

Adirondack Trailways
Pine Hill Trailways
New York Trailways
www.trailwaysny.com

499 Hurley Avenue
Hurley, New York 12443

Phone: (845) 339-4230

Fax: (845) 339-5222

Dear Applicant:

Thank you for your interest in driving a bus for Trailways. Please complete all four pages of the Coach Operator Application (*pages 1 through 4*) and return it with page 5, as soon as possible to:

Trailways – Driver Application
499 Hurley Avenue
Hurley, NY 12443

You are not required to complete the affirmative action questionnaire (Page 5). We ask, however, that you return the questionnaire, whether or not you choose to complete it.

Prior to submitting your application, you are required to complete an online job compatibility assessment test. You may access the test by visiting our website at www.trailwaysny.com. Scroll down to the bottom of the page and click onto the Job Opportunities Link, then scroll down to the Job Compatibility Assessment Link and take the first step of your interview process. The test takes about twenty minutes to complete.

We cannot process your application if it is not accurate, complete and legible. The employment history section must be filled out to cover the last TEN YEARS, as required by D.O.T. regulations. You must list your New York State driver's license number where indicated on the application. If you have held a driver's license in a state other than New York, you MUST list the state and the driver's license number for each state in which you have been licensed in the last three years. If you have held an out of state license, you must include your date of birth. (A driving abstract would be helpful.)

Please do not call regarding the status of your application. You will be contacted by mail, if you are selected for an interview.

We look forward to hearing from you.

Very truly yours,

Michael Mahar,
Manager, Safety Department

More information about becoming a Trailways driver . . .

Adirondack/Pine Hill Trailways, founded in 1926, is an inter-city bus company serving Eastern New York State and Montreal, Canada. New York Trailways was founded in 1994 from the former Empire Trailways, which has served Western New York since 1924.

As a Trailways driver, you might drive a 52 passenger coach on express routes between such major cities as New York City, Albany, Syracuse, Rochester, Buffalo, or Montreal, as well as local routes serving Elmira and Messina; the college towns of New Paltz, Canton, Oneonta and Delhi; or the tourist destinations of Lake Placid, Lake George and Saratoga.

The primary duties of a Trailways driver are to operate the coach safely under all conditions and to ensure the comfort and safety of our passengers. A Trailways driver must be neat and clean in appearance, punctual, and able to deal with the public and coworkers in a professional and friendly manner. A driver is required to read a map, as well as follow written and verbal instructions. Each driver is required to complete a daily trip report and maintain an accurate log, showing the total hours of driving. The driver must collect tickets, assist passengers on and off the bus, help them with their luggage and answer their questions in a polite and courteous manner.

Trailways operates seven days a week, 365 days a year. So, a driver can expect to work weekends and holidays. Occasionally, a driver is required to spend a night away from home. In the interest of fairness, weekly scheduled runs are bid and assigned strictly by seniority. A new driver can expect to be assigned to a variety of different runs and an occasional charter trip, until enough seniority is accrued to bid a regular run.

Our Company is large enough to serve all of New York State. It is small enough that our general manager and supervisors know each driver by their first name. Trailways operates top-of-the-line, well-maintained, late model coaches. We offer an excellent wage and benefit package, which includes health insurance, dental insurance, eyeglass coverage, a 401 K plan with at least a 4% Company match and paid vacation.

First year drivers have been averaging approximately \$41,000+ per year. Drivers receive automatic pay increases twice each year for the first three years of employment, as well as a sign-on bonus.

New drivers are required to successfully complete a four-week training class and pass a DOT physical and drug screen.

Note 1: Federal and State regulations require a driver (i) to be at least 21 years of age to drive in Interstate Commerce; and (ii) have distance vision of at least 20/40 (Snellen) in each eye (with corrective lenses) and be able to recognize the colors red, green and amber).

Note 2: Regulations also medically disqualify candidates with a clinical diagnosis of diabetes mellitus currently requiring insulin for control, epilepsy, or uncontrolled high blood pressure.

Note: 3: Drivers must be clean shaven (neatly trimmed moustaches permitted).

Adirondack/Pine Hill/New York Trailways
499 Hurley Avenue – Hurley, NY 12443

COACH OPERATOR

Application for Employment

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, SEXUAL ORIENTATION OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Date of Application _____ Date of Birth _____

Position(s) Applied for: Full-time Part-time

Name _____ Social Security # _____
Last First Middle

Address _____
Street or P.O. Box Number/Apartment Number

City _____ State _____ Zip Code _____ Phone Number _____

ADDRESS(ES)
FOR PAST
THREE YEARS
Street _____ City _____ State/Zip _____ How Long? _____

Street _____ City _____ State/Zip _____ How Long? _____

Are you legally eligible for employment in the United States? Yes _____ No _____

Do you possess a valid Class A or Class B Commercial Driver's license, with a 'P' endorsement? Yes _____ No _____

If yes, please list license # _____

In case of emergency notify _____
Name Address Phone Number

Have you worked for this company before? _____ Where? _____

Dates/From: _____ To: _____ Pay Rate _____ Position Held _____

Reason for leaving _____

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

Who referred you? _____ Rate of Pay Expected? _____

Are you physically capable of lifting and moving articles up to 75 pounds for a distance of 50 ft. with or without a reasonable accommodation? Yes _____ No _____

******Federal D.O.T. Regulations require a physical, and drug and alcohol testing******

Employment History

Applicants must provide the following information for all employers during the preceding 10 years. Additional space is provided in "Remarks" Section on Page 4.

LAST EMPLOYER: COMPANY _____ PHONE _____

ADDRESS/CITY/STATE/ZIP _____

POSITION HELD _____ FROM ____/____/____ TO ____/____/____

REASON FOR LEAVING _____

WAS THIS EMPLOYER SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? * _____ YES _____ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR, PART 40? _____ YES _____ NO

SECOND LAST EMPLOYER: COMPANY _____ PHONE _____

ADDRESS/CITY/STATE/ZIP _____

POSITION HELD _____ FROM ____/____/____ TO ____/____/____

REASON FOR LEAVING _____

WAS THIS EMPLOYER SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? * _____ YES _____ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR, PART 40? _____ YES _____ NO

THIRD LAST EMPLOYER: COMPANY _____ PHONE _____

ADDRESS/CITY/STATE/ZIP _____

POSITION HELD _____ FROM ____/____/____ TO ____/____/____

REASON FOR LEAVING _____

WAS THIS EMPLOYER SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?* _____ YES _____ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR, PART 40? _____ YES _____ NO

EMPLOYER: COMPANY _____ PHONE _____

ADDRESS/CITY/STATE/ZIP _____

POSITION HELD _____ FROM ____/____/____ TO ____/____/____

REASON FOR LEAVING _____

WAS THIS EMPLOYER SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?* _____ YES _____ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR, PART 40? _____ YES _____ NO

EMPLOYER: COMPANY _____ PHONE _____

ADDRESS/CITY/STATE/ZIP _____

POSITION HELD _____ FROM ____/____/____ TO ____/____/____

REASON FOR LEAVING _____

WAS THIS EMPLOYER SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?* _____ YES _____ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR, PART 40? _____ YES _____ NO

EMPLOYER: COMPANY _____ PHONE _____

ADDRESS/CITY/STATE/ZIP _____

POSITION HELD _____ FROM ____/____/____ TO ____/____/____

REASON FOR LEAVING _____

WAS THIS EMPLOYER SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS?* _____ YES _____ NO

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR, PART 40? _____ YES _____ NO

EMPLOYER: COMPANY _____ PHONE _____

ADDRESS/CITY/STATE/ZIP _____

POSITION HELD _____ FROM ____/____/____ TO ____/____/____

REASON FOR LEAVING _____

WAS THIS EMPLOYER SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? * YES NO
 WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR, PART 40? YES NO

EMPLOYER: COMPANY _____ PHONE _____
 ADDRESS/CITY/STATE/ZIP _____
 POSITION HELD _____ FROM ____/____/____ TO ____/____/____
 REASON FOR LEAVING _____

WAS THIS EMPLOYER SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS? * YES NO
 WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR, PART 40? YES NO

*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.

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

(IF NONE, WRITE NONE) IF ADDITIONAL SPACE IS NEEDED, USE 'REMARKS' SECTION ON PAGE 4

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

LOCATION	DATE	CHARGE	PENALTY

(IF NONE, WRITE NONE) IF ADDITIONAL SPACE IS NEEDED, USE 'REMARKS' SECTION ON PAGE 4.

EDUCATION

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

LAST SCHOOL ATTENDED _____
 (NAME) _____ (CITY) _____

EXPERIENCE AND QUALIFICATIONS - DRIVER

ALL DRIVER LICENSES LAST 3 YEARS	STATE	LICENSE NO.*	CLASS	ENDORSEMENTS	RESTRICTIONS
	NEW YORK				

***APPLICATION CANNOT BE PROCESSED WITHOUT LICENSE NUMBER**

- 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 _____

If the answer to either A or B is yes, Explain in "Remarks" Section on Page 4

DRIVING EXPERIENCE CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (BUS, VAN, TANK, FLAT, ETC.)	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR & SEMI TRAILER				
BUS				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: _____ Page 3 of 5

EXPERIENCE AND QUALIFICATIONS – OTHER

LIST ANY BUS, TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST SAFE DRIVING AWARDS, COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION:

HAVE YOU **EVER BEEN CONVICTED** OF A MISDEMEANOR OR FELONY? _____ Yes _____ No

REMARKS: _____

TO BE READ AND SIGNED BY APPLICANT

I certify that all four pages of this Application were completed by me, and that all entries and information provided are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial and driving history, and other related matters, as may be necessary to reach an employment decision. I understand that pursuant to 49 CFR § 391.23(i), I have the right to review, correct and rebut the results of such investigations and inquiries upon which you rely to reach an employment decision.

I hereby release employers, schools and persons from all liability in responding to inquiries in connection with my application.

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, as permitted by Law.

_____ Date

_____ Applicant's Signature

Completing the following form is optional, but it must be submitted with your application.

Voluntary Affirmative Action Information

Please read all instructions carefully before completing the form

Anti-discrimination Notice: It is unlawful employment practice for an employer to fail or refuse to hire or to discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment because of such individual's race, color, religion, sex, national origin or other protected categories by law.

Our company is subject to certain governmental record keeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants to **voluntarily** self-identify their race, ethnicity and gender.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment and is not a part of your official application for employment. The information will not be used in any hiring decision. The information provided will be kept confidential and may only be used in accordance with the provisions of the applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. Please return the completed form with your application for employment. Your cooperation is appreciated.

INVITATION TO SELF-IDENTITY *Please answer the following questions:*

Name _____ Date _____

Position applying for _____

What is your gender? Male Female

What is your race/ethnicity? *You may mark only one box.*

- Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East or North America.
- 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 original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- 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 maintains a tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above races.

REFERRAL SOURCE: [] ADVERTISEMENT [] EMPLOYEE [] RELATIVE [] WALK-IN [] SCHOOL
[] GOVERNMENT EMPLOYMENT AGENCY [] PRIVATE EMPLOYMENT AGENCY [] INTERNET [] OTHER _____

<u>FOR PERSONNEL DEPARTMENT USE ONLY:</u>	[] Hired ____/____/____	[] Not Hired		
<u>EEO CLASSIFICATION:</u>	1. Executive/Senior level Officials & Managers	2. First/Mid Level Officials & Managers		
	3. Professionals	4. Technicians	5. Sales	6. Administrative Support
	7. Craft Workers (skilled)	8. Operatives (semi-skilled)	9. Laborers & Helpers (unskilled)	10. Service Workers

Rev. January 2008

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Pine Hill Trailways
New York Trailways

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Hurley, New York 12443

Phone: (845) 339-4230
Fax: (845) 339-5222

ENTRÉE INTO CANADA

Adirondack Trailways runs daily scheduled trips into Canada. All new Trailways drivers are required to drive a bus into Canada. Canadian Immigration carefully checks each new driver, before being allowed to drive a bus into Canada.

IT HAS BEEN OUR EXPERIENCE THAT A PERSON WHO HAS BEEN CONVICTED OF A CRIME (MISDEMEANOR OR FELONY), DWI (DRIVING WHILE INTOXICATED) OR DWAI (DRIVING WHILE ABILITY IMPAIRED) IS CONSIDERED INADMISSIBLE AND WILL NOT BE PERMITTED INTO CANADA, AND, THEREFORE, COULD NOT BE EMPLOYED BY ADIRONDACK TRAILWAYS AS A BUS OPERATOR.

In some cases, Canadian Immigration will declare a person rehabilitated and will permit that person into Canada, if five years have passed since the offense and the person files an application for admission at the Canadian Consulate, or at the Port of Entry.

These matters should be cleared up before sending in an Employment Application to Trailways. You may contact the Canadian Consulate at:

Canadian Consulate New York
Immigration Section
1251 Avenue Of The Americas
Concourse Level
New York, New York USA 10020-1175
Phone: (212) 596-1600

USEFUL WEB SITES

www.cic.gc.ca

Citizenship and Immigration Canada

www.cic.gc.ca/english/information/applications/rehabil.asp

Guide and Application for Criminal Rehabilitation

www.can-am.gc.ca

Visa Offices in the United States

www.dfait-maeci.gc.ca/world/embassies/menu-en.asp

Visa Offices Worldwide

www.canada.justice.gc.ca

Canadian Laws