

Thank you for your interest in employment with Brad & Kim Dalrymple, Inc.

<http://www.bkdalrymple.com/employment/application.pdf>

Or Complete Our Convenient Electronic Online Application!

Follow The Link Below (Click On It) And Complete Our Application Easily Online:
(This is the quickest way to get your application to us and we will call you to schedule an interview)

<https://bkdalrymple.formstack.com/forms/application>

You May Also Contact Us By Email or Telephone to Request a
Paper Application Be Mailed To You (see details below on contact information)

Please read all portions of the following application carefully. If you are not scheduled for an interview
please return the application to our company via U.S. Mail or any other preferred carrier to:

Brad & Kim Dalrymple, Inc.
Attn: Human Resources
2700 Belvidere Road
Phillipsburg, NJ 08865

*Please note that at this time applicants must already possess the necessary license and endorsements to
legally operate a fifty-four (54) passenger New Jersey registered school bus.
B&K Dalrymple, Inc. is not providing driver training for new applicants with no prior experience.*

We are unable to make ANY exceptions to this policy.

Should any questions or concerns arise please feel free to contact us:

Via Phone at 908-859-3215 between 9:00 AM and 3:30 PM or via Email 24/7 at

employment@bkdalrymple.com

Thank you again for your interest in our corporation!

Brad & Kim Dalrymple, Inc. is an equal opportunity employer and all qualified applicants will receive
consideration for employment without regard to race, color, religion, sex, national origin, disability
status, protected veteran status, or any other characteristic protected by law.

APPLICATION FOR EMPLOYMENT

Brad and Kim Dalrymple, Inc.

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

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. 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 Brad & Kim Dalrymple, Inc.

Signature: _____

Date: _____

DRIVER APPLICANTS ONLY

I understand that 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:

- 1) Review information provided by previous employers;
- 2) 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 3) 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.

Signature: _____

Date: _____

The U. S. Department of Transportation requires that driver applicants state their date of birth (§391.21 (b)(2)).

Date of Birth: _____ / _____ / _____ (month / day / year)

Applicant Name: _____
First Middle Last

Social Security No. _____

*Current Address: _____
Street City State Zip Code

Phone _____

* If at current address less than seven years, list below all residences for the last seven years. Attach separate sheet if needed.

Street City State Zip Code

Street City State Zip Code

Position applying for: _____ Temporary _____ Part Time _____ Full Time _____

Who referred you or what Advertisement? _____ Pay Rate Requested: _____

Have you worked for this company before? If yes, enter dates: _____

Reason for Leaving? _____

Name of Any Relatives Employed By Company? _____

Are you currently employed? _____ If not, how long since leaving last employment? _____

EDUCATION

Highest Grade Level Completed? _____ College? _____ Advanced Degree(s)? _____

Name of Last School Attended (Include City & State of School): _____

DRIVER EXPERIENCE & QUALIFICATION

LICENSES					
	State	License Number	Class	Endorsement(s)	Exp Date
List ALL Licenses Held In the Past 7 Years					

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle for ANY reason? _____

B. Has any license, permit or privilege ever been suspended or revoked for ANY reason? _____

If you answered "Yes" to A or B attach a statement giving all details

DRIVING EXPERIENCE	CHECK YES OR NO		
CLASS OF EQUIPMENT			
54 Passenger School Bus	_____ Yes	_____ No	No. of Years Operated? _____
Less Than 54 Passenger School Bus	_____ Yes	_____ No	No. of Years Operated? _____
Motorcoach (Any Size)	_____ Yes	_____ No	No. of Years Operated? _____
Other: _____			No. of Years Operated? _____
Other: _____			No. of Years Operated? _____

List States Operated In During the Last 7 Years: _____

Show Special Courses and/or Training That Will Help You As A Driver: _____

Which Safe Driving Awards Do You Hold and From Whom? _____

CRASH/ACCIDENT RECORD FOR THE LAST 7 YEARS - IF NONE, WRITE "NONE"

DATE	NATURE OF CRASH/ACCIDENT	FATALITIES	# OF INJURIES

ATTACH A SEPARATE SHEET IF MORE SPACE IS NECESSARY

TRAFFIC CONVICTIONS FOR THE LAST 7 YEARS (OTHER THAN PARKING) - IF NONE, WRITE "NONE"

LOCATION	DATE	CHARGE(S)	PENALTY

ATTACH A SEPARATE SHEET IF MORE SPACE IS NECESSARY

List Any Courses That You Have Completed Related To Safe Driving, Defensive Driving, Student Management, etc:

EMPLOYMENT HISTORY

Driver applicants to operate a commercial motor vehicle in interstate/intrastate commerce must provide the following information on all employers during the preceding 7 years. Applicants must also include the names of DOT-regulated employers under whose authority they operated as a contract or leased driver. (NOTE: List employers in reverse order starting with the most recent, add additional sheets if necessary.)

EMPLOYER		FROM	DATE	TO
NAME:				
ADDRESS:		POSITION HELD		
CITY: STATE: ZIP:		SALARY/WAGE		
CONTACT PERSON	PHONE	REASON FOR LEAVING		
WERE YOU SUBJECT TO **FMCSRs WHILE EMPLOYED? _____ YES _____ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE POSITION AND/OR FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO				

EMPLOYER		FROM	DATE	TO
NAME:				
ADDRESS:		POSITION HELD		
CITY: STATE: ZIP:		SALARY/WAGE		
CONTACT PERSON	PHONE	REASON FOR LEAVING		
WERE YOU SUBJECT TO **FMCSRs WHILE EMPLOYED? _____ YES _____ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE POSITION AND/OR FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO				

EMPLOYER		FROM	DATE	TO
NAME:				
ADDRESS:		POSITION HELD		
CITY: STATE: ZIP:		SALARY/WAGE		
CONTACT PERSON	PHONE	REASON FOR LEAVING		
WERE YOU SUBJECT TO **FMCSRs WHILE EMPLOYED? _____ YES _____ NO				
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE POSITION AND/OR FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? _____ YES _____ NO				

** 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 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

MAINTENANCE EXPERIENCE, QUALIFICATIONS OR CERTIFICATIONS

List Courses, Training and/or Experience In Maintenance Work:

List Courses, Training and/or Experience With Shop Equipment:

CLERICAL EXPERIENCE, QUALIFICATIONS OR CERTIFICATIONS

List Courses, Training and/or Experience In Clerical/Administrative Duties:

APPLICANT MUST READ AND SIGN

MY SIGNATURE BELOW CERTIFIES THAT THIS APPLICATION WAS PERSONALLY COMPLETED BY ME AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. FALSIFICATION OF ANY AREA OR ENTRY ON OR IN THIS APPLICATION MAY RESULT IN DISQUALIFICATION AND/OR DISCHARGE AT THE SOLE DISCRETION OF BRAD & KIM DALRYMPLE, INC.

Signature Date

COMPANY USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Offered Employment? _____	
Applicant Hired? _____	
Date Employed: _____	_____ First Date of Work?
Position Assigned: _____	
Classification: _____	
Hourly Rate Upon Hire: _____	_____ Signature Co. Officer
Hourly Rate Change & Date: _____	
Hourly Rate Change & Date: _____	
Hourly Rate Change & Date: _____	_____ Date

Notes: _____

TERMINATION OF EMPLOYMENT

Date: _____
Dismissed, Voluntary Quit, Other: _____

Notes: _____

At-Will Employment Acknowledgement Statement

I understand that the foregoing statement concerning Applicants at-will employment status and the business's right to determine and modify the terms and conditions of employment is the sole and entire relationship between the Applicant and Brad & Kim Dalrymple, Inc. regarding the duration of potential employment, the circumstances under which the Applicant's employment may be terminated and the circumstances under which the terms and conditions of the Applicants employment may change. The Applicant acknowledges that employment with Brad & Kim Dalrymple, Inc. is for an unspecified duration and constitutes "At-Will" Employment. The Applicant further acknowledges that this employment relationship may be terminated at any time at the option of either Brad & Kim Dalrymple, Inc. or the Applicant, if hired, with or without notice. Applicant further understands that this acknowledgement supersedes all prior agreements, understandings and/or representations concerning Applicants potential employment with Brad & Kim Dalrymple, Inc. If Applicant has questions regarding the content or interpretation of this Statement and/or the Employee Handbook and Company Policies, Applicant will bring them to the attention of a corporate officer as soon as reasonably practical.

Applicant Name (PRINT): _____

Applicant Signature (SIGN): _____

Date: _____