



LASZLO ENTERPRISES, INC.
dba. PATTY WAGON CHARTER

10516 Plainview Ave.
Tujunga, CA 91042

Telephone (818) 352-3819
Fax (818) 352-3819

Drivers Wanted... Patty Wagon Charter is looking for qualified, experienced Charter Bus Drivers to fill Part-Time & Full-Time positions.

We place strong emphasis on Customer Service & People Skills as our Drivers are the front line representatives of Patty Wagon Charter.

Safety awareness & practice are a vital part of driver professionalism & pride. It is the policy of Patty Wagon Charter that safe operations are an essential and paramount concern to bus operations. Our procedures and operating rules therefore demand:

1. Safety take precedence over expediency or shortcuts.
2. That all safety laws and regulations be complied with.
3. All personnel be a part of the company safety effort through attitude and work habits.

We regard these guidelines as the best long-term means to protect both the public and employees and to ensure continuing efficient operations.

Following is an "Employee Checklist" of all required employment forms. Items 1 - 6 are needed to begin an application. A resume may be attached, however is not required.

Our Terminal/Yard is located in Sun Valley. Please use the following contact numbers.

Thank you,

Patty Laszlo

President

T: 818-352-5093

F: 818-353-8886

info@pattywagon.net

Employee Checklist

Name: _____

- 1) _____ **Application**
 - 2) _____ **DMV Current Printout (Information Request)**
 - 3) _____ **Drivers License (Copy of Front & Back)**
 - 4) _____ **Medical Certificate (Copy of Front & Back)**
 - 5) _____ **Request Controlled Substances Testing Information from Previous Employer**
 - 6) _____ **Request Job Information from Previous Employer**
 - 7) _____ **Road Test**
-

- 8) _____ **Pre-Employment Drug Test**
 - 9) _____ **On-Duty Hours for 7 Previous Days (New Driver OR Occasional Driver)**
-

- 10) _____ **W-4 or W-9**
 - 11) _____ **Certificate of Compliance w/Driver License Requirements**
 - 12) _____ **DMV Pull Notice Authorization**
 - 13) _____ **Drug/Alcohol Worker Education Book (Signed Receipt)**
 - 14) _____ **Video Training & Education Program**
 - 15) _____ **Waiver re. Drug & Alcohol Program & Policy**
-

- 16) _____ **Add Driver to Insurance**
 - 17) _____ **Driver Proficiency**
 - 18) _____ **Annual Review of Driving Record (Signed Pull Notice)**
-

- 19) _____ **SPAB - DL45 California Special Driver Certificate**
- 20) _____ **SPAB - T01 Training Certificate (annually by birthday)**

- 21) _____ **Company Policies & Procedures Handbook**

22) _____

23) _____

24) _____

25) _____

DRIVER'S APPLICATION FOR EMPLOYMENT

Company — **Laszlo Enterprises, Inc.** _____
dba. Patty Wagon Charter
Address — 10516 Plainview Ave. _____
Tujunga, CA 91042-1718
City — Patty Laszlo (T:818-352-5093, F:818-353-8886) _____ Zip _____

(answer all questions - please print)

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

List your addresses of residency for the past 3 years.

Current Address _____
Street City
State Zip Code Phone How Long? _____
Previous Addresses _____
Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____
Street City State & Zip Code How Long? _____

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

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

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

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

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]?

If yes, explain if you wish. _____

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

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 MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

EMPLOYER			DATE	
NAME			FROM MO. YR.	TO MO. YR.
ADDRESS			POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER		REASON FOR LEAVING

*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.

EXPERIENCE AND QUALIFICATIONS – OTHER

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

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 may be necessary in arriving at an employment decision. (Generally, inquiries 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.

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.

_____ Date

_____ Applicant's Signature

PROCESS RECORD

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. APPLICATION						
2. INTERVIEW						
3. PAST EMPLOYMENT						
4. WRITTEN EXAM						
5. ROAD TEST						
6. CRIMINAL AND TRAFFIC CONVICTIONS						

SIGNATURE OF INTERVIEWING OFFICER _____

TRANSFERS

FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER _____	REASON FOR TRANSFER _____

FROM: _____ TO: _____	FROM: _____ TO: _____
DATE: _____	DATE: _____
REASON FOR TRANSFER _____	REASON FOR TRANSFER _____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____

DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

LASZLO ENTERPRISES, INC.
dba. PATTY WAGON CHARTER

10516 Plainview Ave.
Tujunga, CA 91042

Telephone (818) 352-3819
Fax (818) 352-3819

NEED:

DRIVERS LICENSE (2 COPIES FRONT & BACK)

MEDICAL CERTIFICATE (2 COPIES FRONT & BACK)

CURRENT DMV PRINTOUT

Thank you,

Jim Laszlo

Jim Laszlo

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____
 First, M.I., Last _____ Social Security Number _____
 hereby authorize that:

Previous Employer: _____
 Street: _____ Telephone: _____
 City, State, Zip: _____ Fax No.: _____

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: _____
Laszlo Enterprises, Inc.
 Attention: **dba. Patty Wagon Charter**
 Street: **10516 Plainview Ave.**
 City, State, Zip: **Tujunga, CA 91042-1718**
 Telephone: _____
 Fax No.: _____
 Patty Laszlo (T:818-352-5093, F:818-353-8886)

Applicant Signature _____ Date _____

This is in compliance with §382.405(f) and (h), which state:
 (f) Records shall be made available to a subsequent employer upon receipt of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.
 (h) An employer shall release information regarding a driver's records as directed by the specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.
 §382.413(a)(b)(d)(e)(f)(h) further state:
 §382.413 Inquiries for alcohol and controlled substances information from previous employers.
 (a)(1) An employer shall, pursuant to the driver's written authorization, inquire about the following information on a driver from the driver's previous employers, during the preceding two years from the date of application, which are maintained by the driver's previous employers under §382.401(b)(1) (i) through (iii) of this subpart:
 (i) Alcohol tests with a result of 0.04 alcohol concentration or greater;
 (ii) Verified positive controlled substances test results; and
 (iii) Refusals to be tested.
 (2) The information obtained from a previous employer may contain any alcohol and drug information the previous employer obtained from other previous employers under paragraph (a)(1) of this section.

(b) If feasible, the information in paragraph (a) of this section must be obtained and reviewed by the employer prior to the first time a driver performs safety-sensitive functions for the employer. If not feasible, the information must be obtained and reviewed as soon as possible, but no later than 14-calendar days after the first time a driver performs safety-sensitive functions for the employer. An employer may not permit a driver to perform safety-sensitive functions after 14 days without having made a good faith effort to obtain the information as soon as possible. If a driver hired or used by the employer ceases performing safety-sensitive functions for the employer before expiration of the 14-day period or before the employer has obtained the information in paragraph (a) of this section, the employer must still make a good faith effort to obtain the information.
 (d) The prospective employer must provide to each of the driver's previous employers the driver's specific, written authorization for release of the information in paragraph (a) of this section.
 (e) The release of any information under this section may take the form of personal interviews, telephone interviews, letters, or any other method of transmitting information that ensures confidentiality.
 (f) The information in paragraph (a) of this section may be provided directly to the prospective employer by the driver, provided the employer assures itself that the information is true and accurate.
 (h) Employers need not obtain information under paragraph (a) of this section generated by previous employers prior to the starting dates in §382.115 of this part.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Part 382 testing requirements while employed by this employer, please check here , sign below, and return.

Under Part 382 testing requirements:

	YES	NO
1. Has this person ever tested positive for a controlled substance in the last two years?*	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration 0.04 or greater in the last two years?*	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person ever refused a required test for drugs or alcohol in the last two years?*	<input type="checkbox"/>	<input type="checkbox"/>

* Please include information received from other previous employers.

If YES to any of the above questions, please give the SAP's (Substance Abuse Professional) name, address and phone number for further reference.

Name: _____
 Street: _____
 City, State, Zip: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer. Mailed. Date: _____

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Phone
 Personal Interview

Date: _____

REQUEST FOR INFORMATION From Previous Employer

I hereby authorize you to release the following information to

Laszlo Enterprises, Inc.

dba. Patty Wagon Charter

(Prospective Employer)

for the purposes of investigation

as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Date _____ Applicant's Signature _____

MAIL TO:

Dear Sir/Madam:

The below named individual has made application to this company for a position as _____
_____ and states that he/she was employed by you as _____
_____ from _____ to _____.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope for your convenience. Thank you for your courtesy.

Sincerely,

Name of Applicant: _____ Social Security No.: _____

1. Employed from _____ to _____ as _____ at wage or salary of _____.

2. Did he/she drive motor vehicle for you? _____, Straight Truck? _____, Tractor-Semitrailer? _____, Bus? _____. Other (Specify) _____

3. Was he/she a safe and efficient driver? _____

4. Reason for leaving your employ: Discharged _____; Resignation _____; Lay Off _____; Military Duty _____.

5. Was his/her general conduct satisfactory? _____

6. Please advise history of past driving record if available for past three years _____

(Over)

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

Please indicate your opinion by placing a check (✓) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Safety Habits				
Driving Skill				
Attitude				
Loyalty				

Any other remarks _____

SIGNATURE _____
 TITLE _____
 DATE _____

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FOR PROSPECTIVE EMPLOYER'S RECORD
MAINTAIN THIS INFORMATION IN THE DRIVER QUALIFICATION FILE FOR
3 YEARS AFTER THE PERSON'S EMPLOYMENT BY THE MOTOR CARRIER CEASES.