ◊ 85714 ◊ (520) 622-8811 ◊ Fax (520) 622-8838
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◊ 1-800-276-1528