

WOODBRI
999 Riverside Drive
Keasbey, NJ. 08832
732.661.1620
732.661.1621

DAPPER
GEORGE DAPPER, INC
Transporting Your Children Safely
www.dapperbus.com

TRENTON
265 Whitehead Road
Trenton, NJ. 08619
609.587.7883
609.587.0369

WELCOME TO THE COMPANY

Thank you joining our Company! We would like to welcome you, and wish you every success in your employment here.

We hope that you will find your employment at George Dapper, Inc. to be a rewarding experience. We look forward to the opportunity of working together to create a more successful company. We believe that each employee contributes directly to our growth and success, and we hope that you will take pride in being a member of our team.

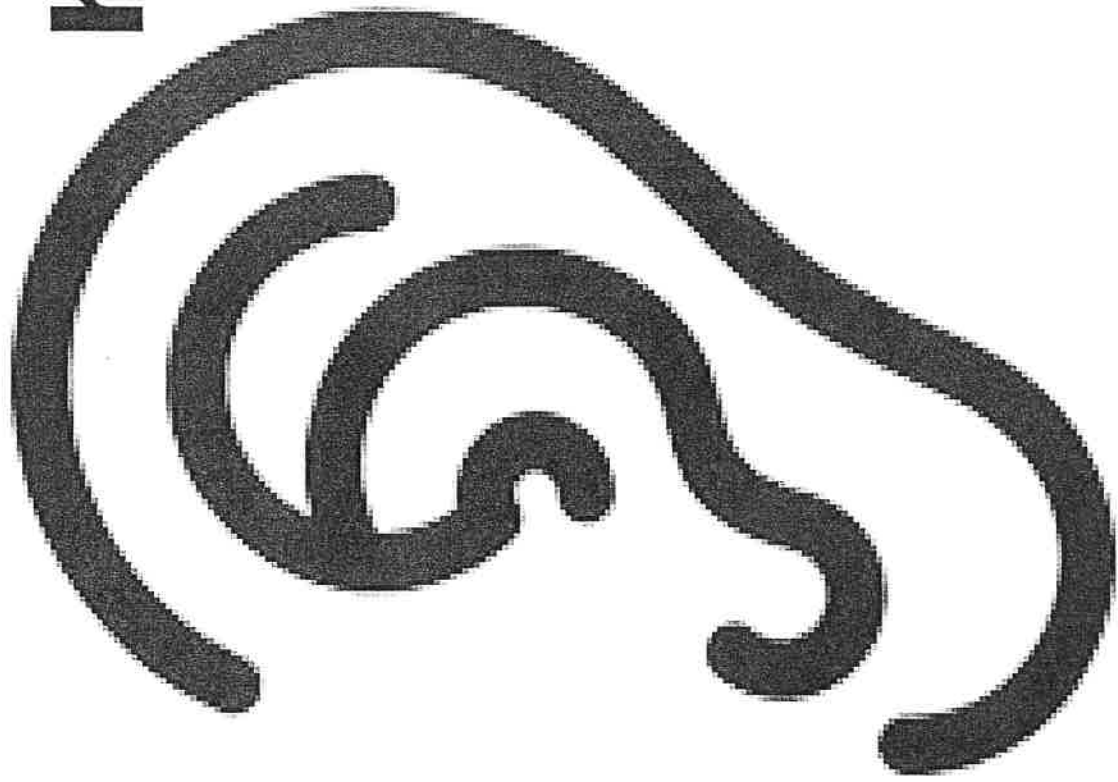
You have joined an organization that has established an outstanding reputation for quality. Credit for this goes to everyone in the organization. We hope you too, will find satisfaction and take pride in your work here. We hope that your experience will be challenging, enjoyable and rewarding.

We extend to you our personal wishes for your success.

Regards,

Carli Dapper and Family
George Dapper Inc.

How did you hear about us?



WEBSITE
WHICH ONE?

CRAIGSLIST

DINER PLACEMATS

INDEED

FLYERS

WORD OF MOUTH
RECOMMENDATION

ATTENTION ALL APPLICANTS

**WE GUARANTEE A MINIMUM OF
4 HOURS A DAY, BUT THE HOURS
MAY BE LONGER.**

**THE HOURS THAT YOU MUST BE
AVAILABLE TO WORK ARE
SCHOOL BUS HOURS WHICH CAN
BE FROM 6:00 AM TO 9:30 AM AND
FROM 1:30 PM TO 5:00 PM,
MONDAY THRU FRIDAY.**

**SUBSTITUTE AND PART TIME
DRIVERS ARE WELCOME TO
APPLY.**

**THANK YOU FOR YOUR
COOPERATION IN THE MATTER.**

George Dapper Inc.
APPLICATION FOR EMPLOYMENT

TODAY'S DATE _____

George Dapper Inc. is an EOE,
 (Equal Opportunity Employer)

PERSONAL INFORMATION

Last Name		First	Middle	Date
Street Address				Home Phone
City, State, Zip				Cell Phone
Have you ever worked, or applied to work for George Dapper Inc. before?				How long at current address? (Mo/yr)
Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Month & Year		What Location:		
Position Desired CIRCLE ONE DRIVER AIDE		Full Time Yes <input type="checkbox"/> No <input type="checkbox"/> (If positions are available) Part Time Yes <input type="checkbox"/> No <input type="checkbox"/> Am and Pm Yes or No (circle)		How did you hear about us? Circle One Newspaper Website Internet Word of Mouth Flyer Recommendation Other _____
YOU MUST BE AVAILABLE TO WORK MORNINGS AND AFTERNOONS				
Do you have a Commercial Driver's License? If yes, what Type?				What Endorsements? Drivers ONLY
Have you had any points on your license in the past 3 years? If so, for what?				License Number
Have you had your license suspended, revoked, or denied? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain.				State of License
Have you ever been disqualified subject to Part 391 of the Federal Motor Carrier Safety Regulations?				Expiration Date of License
Social Security No. Required by FMCSR Part 391.21 (b) (2)				Date of Birth Required by FMCSR Part 391.21 (b) (2)

EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	COURSE OF STUDY	NO.OF YEARS COMPLETED	DID YOU GRADUATE ?	DEGREE OR DIPLOMA
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
High				Yes <input type="checkbox"/> No <input type="checkbox"/>	

EMPLOYMENT HISTORY

Please give accurate, complete (full-time and part-time) employment information. Start with present or most recent employer.

Company Name	Telephone
Address	Employed (state month & year) From To
Name of Supervisor	
Job Title and Description of Work Duties	Reason for Leaving
Company Name	Telephone
Address	Employed (state month & year) From To

Name of Supervisor	
Job Title and Description of Work Duties	Reason for Leaving
Company Name	Telephone
Address	Employed (state month & year) From To
Name of Supervisor	
Job Title and Description of Work Duties	Reason for Leaving
In your past, were any job positions covered under the FMCSR Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what job?	Have you ever been fired or asked to resign by an employer? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Please explain

PERSONAL REFERENCES

Name	Telephone
Address	Cell #
Relationship	# Of years
Name	Telephone
Address	Cell #
Relationship	# Of years

What is your previous address?	How long were you living at your previous address? (Mo/yr)
Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If not, employment is subject to verification of minimum legal age.</i>	Please explain any gaps of employment of more than 30 days, in the last 3 years.
State the names of relatives and/or friends working for George Dapper Inc. that referred you to our company.	Do you have any physical disabilities that would interfere with your job?
Have you been convicted of a crime in the past ten years, including misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? This includes anything that may be pending in the court system. <i>Exempt by N.J. Chapter 32 Act Title 34 C.34: 6B-16 (6) (b)</i> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, describe in full:	
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If hired, can you show evidence of your legal right to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
List any other names you have used in the past.	When are you available to begin working?

I am aware and understand that I am applying for a safety sensitive position and am subject to all the rules, regulations and policies, of this company and the state and federal government.

The information requested in this application is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity.

George Dapper is an Equal Opportunity Employer (EOE).

George Dapper Inc. complies with the Civil Rights Act of 1964, which prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination on the basis of age with respect to certain individuals. In addition, we do not discriminate based upon ancestry, marital status or physical or mental handicap or disability, or sexual orientation.

I verify that the information provided in the application for employment is true, correct and complete. If employed, any misstatements, falsifications, or omissions of fact on this application, or any pre-application document may result in my termination.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I am aware that I am an "AT WILL" employee. If an employee relationship is established, I understand that such employment is terminable at will at any time, for any reason, with or without cause, and with or without notice. In addition, no one is authorized to make any exceptions to this policy, without written authority from the owner/president or his or her designee.

I, authorize George Dapper Inc. to conduct a full background check, including but not limited to the following: criminal history check (both state and federal), any DOT (Dept. of Transportation) background checks, or any FTA (Federal Transit Administration) background checks.

I understand, and agree that my employment is conditioned upon taking and passing a "pre-employment drug test", passing a doctor's physical examination, passing a company background check(s), and having all the necessary/satisfactory paperwork submitted to the office, to complete my application.

Applicant NAME Print _____

Applicant Signature _____

Date _____

By signing above, I agree and understand ALL of the statements contained in this application.

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REQUEST INFORMATION

RE: _____

DATE: _____

To Whom It May Concern:

_____ has applied to our Company for a job.

In accordance with Federal Regulations 49 CFR Part 40, 382, 563, 653, 654, 655 and the Drug Free Workplace Act, I would like to submit this request/consent for information from previous employer(s) alcohol and controlled Substances testing record to your Company to be completed and returned to my attention as soon as possible. In addition, we are requesting information, as required by law regarding any DOT reportable crashes involving the above referenced individual(s).

Thank you in advance for your cooperation in this matter.

Human Resources

GEORGE DAPPER INC. SAFETY PERFORMANCE HISTORY RECORD

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____ First M.I. Last Social Security Number _____	
Hereby authorize: _____ Date of Birth _____	
Previous Employer: _____ Email: _____	
Street: _____ Telephone: _____	
City, State, Zip: _____ Fax No.: _____	
To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ (employment application date)	
To: Prospective Employer: _____ Attention: _____ Telephone: _____ Street: _____ City, State, Zip: _____	
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.	
Prospective employer's fax number: _____ Prospective employer's email address: _____	
_____ Applicant's Signature	_____ Date
This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER			
ACCIDENT HISTORY				
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/>				
Employed as _____ from (m/y) _____ to (m/y) _____				
1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____				
2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> , sign below and return.				
ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.				
Date	Location	# Injuries	# Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ _____ _____				
Any other remarks: _____ _____ _____				
Signature: _____				Date: _____
Title: _____				Date: _____

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> 	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p>	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> Complete the information Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Turn form over to complete SIDE 2 SECTION 3 	<p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none"> Record receipt of the information Retain the form
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