



140 Alahele Place, Kihei, HI 96753
 808.879.2828 ~ hr@akinatours.com
 www.akinatours.com

Application for Employment – Driver

Akina Tours & Transportation is an equal opportunity employer. The Company’s policy is not to discriminate against any applicant or employee based on race, color, sex, age, disability, religion, national origin, ancestry, marital status, arrest and court record, sexual orientation, military or veteran status, or any other basis protected by applicable law.

PLEASE PRINT				
Last Name:		First Name:		Middle Initial:
Street Address:			From:	To:
City:	State:	Zip Code:	Phone:	Email:
Social Security	Date of Birth		Position Applying For:	
PREVIOUS RESIDENCY WITHIN THE LAST THREE YEARS (IF APPLICABLE)				
Street Address:			From:	To:
City:		State:	Zip Code:	
Street Address:			From:	To:
City:		State:	Zip Code:	
Street Address:			From:	To:
City:		State:	Zip Code:	
Are you 21 years of age or older?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a valid Hawaii Driver's License?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
CDL: <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE _____			ENDORSEMENTS: <input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> Other	
What days are you available to work? <small>Check all that apply</small>			Mon ____ Tues ____ Weds ____ Thurs ____ Fri ____ Sat ____ Sun ____	
Upon hire, you will be required to submit verification of your legal right to work in the United States. Are you able to do this?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION		
High School:	Address:	Degree/Diploma Received:
College:	Address:	Degree/Diploma Received:
Other:	Address:	Degree/Diploma Received:

CURRENT OR LAST EMPLOYER		
<p>Applicants that desire to driver in intrastate/interstate commerce must provide the following information on all employers during the previous 10-years, starting with the most current or recent job. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record). Include any job related military service assignments and volunteer activities. If you have been self-employed, list up to five of your major clients. If the employment history does not include 10-years, please explain the gap of employment.</p>		
Company Name:		Dates of Employment From: _____ To: _____
Street Address:		Phone Number:
Position Held:	Supervisor Name:	May we contact this employer?
Job Duties:		Reason For Leaving
Provide an explanation for any gaps in employment.		
May we contact your current employer at this time?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you operate a commercial vehicle for this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this employment?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was this position designated as a safety-sensitive function in a DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer #2		
Company Name:		Dates of Employment From: _____ To: _____
Street Address:		Phone Number:
Position Held:	Supervisor Name:	May we contact this employer?
Job Duties:		Reason For Leaving
Provide an explanation for any gaps in employment.		
Did you operate a commercial vehicle for this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this employment?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was this position designated as a safety-sensitive function in a DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer #3		
Company Name:		Dates of Employment From: _____ To: _____
Street Address:		Phone Number:
Position Held:	Supervisor Name:	May we contact this employer?
Job Duties:		Reason For Leaving
Provide an explanation for any gaps in employment.		
Did you operate a commercial vehicle for this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this employment?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was this position designated as a safety-sensitive function in a DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer #4	
Company Name:	Dates of Employment From: _____ To: _____
Street Address:	Phone Number:
Position Held:	Supervisor Name: May we contact this employer?
Job Duties:	Reason For Leaving
Provide an explanation for any gaps in employment.	
Did you operate a commercial vehicle for this employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was this position designated as a safety-sensitive function in a DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Previous Employer #5	
Company Name:	Dates of Employment From: _____ To: _____
Street Address:	Phone Number:
Position Held:	Supervisor Name: May we contact this employer?
Job Duties:	Reason For Leaving
Provide an explanation for any gaps in employment.	
Did you operate a commercial vehicle for this employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) during this employment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was this position designated as a safety-sensitive function in a DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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 question is YES, please provide details.			

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)

ACCIDENT RECORD

Past three (3) years or more (attach separate sheet if more space is need). If none, write NONE.

Last Accident:	Nature of Accident:	Fatalities:	Injuries:	Hazardous Spill:
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TRAFFIC CONVICTIONS

Forfeited bonds or collateral for the past (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:
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MOTOR VEHICLE DRIVER'S CERTIFICATION VIOLATIONS

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Check this box if you have had no violations in the past 12 months.

Date:	Offense:	Location:	Type of Vehicle Operated:
Date:	Offense:	Location:	Type of Vehicle Operated:
Date:	Offense:	Location:	Type of Vehicle Operated:
Date:	Offense:	Location:	Type of Vehicle Operated:
Date:	Offense:	Location:	Type of Vehicle Operated:

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Driver's Printed Name	Driver's Signature	Date
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Akina Tours & Transportation	140 Alahele Place, Kihei, HI 96753	
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Motor Carrier Name	Motor Carrier Address
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Joanna Bailey	Human Resource & Payroll Manager	
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Reviewer Printed Name	Reviewer Signature	Title	Date
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CERTIFICATIONS AND QUALIFICATIONS

Summarize your additional job skills, certifications, training and/or study that may be relevant for the desired position.

PROFESSIONAL REFERENCES

List individuals who can provide us with information about your ability to perform the job for which you are applying.

Name:	Occupation:	Phone Number:	No. of years known
Name:	Occupation:	Phone Number:	No. of years known
Name:	Occupation:	Phone Number:	No. of years known

DISCLAIMER AND SIGNATURE - Please read carefully before signing. I understand and agree that:

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. Any false or misleading information made in this application or interview (s) are grounds for disqualification from further consideration for employment or for dismissal from employment. Such information includes, if any, a resume or supplemental materials.

This application is not a contract of employment. If offered employment, **my employment with company is at-will and can be terminated at any time and for any reason with or without advance notice by myself or the company.**

The Company may investigate my personal and/or employment history, excluding salary history. Any former employer, school, government agency, or other person/entity may provide the Company with any information they may have regarding me; provided the information does not pertain to salary history. If employed by the Company, the Company may provide truthful information (including fact or opinion) regarding my employment to any future employer. I release the Company and all providers of such information from any liability which may arise as a result of furnishing and/or receiving such information.

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 is more than 10-years old (excluding periods of incarceration) or that involves certain Family Court matters will not be considered.

If hired, I shall not disclose or use confidential information belonging to prior employers and that I will inform Company of any agreements that would limit my ability to work for the Company. All of the foregoing terms and conditions will become part of my employment relationship with Company if I am employed by the Company.

Applicant Print Name

Date

Applicant Signature

Date