



Established in 1973

TROLLEYS • CHARTERS • TOURS • SPECIAL EVENTS

2400 Queen City Drive Charlotte, NC 28208

### COMMERCIAL DRIVER APPLICATION FOR EMPLOYMENT

Trolleys Inc., dba Sunway is an Equal Opportunity Employer. Applicants for all job openings are welcomed and will be considered without unlawful regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disability, medical condition, or any other basis protected by state, federal or local law. It is the intent of the Company to comply with all applicable federal, state and local legislation concerning equal opportunity in employment. Applicants may request any reasonable accommodation to participate in the application process.

To help us learn about your experience, abilities, and interests, please complete this Application for Employment as thoroughly as possible.

#### PERSONAL INFORMATION

NAME: Please PRINT or TYPE	Social Security No.	Today's Date:
ADDRESS: Street Number and Name, City, State, Zip Code	Number of years at present address?	Message phone/Cell ( ) Home Telephone No. ( )
PREVIOUS ADDRESSES WITHIN LAST TEN YEARS: Street Number and Name, City, State, Zip Code	No. of years at addresses	
<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>	
Have you used any other names that are necessary for us to know to enable us to verify your employment or education record? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes please state other name:		
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you over 18? <input type="checkbox"/> YES <input type="checkbox"/> NO    Birth Date: _____ (only required for commercial driver applicants)		
Please provide your E-Mail Address: _____		

#### EMPLOYMENT DESIRED

POSITION DESIRED:	Are you currently Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	Date Available:	Salary desired:
Please review any requirements of the position for which you are applying. Can you, with or without a reasonable accommodation, perform the essential functions of the job? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If not, please describe how the Company could accommodate you: <div style="border: 1px solid black; height: 100px;"></div>			

Are you available to work: Full Time Part Time Weekends Overnight  
 YES  NO  YES  NO  YES  NO  YES  NO

**For which location are you applying?**

Charlotte Queen City  Charlotte Craighead  Jacksonville NC  Winston-Salem  Myrtle Beach SC

Have you previously worked for another Trolleys Inc., dba Sunway Company?  YES  NO

If yes when and where?

Reason for leaving:

How did you hear about Trolleys Inc., dba Sunway? \_\_\_\_\_

If referred by a current employee who referred you? \_\_\_\_\_

A "Yes" answer to any of the following questions will not constitute an automatic disqualification of your application to work here.

1. Have you ever been convicted of any criminal offense (Felony or Misdemeanor); or plead nolo contendere (no contest) to a criminal offense (Felony or Misdemeanor); or been found guilty of a criminal offense (Felony or Misdemeanor)? (Include any and all instances of the foregoing, even if adjudication was withheld.)  YES  NO
2. Are there any criminal charges, (Felony or Misdemeanor) pending against you or are you about to be charged with any criminal offense, (Felony or Misdemeanor)?  YES  NO
3. Is there any fact or circumstance involving you or your background that would call into question you being entrusted with the responsibility for operating a vehicle and transporting passengers, including children?  YES  NO

If you answered "Yes" to any of the above questions describe in full including dates (All convictions and arrests are reviewed on a case by case basis. The Company reserves the right to investigate, and by submitting this application you consent to such investigation):

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**Have you ever tested positive on or failed to complete a pre-employment drug test?** *(required for CDL applicants)*

YES  NO If yes, please provide date and company name: \_\_\_\_\_

**Have you ever tested positive on or failed to complete a Random Drug or Alcohol Test?** *(required for CDL applicants)*

YES  NO If yes, please provide date and company name: \_\_\_\_\_

## EMPLOYMENT DATA – TEN YEAR HISTORY

A complete employment application is required with or without a resume. Do not indicate, “Refer to” or “See Resume.” List all current and former employment for the past ten years, beginning with the most recent. **Include self-employment, employment, volunteer experience and periods of unemployment.** If you require additional space, please use a separate sheet of paper. *Failure to provide contact information or a complete 10-year history may result in disqualification of the application.* Information provided may be used and the applicant’s prior employers may be contacted for the purpose of investigating the applicant’s safety performance history information as required by 49 CFR §391.23.

PLEASE LIST IN ORDER OF MOST RECENT EMPLOYMENT FIRST

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<b>COMPANY NAME</b>	Phone No. (     )	Dates of Employment	
		From (Mo/Yr)	To (Mo/Yr)
Address (Include Street, City, State, Zip Code)			
Job Title - Start	Job Title – Final		
Supervisor (Name & Title)			
Description of Job Duties			
Were you subject to the Federal Motor Carrier Safety Regulations at this job? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Was this job designated as a “Safety Sensitive” function in any DOT regulated mode and subject to alcohol and controlled substance testing required by 49 CFR §40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>Reason for Leaving</b>			
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<b>Reason for Leaving</b>				

**ACCIDENT RECORD FOR PAST THREE YEARS OR MORE**  
 (ATTACH SHEET IF MORE SPACE IS NEEDED) \*\*\*IF NONE, WRITE NONE\*\*\*

<b>DATES</b>	<b>NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)</b>	<b>FATALITIES</b>	<b>INJURIES</b>
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

**EDUCATION**

	<b>Name and Location of School</b>	<b>From</b>	<b>To</b>	<b>Did you Graduate?</b>		<b>Degree/Diploma</b>
				<b>Yes</b>	<b>No</b>	
High School (Highest Grade Completed)						
Business School						
College						
Trade/Vocational						
Other						

**TRAFFIC CONVICTIONS AND BOND OR COLLATERAL FORFEITURES FOR PAST 3 YEARS**

(OTHER THAN PARKING VIOLATIONS) \*\*\*IF NONE, WRITE NONE\*\*\*

<b>LOCATION</b>	<b>DATE</b>	<b>CHARGE</b>	<b>PENALTY</b>

(ATTACH SHEET IF MORE SPACE IS NEEDED)

## EXPERIENCE AND QUALIFICATIONS

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

A. **List any endorsements or restrictions:**

B. **Have you ever been denied a license, permit or privilege to operate a motor vehicle?** YES\_\_\_\_\_ NO\_\_\_\_\_

C. **Has any license, permit or privilege ever been suspended or revoked?** YES\_\_\_\_\_ NO\_\_\_\_\_

IF THE ANSWER TO B OR C IS YES, ATTACH A STATEMENT GIVING DETAILS

### DRIVING EXPERIENCE

(IF NONE, WRITE NONE)

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES TOTAL
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
MOTOR COACH				
SCHOOL BUS				
INTERCITY BUS				
TRANSIT OR SUBURBAN BUS				
OTHER				

LIST STATES OPERATED IN FOR LAST FIVE YEARS

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM?

## PRE-EMPLOYMENT CERTIFICATION

Initials

I understand that this application is only valid for the position applied for at present and that the Company is not obligated to retain or consider this application for future openings.

Initials

Pursuant to the requirements of the Fair Credit Reporting Act, I understand and agree that a credit report, consumer report, and/or investigative consumer report may be made in connection with my application for employment with Trolleys Inc., dba Sunway. I also understand and agree that Trolleys Inc., dba Sunway may obtain such reports during the course of my employment. I understand that these investigative background inquiries may be made from public and private sources, and include records related to credit, consumer, criminal, driving, workers' compensation injuries, education, credentials, and prior employment, and additionally, may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers.

Initials

I understand that all statements contained in this application may be investigated. I further understand that falsification, misrepresentation or omission of facts called for will result in immediate termination from employment or removal of my application from consideration. I agree to sign the forms necessary to authorize the Company to secure information about my experience with former employers, education institutions and agencies, and for those parties to provide information concerning my experience, and I release all parties from any liability arising therefrom.

Initials

If employed by the Company I will abide by Company policies and rules. I understand that I will be required to possess a current and valid driver's license if my position requires me to drive in the course of my work.

Initials

If I am offered employment, I understand and agree that I may be required to undergo a physical examination at the Company's expense and that my offer of employment may be conditioned by that examination. I agree to authorize release of all results or information obtained from such physical examinations.

Initials

I agree to submit to legally permissible drug and/or alcohol testing upon request by the Company. I recognize that the results of these tests may be used to determine my employment or continued employment. I understand and expressly agree that if employed by the Company storage areas provided for me (locker, desk, etc.) are open to investigation by the Company without prior notice to me.

Initials

If I am employed by the Company I understand my employment can be terminated, with or without cause and with or without notice, at any time at the option of the Company or myself. I understand that, other than the President of the Company no manager, supervisor or representative of the Company has authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Only the President of the Company has the authority to make any agreement contrary to the foregoing and then only in writing. I further expressly agree that, with respect to the at-will employment relationship, this constitutes the full, complete and final expression of the parties' intent concerning the nature of any employment relationship between myself and the Company.

Initials

I agree that if any portion of or provision in this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, such a finding shall not render this Agreement invalid, void or unenforceable as a whole. Rather, the remaining portions/provisions of the Agreement will continue in full force without being impaired or invalidated in any way.

Initials

If I am employed by the Company, I agree that any dispute arising out of my employment or its termination, will be submitted to final and binding arbitration before a single arbitrator in accordance with procedures adopted by the Company, after any available procedures with the Equal Employment Opportunity Commission, or any other appropriate administrative agency have been exhausted. If I am employed by the Company, I agree to sign an Arbitration Agreement agreeing to resolve disputes in accordance with procedures adopted by the Company. I UNDERSTAND THAT MY AGREEMENT TO ARBITRATE DISPUTES IS A WAIVER OF ALL RIGHTS TO A CIVIL COURT ACTION FOR THE DISPUTES COVERED BY THE AGREEMENT. ALL SUCH DISPUTES SHALL BE SETTLED EXCLUSIVELY BY FINAL AND BINDING ARBITRATION; ONLY AN ARBITRATOR, AND NOT A JUDGE OR JURY, WILL HEAR SUCH DISPUTES.

**Information provided by previous employers will be used to determine suitability for the position you have applied. You have rights regarding the information that will, or has, been provided to us to assist in this determination. You have:**

**The right to review information provided by previous employers;**

**The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;**

**The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.**

**Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.**

**Drivers wishing to request correction of erroneous information in records received through the above stated process must send the request for the correction to the previous employer that provided the records to the prospective employer.**



The previous employer must either correct and forward the information to the prospective motor carrier employer, or notify the driver within 15 days of receiving a driver's request to correct the data that it does not agree to correct the data. If the previous employer corrects and forwards the data as requested, that employer must also retain the corrected information as part of the driver's safety performance history record and provide it to subsequent prospective employers when requests for this information are received. If the previous employer corrects the data and forwards it to the prospective motor carrier employer, there is no need to notify the driver.

Drivers wishing to rebut information in records received through the above stated process must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.

Within five business days of receiving a rebuttal from a driver, the previous employer must:

- Forward a copy of the rebuttal to the prospective motor carrier employer;
- Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirement.

The driver may submit a rebuttal initially without a request for correction, or subsequent to a request for correction.

The driver may report failures of previous employers to correct information or include the driver's rebuttal as part of the safety performance information, to the FMCSA following procedures specified at 49 CFR Part 386.12.

My signature below certifies that I have read and understand the foregoing. My signature below also certifies that I agree to be bound by the terms and conditions stated in this application, including the provisions set forth above. This application contains all the understandings and agreements between me and the Company concerning the nature of my employment, if any, by the Company and supersedes all prior and/or contemporaneous practices, oral or written agreements, understandings, statements, representations and promises, express or implied, between me and the Company. I understand and agree that, except as noted above, no person who is either an agent or employee of the Company may modify, delete, vary or contradict, whether orally or in writing, the terms and conditions of employment set forth herein.

This certifies 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.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date of Application*

PLEASE NOTE: The Company considers applications for only a 90-day period. If you wish to be considered after 90 days from the date of your application, please reapply.