



DRIVER EMPLOYMENT APPLICATION

Please complete all portions of the employment application in order to be considered for employment with Polynesian Adventure Tours, LLC/Gray Line Hawaii. Qualified applicants will receive consideration for all positions without discrimination because of race, color, religion, sex, age, national origin, ancestry, marital status, arrest and court record, disability, sexual orientation, veteran status, or any other category prohibited by state or federal laws.

DATE OF APPLICATION:

GENERAL INFORMATION		
Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip Code:
Home Phone:	Mobile Phone:	Email:
Date of Birth:	SSN:	
Residing Address:		(City, State, Zip Code)
Mailing Address (If different from above):		(City, State, Zip Code)
Have you previously worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, prev. dates of employment: From to
Reason for leaving?		
What type of work are you looking for?		<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Upon hire, you will be required to present proof of age, authorization to work, and your social security number. Can you, upon employment, submit verification of your legal right to work in the United States?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, how long since last employed?
How were you referred to this position?		
Are you able to perform the essential functions of this position with or without reasonable accommodation?		<input type="checkbox"/> YES <input type="checkbox"/> NO

EDUCATION	
Highest Level Completed:	Degree/Diploma Received:
Last School Attended:	Address (include City, State, and Zip Code):

EMPLOYMENT HISTORY

Note: D.O.T. requires that DRIVER applicants show all employment history for at least ten (10) years. (Attach additional sheets if needed). No gaps in employment history are allowed.

PREVIOUS EMPLOYER		
Company Name:		Dates of Employment (MM/YY): From: To:
Street Address (include City, State, and Zip Code):		Phone Number:
Position Held:	Reporting Supervisor:	Salary/Rate of Pay:
Job Duties:		Reason for Leaving:
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS EMPLOYER #2		
Company Name:		Dates of Employment (MM/YY): From: To:
Street Address (include City, State, and Zip Code):		Phone Number:
Position Held:	Reporting Supervisor:	Salary/Rate of Pay:
Job Duties:		Reason for Leaving:
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS EMPLOYER #3		
Company Name:		Dates of Employment (MM/YY): From: To:
Street Address (include City, State, and Zip Code):		Phone Number:
Position Held:	Reporting Supervisor:	Salary/Rate of Pay:
Job Duties:		Reason for Leaving:
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS EMPLOYER #4		
Company Name:		Dates of Employment (MM/YY): From: To:
Street Address (include City, State, and Zip Code):		Phone Number:
Position Held:	Reporting Supervisor:	Salary/Rate of Pay:
Job Duties:		Reason for Leaving:
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EMPLOYER #5	
Company Name:	Dates of Employment (MM/YY): From: To:
Street Address (include City, State, and Zip Code):	Phone Number:
Position Held:	Reporting Supervisor:
Job Duties:	Salary/Rate of Pay:
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

EXPERIENCE AND QUALIFICATIONS

ACCIDENT RECORD				
Past three (3) years or more (attach separate sheet if more space is needed) If none, write NONE				
Last Accident:	Nature of accident:	Fatalities:	Injuries:	Hazardous Spill:
Last Accident:	Nature of accident:	Fatalities:	Injuries:	Hazardous Spill:
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TRAFFIC CONVICTIONS				
And forfeited bonds or collateral for the past three (3) years (other than parking convictions) If none, write NONE				
Violation:	Date Convicted:	City/State of Violation:	Penalty:	
Violation:	Date Convicted:	City/State of Violation:	Penalty:	
Violation:	Date Convicted:	City/State of Violation:	Penalty:	
DRIVER LICENSES				
List all driver licenses or permits held in the past three (3) years				
State:	License No:	Type and Endorsements	Expiration Date:	
State:	License No:	Type and Endorsements	Expiration Date:	
State:	License No:	Type and Endorsements	Expiration Date:	
Have you ever been denied a license, permit, or privilege to operate a motor vehicle?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any license, permit, or privilege ever been suspended or revoked?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
If the answer to any above questions is YES, give details below:				
DRIVING EXPERIENCE				
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Equipment:	From (MM/YY):	To (MM/YY):	Approx No. of Miles (Total)
TRACTOR/SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Equipment:	From (MM/YY):	To (MM/YY):	Approx No. of Miles (Total)
TWIN-TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Equipment:	From (MM/YY):	To (MM/YY):	Approx No. of Miles (Total)
PASSENGER BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	Type of Equipment:	From (MM/YY):	To (MM/YY):	Approx No. of Miles (Total)
OTHER:	Type of Equipment:	From (MM/YY):	To (MM/YY):	Approx No. of Miles (Total)

TO BE READ AND SIGNED BY APPLICANT

I consent to and authorize POLYNESIAN ADVENTURE TOURS, LLC/GRAY LINE HAWAII and its affiliates (“Company”) to make a full and complete investigation of my personal and employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or any other entity to provide to Company with any information of any sort (including fact or opinion) they may have regarding me.

It is the policy of the Company to hire only American citizens and aliens who are authorized to work in the United States. I understand that as a condition of my employment with POLYNESIAN ADVENTURE TOURS, LLC/GRAY LINE HAWAII or its affiliates, I will be required to produce original documents establishing my identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service Form I-9 in compliance with the Immigration Reform and Control Act of 1986.

I understand that my previous Department of Transportation (“DOT”) regulated employers will also be contacted for the purpose of investigating my safety performance history information as required by regulations. I understand that I have the right to review the information provided by the previous employers, to have errors corrected by the previous employer, and to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information. I further understand that if I choose to review investigative information from my previous DOT regulated employer(s), I must submit a written request to the company within 30 days. If I have not arranged to receive the requested records within 30 days of the Company making them available, I will be considered to have waived my request to review these records.

In consideration of the Company’s review of this Application, I release the Company and all providers of any information from any liability as a result of furnishing and receiving this information.

I agree that the Company may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment. The Company may withdraw a conditional employment offer if I have a criminal conviction record which bears a rational relationship to the duties and responsibilities of the position for which I am applying. Any criminal conviction record that involves certain Family Court matters will not be considered.

I understand that I may be required to submit to **substance abuse testing** and a post-offer medical examination as part of my application for employment with the Company. I also understand that I may be required to submit to a medical examination at any time during my employment with the Company, provided the examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory analyzing any specimen obtained by the examination and/or testing to disclose the results of the examination and/or substance abuse test to the Company in accordance with state and federal laws.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

This certifies that this application was completed by me, and that all entries on it and information provided on it are true and complete to the best of my knowledge. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if I am employed by the Company.

I understand that should I be considered for employment with the company, **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE**. I understand and agree that only the President of the Company has the authority to enter into any agreement to employ me for any specified period of time or to modify my status as an at-will employee and that any such agreement must be made in writing.

Applicant’s Signature

Date

FOR COMPANY USE (Include Dates)			
HR Pre-Screening:	Abstract/History/PUC:	Safety Screening:	Interview Date:
Operations Screening:	Pre-Employment DT Sent:	DT/CA Received:	Scheduled Date of NHP:



2880 KILIHOU STREET, HONOLULU, HAWAII 96819

www.polyad.com

I, _____, consent to and authorize **POLYNESIAN ADVENTURE TOURS INC/GRAY LINE HAWAII** to make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, credit agency, government agency, or any other entity to provide POLYNESIAN ADVENTURE TOURS INC/GRAY LINE HAWAII with any information they may have regarding me for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. In consideration of POLYNESIAN ADVENTURE TOURS INC/GRAY LINE HAWAII's review of my application for employment, I release POLYNESIAN ADVENTURES TOURS INC/GRAY LINE HAWAII and all providers of information from any liability arising from the disclosure or receipt of such information.

Applicant's Signature

Date



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DRIVER PRE-EMPLOYMENT VERIFICATION OF TESTING RESULTS

APPLICANT NAME:	
SOCIAL SECURITY NUMBER:	
In the past 2 years, have you tested positive for any Controlled Substances Pre-Employment test with any other company?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the past 2 years, have you refused to be tested for any Controlled Substances Pre-Employment test for any other company?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the past 2 years, have you tested above .04 on any Alcohol Pre-Employment test for any other company?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered YES to any of the above questions, please document which Substance Abuse Professional (SAP) you consulted:

Name of SAP:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

 Applicant's Signature

 Date