



DRIVER APPLICATION FOR EMPLOYMENT

Please complete all portions of the employment application in order to be considered for employment with Polynesian Adventure Tours, LLC/Gray Line Hawaii. Qualified applicants will receive consideration for all positions without discrimination because of race, color, religion, sex, age, national origin, ancestry, marital status, arrest and court record, disability, sexual orientation, veteran status, or any other category prohibited by state or federal laws.

PLEASE PRINT CLEARLY OR LEGIBLY				
Last Name:		First Name:		Middle Initial:
Street Address:				
City:		State:		Zip Code:
Home Phone:		Mobile Phone:		Email:
Social Security No.	Birthdate	Salary Expectations:		*Position Applying for:
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 CLASS ____
CDL? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE ____		RESTRICTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, please explain: <small>If offered a position, you may be required to submit a Driver's History Record and meet DOT requirements</small>				
What days are you available to work? (Please check all that apply)				Sun __ Mon __ Tu __ Wed __ Thurs __ Fri __ Sat __
Have you previously worked for this company? <input type="checkbox"/> YES <input type="checkbox"/> NO				If yes, prev. dates of employment: From _____ to _____
Upon hire, you will be required to present proof of age, authorization to work, and your social security number. Can you, upon employment, submit verification of your legal right to work in the United States?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you able to perform the essential functions of this position with or without reasonable accommodation?				<input type="checkbox"/> YES <input type="checkbox"/> NO
How were you referred to this position?				

EDUCATION			
High School:	Address (include City, State, and Zip Code):	No. of years attended:	Degree/Diploma received:
College:	Address (include City, State, and Zip Code):	No. of years attended:	Degree/Diploma received:
Other:	Address (include City, State, and Zip Code):	No. of years attended:	Degree/Diploma received:

EMPLOYMENT HISTORY

Note: D.O.T. requires that DRIVER applicants show all employment history for at least ten (10) years. (Attach additional sheets if needed). No gaps in employment history are allowed.

CURRENT OR LAST EMPLOYER		
Company Name:		Dates of Employment (MM/YY): From: To:
Street Address (include City, State, and Zip Code):		Phone Number:
Position Held:	Reporting Supervisor:	May we contact this employer?
Job Duties:		Reason for Leaving:
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS EMPLOYER #2		
Company Name:		Dates of Employment (MM/YY): From: To:
Street Address (include City, State, and Zip Code):		Phone Number:
Position Held:	Reporting Supervisor:	May we contact this employer?
Job Duties:		Reason for Leaving:
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS EMPLOYER #3		
Company Name:		Dates of Employment (MM/YY): From: To:
Street Address (include City, State, and Zip Code):		Phone Number:
Position Held:	Reporting Supervisor:	May we contact this employer?
Job Duties:		Reason for Leaving:
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO
PREVIOUS EMPLOYER #4		
Company Name:		Dates of Employment (MM/YY): From: To:
Street Address (include City, State, and Zip Code):		Phone Number:
Position Held:	Reporting Supervisor:	May we contact this employer?
Job Duties:		Reason for Leaving:
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40?		<input type="checkbox"/> YES <input type="checkbox"/> NO

PREVIOUS EMPLOYER #5	
Company Name:	Dates of Employment (MM/YY): From: To:
Street Address (include City, State, and Zip Code):	Phone Number:
Position Held:	Reporting Supervisor:
Job Duties:	May we contact this employer?
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to drug and alcohol testing requirements of 49 CFR part 40?	<input type="checkbox"/> YES <input type="checkbox"/> NO

EXPERIENCE AND QUALIFICATIONS

ACCIDENT RECORD				
Past three (3) years or more (attach separate sheet if more space is needed) If none, write NONE				
Last Accident:	Nature of accident:	Fatalities:	Injuries:	Hazardous Spill:
Last Accident:	Nature of accident:	Fatalities:	Injuries:	Hazardous Spill:
Last Accident:	Nature of accident:	Fatalities:	Injuries:	Hazardous Spill:
TRAFFIC CONVICTIONS				
And forfeited bonds or collateral for the past three (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:	
Violation:	Date Convicted:	City/State of Violation:	Penalty:	
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 questions is YES, give details below:				
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)

CERTIFICATIONS, QUALIFICATIONS, AND EMPLOYMENT GAPS

Summarize your additional job skills, certifications, training and/or study that may be relevant for the desired position. Also, explain any gaps in employment. Use additional paper if necessary.

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PREVIOUS ADDRESSES FOR THE PAST 3 YEARS (If applicable)

Street Address:		
City:	State:	Zip Code:
Street Address:		
City:	State:	Zip Code:
Street Address:		
City:	State:	Zip Code:

PROFESSIONAL REFERENCES:

(DO NOT list family members or personal friends. List individuals who can provide us with information about your ability to perform the job for which you are applying)

Name:	Occupation:	Telephone No.	How many years known:
Name:	Occupation:	Telephone No.	How many years known:
Name:	Occupation:	Telephone No.	How many years known:

TO BE READ AND SIGNED BY APPLICANT

I consent to and authorize POLYNESIAN ADVENTURE TOURS, LLC/GRAY LINE HAWAII and its affiliates ("Company") to make a full and complete investigation of my personal and employment history and authorize any former employer, person, firm, corporation, school, credit agency, government agency or any other entity to provide to Company with any information of any sort (including fact or opinion) they may have regarding me.

It is the policy of the Company to hire only American citizens and aliens who are authorized to work in the United States. I understand that as a condition of my employment with POLYNESIAN ADVENTURE TOURS, LLC/GRAY LINE HAWAII or its affiliates, I will be required to produce original documents establishing my identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service Form I-9 in compliance with the Immigration Reform and Control Act of 1986.

I understand that my previous Department of Transportation ("DOT") regulated employers will also be contacted for the purpose of investigating my safety performance history information as required by regulations. I understand that I have the right to review the information provided by the previous employers, to have errors corrected by the previous employer, and to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information. I further understand that if I choose to review investigative information from my previous DOT regulated employer(s), I must submit a written request to the company within 30 days. If I have not arranged to receive the requested records within 30 days of the Company making them available, I will be considered to have waived my request to review these records.

In consideration of the Company's review of this Application, I release the Company and all providers of any information from any liability as a result of furnishing and receiving this information.

I agree that 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 involves certain Family Court matters will not be considered.

I understand that I may be required to submit to **substance abuse testing** and a post-offer medical examination as part of my application for employment with the Company. I also understand that I may be required to submit to a medical examination at any time during my employment with the Company, provided the examination is job-related and consistent with business necessity. I authorize the physician conducting the examination and any laboratory analyzing any specimen obtained by the examination and/or testing to disclose the results of the examination and/or substance abuse test to the Company in accordance with state and federal laws.

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 the Company.

I understand that should I be considered for employment with the company, **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON WITH OR WITHOUT ADVANCE NOTICE**. I understand and agree that only the President of the Company has the authority to enter into any agreement to employ me for any specified period of time or to modify my status as an at-will employee and that any such agreement must be made in writing.

This certifies that this application was completed by me, and that all entries on it and information provided on it are true and complete to the best of my knowledge. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with the Company if I am employed by the Company

Applicant's Signature

Date



2880 KILIHOU STREET, HONOLULU, HAWAII 96819
www.polyad.com

I, _____, consent to and authorize **POLYNESIAN ADVENTURE TOURS INC/GRAY LINE HAWAII** to make a full and complete investigation of my personal or employment history, and authorize any former employer, person, firm, corporation, school, credit agency, government agency, or any other entity to provide POLYNESIAN ADVENTURE TOURS INC/GRAY LINE HAWAII with any information they may have regarding me for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. In consideration of POLYNESIAN ADVENTURE TOURS INC/GRAY LINE HAWAII's review of my application for employment, I release POLYNESIAN ADVENTURES TOURS INC/GRAY LINE HAWAII and all providers of information from any liability arising from the disclosure or receipt of such information.

Applicant's Signature

Date



2880 KILIAU STREET, HONOLULU, HAWAII 96819
www.polyad.com

DRIVER PRE-EMPLOYMENT VERIFICATION OF TESTING RESULTS

APPLICANT NAME:	
SOCIAL SECURITY NUMBER:	
In the past 2 years, have you tested positive for any Controlled Substances Pre-Employment test with any other company?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the past 2 years, have you refused to be tested for any Controlled Substances Pre-Employment test for any other company?	<input type="checkbox"/> YES <input type="checkbox"/> NO
In the past 2 years, have you tested above .04 on any Alcohol Pre-Employment test for any other company?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered YES to any of the above questions, please document which Substance Abuse Professional (SAP) you consulted:

Name of SAP:	
Street Address:	
City, State, Zip Code:	
Telephone Number:	

 Applicant's Signature

 Date



Confidential Voluntary Self-Identification

As an equal opportunity employer and government contractor, we are obligated by Federal regulations to monitor our employment practices to ensure nondiscrimination, measure the effectiveness of our affirmative action program and produce required reports. We are a company that values diversity and encourages women and minorities to apply. To assist in the process, you are invited to complete this questionnaire which will be greatly appreciated.

You are **NOT** required by law to provide the information requested. If you elect to provide the data, it will be detached from your application, kept confidential, and used only in accordance with government regulations and Affirmative Action Policy. Refusal to provide this data will not adversely affect consideration for employment.

NAME: _____

JOB TITLE: _____

DATE COMPLETED: _____

GENDER: (Please check one of the below)

Male

Female

RACE/ETHNICITY: (Please check one that describes the race/ethnicity category with which you primarily identify.)

Hispanic or Latino: A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races: A person who primarily identifies with two or more of the above race/ethnicity categories.

I do not wish to disclose.



Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. ¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp

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Voluntary Self-Identification of Veterans

Definitions

This employer is a Government contractor subject to the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment; (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- A person who was discharged or released from active because of a service-connected disability.

A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U. S. military, ground, navel or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA-the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL

Self-Identification

.As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong o any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. If you are not a veteran, select box 1 OR select box(s) that apply to your veteran status.

- I am not a veteran. (I did not service in the military)
- I belong to the following classifications of protected veterans (Choose all that apply):
- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN Military Discharge Date (MM/DD/YYYY):
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN
- I am NOT a protected veteran. (I service in the military but do not fall into any veteran categories listed above.)
- I choose not to identify my veteran status.

Your Name/z#

Today's Date

Voluntary Self-Identification of Veterans

Reasonable Accommodation Notice

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veteran's Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.
