



JFK Transportation Co. Inc.

980 W . 17th Street Suite B
Santa Ana, CA 92706
(714)543-4629

www.ifktransportationco.com

Application for Employment

Note to Applicant: Please advise if you need any type of special accommodation to complete this application for Employment form or to take any pre-employment test.

A drug-screening test is required for employment.

Note: An original DMV H6 printout within 30 days must be submitted with this application.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, religion, gender, national origin, age, marital status, or non job related disability.

As a matter of policy, JFK Transportation Co. Inc. consistently checks reference information, both educational and employment, of all candidates. For this reason, it is essential that all information requested on the applicant and supplied by the applicant be accurate and complete.

Instructions: Please type or print in black ink. Be sure to answer all questions. If any question does not apply to you, answer with "NO" or "Not Applicable" or "N/A".

Date of Application: _____

Are you at least 21 years of age ? Yes No Can you provide proof of age ? Yes No

Position (s) applied for: School Bus Driver Operator Van Operator Minimum Salary Requirement: _____

Who referred you to our company ? Mail in Employment Agency Walk In Employee Referral-Name _____
 Advertisement Intra Company Referral College Recruiting Other _____

Have you ever worked for this company before ? No Yes
Where ? _____
When ? _____

Have you ever applied with this company before ? No Yes
Where ? _____
When ? _____

On what date will you be available if your application for employment is accepted ? _____
Would you accept employment in another city ? No Yes
Preference _____

GENERAL INFORMATION

| Last Name | First Name | Middle | E-mail | Social Security Number |
|---|------------|--------|----------|------------------------|
| Present Address-Street | City | State | ZIP Code | How Long ? |
| List Address for previous 3 years if different from above | City | State | ZIP Code | How Long ? |
| Additional previous address, if Applicable-Street | City | State | ZIP Code | How Long ? |

Telephone Number and Area Code
Home () Cell () Alt. Phone ()
Do you have the legal right to work in the United States ?
 No
 Yes

Have you ever pled no contest or been convicted of a felony, misdemeanor, or other crime ? No Yes
If yes, explain. _____

Have you ever pled no contest or been convicted of a drug or alcohol related offense ? (DUI,DWI. etc.) No Yes
If yes, explain. _____



An Equal Opportunity Employer That Values Diversity

All employment for the previous 10 years must be covered below, including jobs held while in school or in the military. Record your present or last position first and list back in chronological order. Be sure to complete all questions for each job. Use additional form(s) if necessary. Please explain all periods of unemployment.

| EMPLOYMENT HISTORY | | | |
|---|--------------|------------|---------------------|
| EMPLOYER | | | DATE |
| Name: _____ | | | From |
| Address: _____ | | | To: |
| City : _____ | State: _____ | Zip: _____ | Mo. Yr. |
| Contact Person : _____ | | | Mo. Yr. |
| May We contact ? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | Phone: _____ |
| | | | Position Held: |
| | | | Salary/Wage: |
| | | | Reason For Leaving: |

| EMPLOYER | | | DATE |
|---|--------------|------------|---------------------|
| Name: _____ | | | From |
| Address: _____ | | | To: |
| City : _____ | State: _____ | Zip: _____ | Mo. Yr. |
| Contact Person : _____ | | | Mo. Yr. |
| May We contact ? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | Phone: _____ |
| | | | Position Held: |
| | | | Salary/Wage: |
| | | | Reason For Leaving: |

| EMPLOYER | | | DATE |
|---|--------------|------------|---------------------|
| Name: _____ | | | From |
| Address: _____ | | | To: |
| City : _____ | State: _____ | Zip: _____ | Mo. Yr. |
| Contact Person : _____ | | | Mo. Yr. |
| May We contact ? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | Phone: _____ |
| | | | Position Held: |
| | | | Salary/Wage: |
| | | | Reason For Leaving: |

| EMPLOYER | | | DATE |
|---|--------------|------------|---------------------|
| Name: _____ | | | From |
| Address: _____ | | | To: |
| City : _____ | State: _____ | Zip: _____ | Mo. Yr. |
| Contact Person : _____ | | | Mo. Yr. |
| May We contact ? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | Phone: _____ |
| | | | Position Held: |
| | | | Salary/Wage: |
| | | | Reason For Leaving: |

EDUCATIONAL BACKGROUND

| | Name and Location of School or College | Circle Highest Grade/Year | Grade Point average | Did you Graduate ? | If you graduated, what was your degree and major? | Last year Studied |
|---|--|--------------------------------|---------------------|-----------------------|---|-------------------|
| Elementary and Junior High School | | 1 2 3 4 5 6 7 8 | | | | |
| High School and/or G.E.D. | | 9 10 11 12 | | _____ Yes _____ No | Major _____ Study _____ | |
| College | | 1 2 3 4 | | _____ Yes _____ No | Major _____ Study _____ | |
| Trade, Business, Correspondence Graduate School | | How Long ? | | _____ Yes _____ No | Major _____ Study _____ | |



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UNEXPIRED LICENSE

Section 383.21 FMCSR states, "No person who operates a commercial vehicle shall at any time have more than one driver license". I certify that I do not have more than one motor vehicle license, the information that is listed above.

EXPERIENCE AND QUALIFICATIONS-DRIVER

| DRIVER LICENSES | STATE | TYPE | EXPIRATION DATE |
|-----------------|-------|------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle ? YES NO
- B. Has any license, permit or privilege ever been suspended or revoked ? YES NO
- C. Have you ever been disqualified subject to section 391 (Qualifications of Driver) of the Federal Motor Carrier Safety Regulation ? YES NO
- D. Have you in the past two (2) years failed or refused a DOT-mandated Pre-employment test(s) ? YES NO

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

DRIVING EXPERIENCE

| | CLASS OF EQUIPMENT | TYPE OF EQUIPMENT VAN, TANK, FLAT, ETC. | DATES | | APPROXIMATE NUMBER OF MILES (TOTAL) |
|----------------|--------------------|--|-------|----|--|
| | | | FROM | TO | |
| STRAIGHT TRUCK | | | | | |
| AUTO OR VAN | | | | | |
| BUS | | | | | |
| OTHER | | | | | |

LIST STATES OPERATED IN FOR LAST SEVEN YEARS:

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

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM ?

WHAT EXPERIENCE HAVE HAD WORKING WITH OR SUPERVISING CHILDREN ? EXPLAIN

| HAVE YOU EVER DRIVEN A BUS ? <input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES FOR WHAT COMPANY OR SCHOOL DISTRICT ? | DATES | SALARY |
|--|--|-------|--------|
| | | | |
| | | | |
| | | | |

ACCIDENT REVIEW FOR PAST 3 YEARS(Attach additional sheet if more space is needed)

| | DATE | NATURE OF ACCIDENT (HEAD-ON, REAR END, UPSET, ETC.) | FATALITIES | INJURIES |
|---------------|------|--|------------|----------|
| | | | | |
| LAST ACCIDENT | | | | |
| NEXT PREVIOUS | | | | |
| NEXT PREVIOUS | | | | |

TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (Other than parking violations)

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |



TRAFFIC CONVICTIONS AND FORFEITURES FOR PAST 3 YEARS (Other than parking violations)

List current membership in civic, professional, social, or other organizations.*

List past membership in civic, professional, social, or other organizations.*

List sports, hobbies, or other interest.*

* Exclude those that indicate race, color, sex, age, national origin, disability, religious preference, or marital status.

SUMMARY OF QUALIFICATIONS

This space is provided for you to briefly summarize any additional qualifications you believe are important in considering your Application for Employment.

APPLICANT'S STATEMENT

I certify that all statements made on this Application for Employment and in any subsequently executed medical questionnaire or any other employment documents are true and correct. I understand that any false information that I give may result in termination of my candidacy or any subsequent employment.

If an employee relationship is established, I understand that such employment is terminable at will, by either myself or by JFK Transportation Co. Inc. and/or its subsidiaries or affiliates (the company), at any time for any reason, with or without cause, and with or without notice. I also understand that any period of employment is not for a specific duration. In addition, I understand that no one is authorized to make oral exceptions to this policy, and written exceptions are permitted only when they are signed by the General Manager of JFK Transportation Co. Inc.

I understand that Fair Credit Reporting Act, Public Law 91-508, requires that I be advised that routine inquiry may be made during the Company's initial or subsequent processing which will provide applicable information concerning character and general reputation. I also understand that upon written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I also understand that I am entitled to a free copy of written report generated by the inquiry, if one is made.

I authorize the Company and its representatives to inquire of all former employers or others who know me or known of me. It is agreed and understood that the Company and its agents may conduct background evaluations including, but not limited to, criminal history checks from Federal, State or local authorities to ascertain any and all information of concern, whether same is of or not, and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their furnishing such information.

I authorize the Company and its representatives to inquire of all former employers or others who know me or known of me. It is agreed and understood that the Company and its agents may obtain information including, but not limited to, Department of Transportation (DOT) mandated Pre-employment, refusals to test, alcohol test of > .04, other violations of the DOT alcohol and drug rules, and return to duty and follow-up testing compliances. As applicable, and I hereby expressly authorize such inquiries and release all employers and persons named herein from all liability for any damages on account of their furnishing such information. I acknowledge that any offer of employment is conditioned upon my taking a drug screen and the Company's receipt of satisfactory results of such a test and, if necessary to determine ability to perform essential duties of the position offered, the results of a physical examination.

I certify that I have read, understand, and agree to the above.

Applicant's Signature _____

Date _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by Proforma Screening Solutions, P.O. Box 2423, Purcellville, VA 20132, (866) 276-6161, www.proformascreening.com. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____

Date: _____

[End of Document]

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TRANSPORTATION

EST. 1993

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Proforma Screening Solutions, P.O. Box 2423, Purcellville, VA 20132, (866) 276-6161, www.proformascreening.com, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- in person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

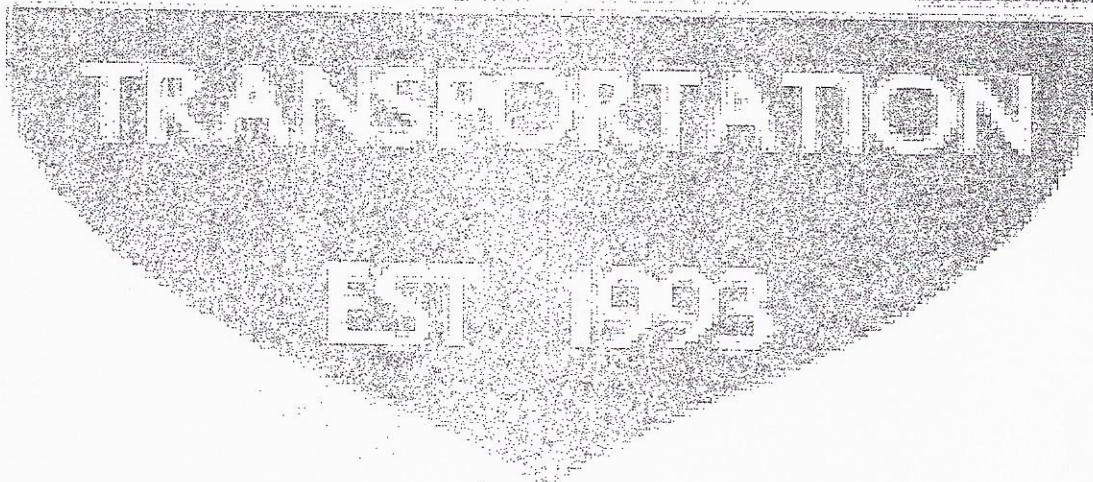
Signature: _____

Date: _____

Notice Regarding Credit Checks Per California Law:

Pursuant to Section 1024.5 of the California Labor Code, the Company informs you that it may obtain a credit report about you from the above named entity, because you are seeking to work in the following position:

- An employee covered by the executive exemption set forth in subparagraph (1) of paragraph (A) of Section 1 of Wage Order 4 of the Industrial Welfare Commission;
- A position in the state Department of Justice;
- A sworn peace officer or other law enforcement;
- A position for which the information contained in the report is required by law to be disclosed or obtained;
- A position that involves regular access to specified personal information for any purpose other than the routine solicitation and processing of credit card applications in a retail establishment, such as bank or credit card account information, social security number, or date of birth;
- A position which the person can enter into financial transactions on behalf of the company;
- A position that involves access to confidential or proprietary information;
- A position that involves regular access to \$10,000 or more of cash, or
- The Company **will not** obtain a consumer credit report on you.



BACKGROUND INFORMATION

| | | | | | | | |
|--------------------|-------|-------|----------|-----------------------------|-------|---------------------|-------|
| Last Name | _____ | First | _____ | Middle | _____ | Social | _____ |
| Other Names/Alias | _____ | | | | | | _____ |
| Security* # | _____ | | | Date of Birth* | _____ | | |
| Driver's License # | _____ | | | State of Driver's License** | _____ | | |
| Present Address | _____ | | | Phone Number | _____ | | |
| City/State/Zip | _____ | | | _____ | | | |
| Former Employer | _____ | | Position | _____ | | Dates of Employment | _____ |

*This information will be used for background screening purposes only and will not be used as hiring criteria.





JFK TRANSPORTATION CO. INC
JOB PHYSICAL REQUIREMENTS

JOB TITLE: SCHOOL BUS DRIVER & VAN DRIVER

JOB NARRATIVE

Essentials Functions:

1. Must be able to sit at minimum 2-3 hrs. at one time.
2. Very minimal amounts of standing or walking required.
3. Requires infrequent twisting (based on 15 twist per hour).
4. Requires infrequent bending to clean up bus at end of route or to sweep their bus.
5. Job entails light physical energy requirements. (3-5 minutes)
6. Involves moderate deviation of twist.
7. Requires infrequent hand/wrist repetitions (based on 2 per minute).
8. Requires coordinated use of arms and feet.
9. Both hands are in use over 60 % of the time.
10. Requires both near and far vision of 20/20.
11. Must be able to distinguish between red, green, yellow, and white.
12. Accurate depth perception required.
13. Must be able to hear a whispered voice at 8 feet.

ENVIRONMENTAL AND SAFETY FACTORS:

- | | |
|-----------------------|--|
| Noise..... | Occasionally fairly loud sounds. |
| Body Injuries..... | Slight likelihood of infrequent traumatic injury. |
| Work with Others..... | Great, association is frequent and comprises a major portion of the job. |
| Role Ambiguity..... | Concise and regimented order of what others expected of worker. |
| Irregular Hours..... | Defined hours for each day. |



JOB TITLE: SB AIDE

The physical demands, work environment factors and mental described below are representative of those that must be met by employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential function.

Required physical activities:

Stading, walking, sitting, use hands to finger, handle or feel, reach with hands and arms, climb or balance, stoop, kneel, crouch or crawl, talk, hear, and smell.

Essentials Functions:

1. Must be able to sit for 2-3 hrs. at one time (may vary with route)
2. This route's total hours for each day do not exceed 6.25 hours. Morning portion of route averages 3.25 hours and afternoon portion averages 3.00 hours.
3. Very minimal amounts of standing or walking required.
4. Requires infrequent twisting (6 times each day getting in and out of van and monitoring student).
5. Overall jobs entails light physical energy requirements.
6. Requires coordinated use of arms, hands and feet.
7. Both hands are in use when necessary.
8. Climbing into vehicle designated for this route would entail stepping up from the ground into the vehicle. Step heights may vary per vehicle.

Required Weigh and Force Demands:

Required Mental Functions:

Ability to compare , analyze, communicate, c Up to 50 pounds.

Required Vision Demands:

Close vision (clear vision at 20 inches or less)
Distance vision (clear vision at 20 feet or more)
Color vision (ability to identify and distinguish colors)
Peripheral vision
Depth Perception
Ability to adjust focus.

WORK CONDITIONS

Working near moving mechanical parts, may sometimes be exposed to fumes or airborne particles, outdoor weather conditions and vibration.

Noise Level: Moderate