



Dear Applicant:

Thank you for your interest in becoming a team member and driver at GTO, LLC, dba MTR Western/OC&W Coachways , the premier motor coach company in Western North America.

Your first step is to fully and accurately complete the attached employment application. Federal motor carrier regulations require that we obtain specific information from you as a part of the application process. Please ensure that all questions are answered and all requests for clarification or additional information are completed. You may attach additional paperwork if necessary.

**Incomplete applications will not be considered for any position with GTO, LLC**

We have included an additional employment history sheet for those who may need it. Remember, you must provide the previous **ten years** of employment history when applying for a position involving the operation of a commercial vehicle. This information must include both a valid mailing address and telephone number for every company you worked for in the last ten years. Any period of more than thirty days between jobs must be accounted for fully.

In the experience and qualifications section, please list all states in which you have held a drivers license for the immediate past five years. Please attach an **original copy** of your five-year complete driving record from the Department of Licensing. *Be sure to ask for a five-year complete record and not a three-year employment record!* GTO, LLC will conduct a more thorough background investigation of all applicants than required by Federal regulations. GTO, LLC will conduct any out-of-state license checks on your behalf, if necessary.

**Please note that due to the volume of applications received, GTO, LLC does not accept telephone inquiries regarding application status.** If an opening exists that matches your skills and qualifications, we will contact you for an interview.

Please return your completed application to:

**Human Resources  
16 W Harrison Street  
Seattle, WA 98119**

**DRIVER'S APPLICATION FOR EMPLOYMENT**

(Answer all questions thoroughly – please print in blue or black ink)

DATE OF APPLICATION: \_\_\_\_\_

NAME

First	Middle	Last

CURRENT ADDRESS

Street	City

State	Zip Code	Phone Number

PREVIOUS ADDRESSES

Street	City

State	Zip Code	Dates

Street	City

State	Zip Code	Dates

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE US? YES NO

SOCIAL SECURITY NUMBER

(Required for Commercial Drivers)

\_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ CAN YOU PROVIDE PROOF OF AGE? YES NO  
(Required for Commercial Drivers)

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

(If yes, please explain fully on a separate sheet of paper)

ARE YOU CURRENTLY EMPLOYED? YES NO

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

WHAT IS YOUR DESIRED START DATE? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

WHAT IS YOUR DESIRED RATE OF PAY? \$\_\_\_\_\_ per hour / \$\_\_\_\_\_ per month

CAN YOU WITH OR WITHOUT REASONABLE ACCOMMODATION YES NO  
PERFORM THE FUNCTIONS OF THIS JOB?

## EMPLOYMENT HISTORY

All driver applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. List complete mailing address for each (street number, city, state and zip code).

**Applicants wishing to drive commercial motor vehicles (vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placards) shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle(s).**

**(Note: List employers in reverse order starting with the most recent. Add another sheet if necessary.)**

EMPLOYER	DATE	
NAME	From	To
ADDRESS (Street)	Position Held	
CITY, STATE, ZIP	Salary/Wage	
CONTACT	PHONE NUMBER	
DID YOU DRIVE A VEHICLE REQUIRING A CDL?    YES    NO		
WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?    YES    NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40?    YES    NO		
Reason for Leaving		

EMPLOYER	DATE	
NAME	From	To
ADDRESS (Street)	Position Held	
CITY, STATE, ZIP	Salary/Wage	
CONTACT	PHONE NUMBER	
DID YOU DRIVE A VEHICLE REQUIRING A CDL?    YES    NO		
WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?    YES    NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40?    YES    NO		
Reason for Leaving		

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NAME	From	To
ADDRESS (Street)	Position Held	
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CONTACT	PHONE NUMBER	
Reason for Leaving		
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WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?    YES    NO		
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40?    YES    NO		

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*GTO, LLC is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, sexual orientation, or any other status protected under local, state or federal laws.*

**EMPLOYMENT HISTORY (continued)**

<b>EMPLOYER</b>		<b>DATE</b>	
NAME		From	To
ADDRESS (Street)		Position Held	
CITY, STATE, ZIP		Salary/Wage	
CONTACT	PHONE NUMBER	Reason for Leaving	
DID YOU DRIVE A VEHICLE REQUIRING A CDL?    YES    NO			
WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?    YES    NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40?    YES    NO			

<b>EMPLOYER</b>		<b>DATE</b>	
NAME		From	To
ADDRESS (Street)		Position Held	
CITY, STATE, ZIP		Salary/Wage	
CONTACT	PHONE NUMBER	Reason for Leaving	
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WERE YOU SUBJECT TO THE FMCSR'S* WHILE EMPLOYED?    YES    NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49CFR PART 40?    YES    NO			

\* The federal Motor Carrier Safety Regulations (FMCSR'S) 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 10,001 lbs or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

## SAFETY HISTORY

**ACCIDENT RECORD** – For the past 3 years. If none, write NONE.

Date	Nature of Accident	Fatalities or Injuries

**TRAFFIC CONVICTION RECORD** – For the past 3 years. If none, write NONE.

Date	Location	Charge	Penalty

## EDUCATION

**CIRCLE HIGHEST GRADE COMPLETED:**

**HIGH SCHOOL** 1 2 3 4

**TRADE OR VOCATIONAL SCHOOL** \_\_\_\_\_

**COLLEGE** 1 2 3 4

## DRIVER EXPERIENCE AND QUALIFICATIONS

<b>DRIVER LICENCES</b>	STATE	LICENSE NO.	TYPE	EXP. DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES or NO

B. Has any license, permit or privilege ever been suspended or revoked? YES or NO

If you answered "YES" to either A or B, provide details. \_\_\_\_\_

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**DRIVING EXPERIENCE** – If none, write NONE.

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc)	DATES		APPROX # OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR / SEMI TRAILER				
TRACTOR – TWO TRAILERS				
MOTORCOACH / BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS \_\_\_\_\_

LIST ANY SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER

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WHICH SAFE DRIVING AWARDS (IF ANY) DO YOU HOLD AND FROM WHOM?

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How did you hear about our company?

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**TO BE READ AND SIGNED BY APPLICANT**

(Please read carefully before signing)

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by GTO, LLC (hereinafter referred to as "GTO", "MTR" or "the Company") that such employment is at-will, for no specified duration and may be terminated by either the Company or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of GTO or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of GTO except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of MTR.

*GTO, LLC is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, sexual orientation, or any other status protected under local, state or federal laws.*

In consideration for employment with GTO, if employed, I agree to conform to the rules, regulations, policies and procedures of the company at all times and understand that such obedience is a condition of employment. I understand that due to the nature of GTO business, attendance and punctuality are considered essential requirements of every job at the Company and that poor attendance or tardiness will result in disciplinary action up to and including termination.

I understand that if offered a position with GTO, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I understand that the information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to GTO and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

**BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.**

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE