



Tour Leader Job Application

APPLICANT			
NAME	HOME PHONE	DAYTIME PHONE	CELL PHONE
STREET	CITY, STATE AND ZIP		
EMAIL			

POSITION	
Have you ever served as a tour leader before, on bicycles or otherwise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please provide company name and duration.	
Are you looking for work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
We are looking for guides to work during the March to November time period. Are there any unavailable dates that would prevent you from working during this timeframe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please list specific dates you are unavailable:	

DRIVING SKILLS/RECORD	
Have you driven a 15 passenger van before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever driven a vehicle towing a trailer before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been involved in any automobile accidents in the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please attach a copy or pdf scan of the accident report which can be obtained from the police department of the city/county in which the accident took place.	
Have you ever been convicted of driving under the influence of, or driving while impaired by drugs or alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
You will need to provide a copy of your DMV driving record and a copy of your valid drivers license with your application. Please see checklist below of required documentation for your application to be considered.	

PHYSICAL SKILLS/CERTIFICATIONS

Are you able to lift a 30 lb bicycle above your head?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you capable of carrying a 50 lb suitcase?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you capable of bicycling up to 60 - 80 miles per day?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently certified in first aid/adult CPR?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

BICYCLE MAINTENANCE SKILLS

Do you have the following basic bicycle maintenance skills?
(these can be learned and improved upon subsequent to your application submission)

Changing/diagnosing a flat tire?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Install/remove pedals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Install/remove saddle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breaking and installing chain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fixing a broken spoke and/or out of true wheel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adjusting brake cables/centering brake pads?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adjusting derailer cable tension/limit screws?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OTHER

Describe any special experience or knowledge you have of the geographical areas in which we conduct tours (attach a separate sheet if needed):

Describe in detail any customer service roles/responsibilities you have held or describe in detail your experience in dealing with the public (attach a separate sheet if needed):

OTHER REQUIRED INFORMATION FOR YOUR APPLICATION

Please submit the following with your application:

- Cover letter
- Resume with the following required information:
Education
Employment History (including: name of employer, dates of employment, position and responsibilities, reason for leaving, name and phone number of former manager)
May we contact your past employer? Yes No
May we contact your present employer? Yes No
- Copy of your DMV driving record
- Copy of a valid US driver’s license
- Copy of your answer to the following essay question (please type or print neatly and limit to 1 page):

If you were a paying customer on a Carolina Tailwinds bicycle tour, what services, knowledge and abilities would you expect of your tour guide?
- Safety Performance History Records Request (attached)
- Background Check Authorization and Release (attached)

We prefer to receive all of the information above electronically. You may submit either a Word Document or pdf file of each of the above along with a completed and saved copy of this application and email them to: info@CarolinaTailwinds.com with "Tour Leader Application" in the subject line.

If you would rather, you may also print and copy each of the above along with a completed application form and mail to:
Carolina Tailwinds
PO Box 24716
Winston-Salem, NC 27114-4716

Mailed submissions may take us additional time to receive and review.

I hereby declare the information provided by me in this application is true and complete, and I understand that falsification of this information is grounds for refusal to hire or, if I’ve been hired, for termination. Thank you for your interest in Carolina Tailwinds. We will contact you to let you know that we have received your complete application and follow up with you via email.

Signature

Date

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

Driver Applicant: Please complete the first section authorizing the release of all applicable records.

Previous Employer: Please complete the second section of this form and return it to the prospective employer.

COMPLETED BY DRIVER - RECORDS RELEASE AUTHORIZATION
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Name of Driver	Social Security #	DOB
Drivers License Number	State	Expiration Date

I, _____ Hereby authorize:

Previous Employer	Address	
City/State/Zip	Telephone	Fax

To release and forward the information requested for the purposes of investigation as required by 49 CFR 40.25 and 391.23, to:

Prospective Employer Carolina Tailwinds, Inc.	Address PO Box 24716	City/State/Zip Winston Salem, NC 27114-4716
Telephone 336-794-1054	Fax 336-794-1082	

Applicant's Signature: _____ **Date:** _____

COMPLETED BY PREVIOUS EMPLOYER SAFETY PERFORMANCE HISTORY
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Employed from _____ to _____

Did he/she drive motor vehicle for you? Yes No If yes, what type?

<input type="checkbox"/> Straight Truck	<input type="checkbox"/> Tractor-Semitrailer	<input type="checkbox"/> Bus
<input type="checkbox"/> Cargo Tank	<input type="checkbox"/> Doubles/Triples	<input type="checkbox"/> Other:

Complete the following for any accidents included on your accident register (49 CFR 390.15(b)) that involved the applicant in the 3 years prior to the application date shown above. If none, state NONE.

Date	Type (Overturn, Rear-end, Sideswipe, etc)	Location	Injuries	Fatalities

Was the driver subject to Department of Transportation drug and alcohol testing requirements while under your employ? Yes No If yes, complete the following:

- Yes No
- Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?
 - Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
 - Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
 - Has this person committed other violations of Subpart B or Part 382, or Part 40?
 - If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.

Was he/she a safe and efficient driver? _____

Was his/her general conduct satisfactory? _____

Reason for leaving your employ?

- Discharged Resignation Other (Please Describe):
 Lay Off Military Duty

Was this driver placed Out of Service for logbook or licensing violations while in your employ? Yes No If yes, please describe: _____

Please indicate your opinion by placing a check in the appropriate box:

Characteristics	Excellent	Good	Fair	Poor
Disposition, Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative, Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loyalty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Remarks: _____

Signature

Date

Job Title

Pre-Employment / Continued Employment Background Check
Volunteer Disclosure Authorization and Release

I understand that in connection with my application of Employment, Carolina Tailwinds will be requesting an independent background check on me. Investigators of Carolina Tailwinds, Inc, or an independent employment screening agency, may be performing, requesting, obtaining or conducting a background check that may include an inquiry into my Employment History, Education, General Character or Reputation, Work Experience, Driving and/or Criminal History. If my position involves handling money and/or having access to monies and/or other transferable monetary instruments, my Credit History may also be checked.

I understand that Carolina Tailwinds Inc. may rely on any part of all of this Information in determining whether to extend an offer of Employment to me. I further understand that if any adverse action is taken by Carolina Tailwinds Inc., or if Carolina Tailwinds Inc. chooses not to extend an offer of Employment to me based upon the Information that I will be entitled to a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check, which may be performed by Investigators, is being performed as part of the process to evaluate me prior to Employment assignments, and is not conducted for any purpose other than in connection with my application for Employment , and/or my eligibility for Continued Employment.

I have read this Pre-Employment and Continued Employment Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for employment duties. I hereby release any and all Investigators, including Carolina Tailwinds, Inc, from any and all liability related to the procurement or disclosure of any information provided by me or obtained about me in connection with my Application with Carolina Tailwinds, Inc. I further direct and authorize Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the requested Information, to disclose such Information to Investigators in connection with the background check.

Although furnishing your Social Security Number is not optional, it shall be used for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

Applicant Signature: _____ Date: _____

Printed Name: _____

Social Security Number: _____ Date of Birth: _____

Former Last Name(s) if applicable: _____

Current Address: _____

Former Address: _____