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## APPLICATION FOR EMPLOYMENT

(answer all questions - please print or type)

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, marital status, or non-job related disability.

Date of application \_\_\_\_\_

Position(s) Applied for \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Street City

State Zip Phone # \_\_\_\_\_

Cell # \_\_\_\_\_

Work # \_\_\_\_\_

Email Address \_\_\_\_\_

ADDRESS FOR PAST THREE YEARS } \_\_\_\_\_ How Long? \_\_\_\_\_

Street City State & Zip

\_\_\_\_\_ How Long? \_\_\_\_\_

Street City State & Zip

Do you have the legal right to work in the United States? \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Can you provide proof of age? \_\_\_\_\_

(required for Motorcoach Drivers)

Are you now employed? \_\_\_\_\_ If not, how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Rate of pay expected \_\_\_\_\_

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? Yes or No

If yes, explain if you wish. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

All driver applicants wanting to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle\* in intrastate or interstate commerce shall also provide an additional 7 years information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position Held	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON			Reason for leaving:	
PHONE NUMBER				

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position Held	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON			Reason for leaving:	
PHONE NUMBER				

EMPLOYER			DATE	
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CONTACT PERSON			Reason for leaving:	
PHONE NUMBER				

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position Held	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON			Reason for leaving:	
PHONE NUMBER				

\*Includes 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 placarding.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EDUCATION**

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8

HIGH SCHOOL: 1 2 3 4

COLLEGE: 1 2 3 4

HIGH SCHOOL ATTENDED

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(CITY)

COLLEGE ATTENDED

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
(CITY)

**EXPERIENCE AND QUALIFICATIONS - DRIVER**

DRIVER LICENSE	STATE	LICENSE NO.	TYPE	EXPIRATION DATE

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

Yes \_\_\_\_\_

No \_\_\_\_\_

B. Has a license, permit, or privilege ever been suspended or revoked?

Yes \_\_\_\_\_

No \_\_\_\_\_

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

**DRIVING EXPERIENCE**

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE		APPROX. NO. OF MILES
		FROM	TO	
MOTORCOACH				
SCHOOL BUS				
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				

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

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

HAVE YOU RECEIVED DRIVING AWARDS AND FROM WHOM? \_\_\_\_\_

# EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY BUSING, TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR WINDSTAR LINES

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

## TO BE READ AND SIGNED BY APPLICANT

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.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as any be necessary in arriving at an employment decision. (Generally, inquires 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Thank you for giving Windstar Lines the opportunity to review your application for a position at Iowa's premier motorcoach company. If you meet the qualifications, you will be contacted by one of our office staff.

## *PROCESS RECORD - OFFICE USE ONLY*

APPLICANT HIRED \_\_\_\_\_ REJECTED \_\_\_\_\_  
 DATE EMPLOYED \_\_\_\_\_ POINT EMPLOYED \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_ CLASSIFICATION \_\_\_\_\_

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

THIS SECTION TO BE FILLED IN BY RESPONSIBLE  
OFFICER OR COMPANY REPRESENTATIVE

	SUPERIOR	GOOD	FAIR	BELOW AVERAGE	POOR	WRITTEN RECORD ON FILE
1. APPLICANT						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER \_\_\_\_\_