

Koch School Bus Service, Inc.
150 Victor Court
Waconia, MN 55387
Ph# 952-442-3370
Brian@kochbus.com

Thank you for your interest in Koch School Bus Service, Inc. We appreciate the time you have taken to apply for work with our company. Below I have highlighted a few items in the hiring process.

During your initial visit, I will provide the following forms for you to complete and return.

- An application
- A request from previous employer form
- A request for previous drug and alcohol testing records
- A request to view your driving record
- An I-9 form
- A MN School Bus Criminal Records Check form
- A pre-employment urinalysis form
- A release for the McDowell Agency for criminal background check

We will help you schedule a Pre-Employment Drug Test and School Bus Physical Exam.

You must complete 3 written tests to obtain your school bus permit to drive and train. The written tests are the MN School Bus Drivers Test, Transporting Passengers, and the General Knowledge Test.

After you have completed the above items, we can begin training.

A road test can be scheduled after the written tests are completed.

We will train you with our safety trainers to ensure you are ready to safely and successfully fulfill the requirements of driving a school bus.

Upon successful completion of the requirements listed above you will officially be offered employment with Koch School Bus Service, Inc.

Again, thank you for your interest in Koch School Bus Service, Inc. We are looking forward to working with you.

If you have any questions, please contact me by phone at 952-442-3370 or
By email brian@kochbus.com

Sincerely,

Brian

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Mission Statement:

We are passionate about the safety and security of the people we transport. Koch School Bus Service provides the safest most efficient transportation to our customers by employing only the best drivers and using the safest equipment available in caring for the individual needs of our passengers.

Statement of values:

1. Safety is our number one priority and will never be compromised.
2. We maintain our equipment to excellent standards.
3. We train our drivers to a high level of expertise in transporting and caring for our passengers.
4. We maintain a high level of integrity at all times.
5. We create an environment that encourages our employees to think creatively and find solutions that are tailored to the customers needs.

Qualifications of a school bus driver for Koch School Bus Service, Inc.

1. Must obtain and keep a current MN Class B license with a passenger and school bus endorsement.
2. Must obtain and keep a current MN School Bus Drivers Physical or equivalent D.O.T Physical.
3. Must be able to perform and document a pre-trip and post trip safety inspection.
4. Must be physically able to walk up and down the aisle of the school bus to assist students and handle emergencies.
5. Must be able to follow safety and management rules and be able to communicate them to students when necessary.
6. Must meet the six school bus drivers' competencies as described by the State of Mn.
7. Must participate in a random drug and alcohol program.
8. Must be able to follow route directions for routes assigned to you.
9. Must be on time whenever you are scheduled to work.
10. Must be able to assist passengers in emergencies and in reasonable requests in accordance with our company policies, local policies, and State law.
11. Must abide by all laws pertaining to driving a school buses at all times.
12. Must always safely be able to operate the school bus.

Received by: _____

Date: _____

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COMMERCIAL DRIVERS APPLICATION

FILL IN ALL BLANKS AND PROVIDE ALL INFORMATION REQUESTED – PRINT OR TYPE

Date: _____
Name: First: _____ Middle: _____ Last: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Telephone: _____ Cellular Telephone: _____
Date of Birth: _____ Social Security Number: _____ - _____ - _____
Email: _____
Referred by: _____

If your above address is less, then 3 years continue listing them below to cover the previous 3-year period:

1. Street: _____ Dates: From _____ to _____
City: _____ State: _____ Zip: _____
-
2. Street: _____ Dates: From _____ to _____
City: _____ State: _____ Zip: _____
-
3. Street: _____ Dates: From _____ to _____
City: _____ State: _____ Zip: _____
-

Use backside of sheet for additional addresses

Driver's License Information: all licenses held in the last 3 years:

State: _____ Number: _____ Expiration Date: _____
State: _____ Number: _____ Expiration Date: _____
State: _____ Number: _____ Expiration Date: _____

All Accidents, last 3 years: (if none, write NONE)

Date: _____ Describe: _____ Fatalities: _____ Injuries: _____
Date: _____ Describe: _____ Fatalities: _____ Injuries: _____
Date: _____ Describe: _____ Fatalities: _____ Injuries: _____

List all Traffic Violation Convictions, last 3 years: (if none, write NONE)

Date: _____ Violation: _____ State: _____ Commercial Vehicle: YES / NO
Date: _____ Violation: _____ State: _____ Commercial Vehicle: YES / NO
Date: _____ Violation: _____ State: _____ Commercial Vehicle: YES / NO

Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

____ Yes ____ No if yes; state of issuance; explanation:

Employment History, last 10 years (383.35) – account for gaps between employers: (if owner/operator, list carriers leased to)

1. Employer: _____ Dates: _____ to _____
Address: _____
City: _____ State: _____ Zip code: _____
Supervisor: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ____ Yes ____ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ____ Yes ____ No

Reason for leaving:

2. Employer: _____ Dates: _____ to _____
Address: _____
City: _____ State: _____ Zip code: _____
Supervisor: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ____ Yes ____ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ____ Yes ____ No

Reason for leaving:

3. Employer: _____ Dates: _____ to _____
Address: _____
City: _____ State: _____ Zip code: _____
Supervisor: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? ____ Yes ____ No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? ____ Yes ____ No

Reason for leaving:

Use backside of sheet for additional employers

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For driver applicants of commercial motor vehicles that require a Commercial Driver’s License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(J)

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

“I certify 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.”

Applicant’s Signature

Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness:

Name

Name

Title

Date

Title

Date

SIGNIFICANT DATES:

Date of Hire: _____

Time & Date of Pre-Employment CST: _____

Time & Date of Pre-Employment CST Results Received: _____

Date First Used in Safety Sensitive Position: _____

Date of Termination: _____

The Federal Motor Carrier Safety Regulations require all previous employers of this applicant to respond to this request for information within 30 days. Failure to comply with this request is in violation of 49 CFR 391.23 and 40.25, for which you may be prosecuted. Questions concerning the requirements of this regulation should be directed to the Minnesota Division Office of the Federal Motor Carrier Safety Administration at 651-291-6150, during business hours.

To: _____ Date: _____
 Former Employer's Name

 Mailing Address

 City State Zip Telephone Number

I, _____, hereby authorize _____ to release all records of employment, including assessments of my job performance, ability, and fitness, including the dates of any and all alcohol or drug tests, with confirmed results, and/or my refusal to submit to any alcohol and drug tests and any rehabilitation completion under direction of Substance Abuse Professional (SAPO) and/or Medical Review Officer (MRO) to each and every company (or their authorized agents) making such request in connection with my application for employment with said company. I, hereby, release the above – named company, and its employees, officers, directors, and agents from any and all liability of any type as a result of providing the following information to the below mentioned person and/or company.

Applicant's Signature & Date _____

Witness's Signature & Date _____

REQUEST FROM

Company: Koch School Bus Service, Inc.
 Address / City / State / Zip 150 Victor Court, Waconia, MN 55387
 Telephone Number: 952-442-3370
 Contact Person & Title Brian Koch

NAME OF APPLICANT _____ SSN _____
 JOB APPLYING FOR School Bus Driver

INQUIRY INTO EMPLOYMENT HISTORY, PRECEDING 3 YEARS

- Did applicant work for you as a _____ from ____/____/____ to ____/____/____ YES or NO: _____
 o If NO, please explain: _____
- If employed as driver, please answer the following: Company Driver? ____ Owner/ Operator? ____ Other? ____
 o Type of truck(s) and/or truck/tractor(s) operated: _____
 o Commodities transported: _____ Area of operations: _____
- Accidents? Yes or No _____ If yes please give date(s) and brief description of each accident:

- Why did this employee leave your company? _____
- Would you re-employ this person? Yes or No: _____ If NO, please explain:

- Additional comments: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION, PRECEDING 2 YEARS

- Alcohol tests with a result of 0.04 or greater? YES or NO If yes, please give date(s) _____
- Verified positive controlled substances test results? YES or NO If yes, please give date(s) _____
- Refusals to be tested: YES or NO If yes, please give date(s) _____
- Was rehabilitation completed as required? YES or NO If yes, please give date(s) _____

Person providing the above Information:

Name: _____ Title: : _____
 Company: : _____ Date: : _____

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Pre-Employment Drug / Alcohol Testing Consent Form

As a condition for an application to be considered, applicants must understand and agree to submit a drug and/or alcohol test. If the test results are positive, the applicant shall not be considered further by Koch School Bus Service, Inc. Koch School Bus Service, Inc will pay the cost of the pre-employment drug / alcohol test. Any additional treatment or cost relating to the results of the testing is the applicant's responsibility.

Koch School Bus Service, Inc. will maintain the results of the pre-employment drug / alcohol test.

I understand the above conditions and hereby agree to comply with them. I, hereby, give full consent to undergo a drug and / or alcohol test as a condition of employment with Koch School Bus Service, Inc.

_____	_____		
Print Applicant's Name	Telephone Number		
_____	_____	_____	_____
Street	City	State	Zip
_____	_____		
Applicant's Signature	Date		
_____	_____		
Witness Signature	Date		