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

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.

DATE OF APPLICATION:

GENERAL INFORMATION		
Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip Code:
Home Phone:	Mobile Phone:	Email:
Date of Birth:	SSN:	
Residing Address:		(City, State, Zip Code)
Mailing Address (If different from above):		(City, State, Zip Code)
Have you previously worked for this company? ☐ YES ☐ NO		If yes, prev. dates of employment: From to
Reason for leaving?		
What type of work are you looking for?		☐ Part Time ☐ Full Time
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?		☐ YES ☐ NO
Are you currently employed? ☐ YES ☐ NO		If no, how long since last employed?
How were you referred to this position?		
Are you able to perform the essential functions of this position with or without reasonable accommodation?		☐ YES ☐ NO

EDUCATION	
Highest Level Completed:	Degree/Diploma Received:
Last School Attended:	Address (include City, State, and Zip Code):

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.

PREVIOUS EMPLOYER		
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:		Reason for Leaving:
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?		☐ YES ☐ 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?		☐ YES ☐ 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:	Position Held:
Job Duties:		Reason for Leaving:
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?		☐ YES ☐ 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?		☐ YES ☐ 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:	
Job Duties:		Reason for Leaving:
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?		☐ YES ☐ 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?		☐ YES ☐ 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:	
Job Duties:		Reason for Leaving:
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?		☐ YES ☐ 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?		☐ YES ☐ 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:		Reason for Leaving:
Were you subject to the FMCSR's (Federal Motor Carrier Safety Regulations) while employed by this employer?		☐ YES ☐ 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?		☐ YES ☐ 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?			☐ YES ☐ NO
Has any license, permit, or privilege ever been suspended or revoked?			☐ YES ☐ NO
If the answer to any above questions is YES, give details below:			

DRIVING EXPERIENCE				
STRAIGHT TRUCK ☐ YES ☐ NO	Type of Equipment:	From (MM/YY):	To (MM/YY):	Approx No. of Miles (Total)
TRACTOR/SEMI-TRAILER ☐ YES ☐ NO	Type of Equipment:	From (MM/YY):	To (MM/YY):	Approx No. of Miles (Total)
TWIN-TRAILERS ☐ YES ☐ NO	Type of Equipment:	From (MM/YY):	To (MM/YY):	Approx No. of Miles (Total)
PASSENGER BUS ☐ YES ☐ 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)

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.

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.

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.

____ ___________________________________

Applicant's Signature Date

FOR COMPANY USE (Include Dates)			
HR Pre-Screening:	Abstract/History/PUC:	Safety Screening:	Interview Date:
Operations Screening:	Pre-Employment DT Sent:	DT/CA Received:	Scheduled Date of NHP:

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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

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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?	☐ YES ☐ NO
In the past 2 years, have you refused to be tested for any Controlled Substances Pre-Employment test for any other company?	☐ YES ☐ NO
In the past 2 years, have you tested above .04 on any Alcohol Pre-Employment test for any other company?	☐ YES ☐ 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 ______________

Voluntary Self-Identification of Disability

OMB Control Number 1250-0005
Expires 05/31/2023

Name: ____________________________ Date: ________________________
Employee ID: ________________________
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employers may modify this section of the form as needed for recordkeeping purposes.

For example:
Job Title: ______________ Date of Hire: ______________

Affirmative Action - EEO Self-Identification Forms

The U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) published a Final Rule that changed the regulations implementing Section 503 of the Rehabilitation Act of 1973, as amended (Section 503) at 41 CFR Part 60-741. These new regulations became effective on March 24, 2014.

In accordance with the Final Rules, the OFCCP no longer allows employers to ask about **DISABILITY** for applicants, post offer applicants AND current employees using their own forms. Instead, standardized forms with language prescribed by the OFCCP must be used. The English versions of these required forms, as well as additional information about the OFCCP regulations, are available below: http://www.dol.gov/ofccp/regs/compliance/section503.htm

English Version in Word Format

EEO Self-Identification Forms continue on the next pages.

Voluntary Self-Identification Survey Form
Applicant – Affirmative Action Employer

TO ALL APPLICANTS:

Our company is an Affirmative Action/Equal Employment Employer and as such, we are required to collect and maintain information related to applicants in order to meet governmental recordkeeping and reporting requirements and to monitor the effectiveness of our outreach, recruitment and other employment practices.

At this time, we are asking you to help us meet our obligations by providing the information listed on the following pages. Please note that the information will be used only in accordance with the provisions of applicable laws, executive orders, and regulations. **Providing this information is voluntary and refusal to so will not result in any adverse treatment. The information you provide will be held in strict confidence except that**:

1) Necessary management and supervisory personnel may be informed to ensure proper placement and to provide reasonable job accommodations;
2) First aid and safety personnel may be informed to the extent appropriate, if the condition might require emergency treatment; and
3) Government officials investigating affirmative action program compliance may have access to reported information.

Thank you for your cooperation in this important initiative.

"[Company name] abides by the requirements of federal laws which prohibit discrimination of individuals with the following legally protected status: race, color, religion, sex, sexual orientation, gender identity, national origin, disability and protected veterans. [Company name] also abides by affirmative action requirements to employ and advance in employment qualified individuals without regard to race and sex (per Executive Order 11246), disability (per 41CFR 60-741.5(a),and protected veteran status (per 41CFR 60-300.5(a).

PART I. General Information

Name:____

Position Applied for:_________________________ **Date:**__________________________________

PART II: Referral Source: Please indicate how you heard about this opening

☐ Company website ☐ Job board ☐ Newspaper ☐ Temp agency ☐ Search firm

☐ Educational institution ☐ Walk-in ☐ Employee referral ☐ College Recruiting

☐ Professional Association ☐ State employment agency ☐ Other ______________________

PART III. Gender, Ethnicity and Race Information:

Gender

CHECK ONE:	☐ Male ☐ Female ☐ I choose not to disclose this information

Ethnicity

CHECK ONE:	☐ Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race) ☐ Not Hispanic or Latino (if not Hispanic or Latino, please address race below) ☐ I choose not to disclose this information

Race

CHECK ONE: (do not respond if you selected Hispanic or Latino above)	☐ White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa ☐ Asian (Not Hispanic or Latino): 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 ☐ American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment ☐ Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands ☐ Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races ☐ I choose not to disclose this information

Please continue to next page to identify veteran status.

PART IV. Protected Veterans

The definitions of protected veterans are listed below. Use the boxes following the definitions to indicate whether you are a protected veteran

Disabled Veteran	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 duty because of a service-connected disability.
Recently Separated Veteran	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.
Active Duty Wartime or Campaign Badge Veteran	An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval 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.
Armed Forces Service Medal Veteran	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.

CHECK ONE:	☐ I am a Protected Veteran ☐ I am not a Protected Veteran ☐ I choose not to disclose the information