

APPLICATION FOR EMPLOYMENT OR CONTRACTOR

All About You Limos, LLC

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Name: Last _____ First _____ Middle _____ Date _____

Street Address _____

City _____ State _____ Zip _____ How Long? _____

Prior Address _____

City _____ State _____ Zip _____ How Long? _____

Home Phone () _____ Cell Phone () _____

Social Security # _____ DOB _____

Driver's License # _____ Email _____

Position applied for _____

How did you hear of this opening? _____

When can you start? _____ Desired Wage \$ _____

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? [] Yes [] No

Are you looking for full time employment? [] Yes [] No

If no, when are you available? _____

Have you ever been convicted of a felony? [] Yes [] No

Do you smoke? [] Yes [] No Ever tested positive for drugs? [] Yes [] No

How many times have you been late for work in the past year? _____

Do you have any mental or physical conditions we should be aware of or that may affect your ability to perform your job duties or driving? [] Yes [] No

If yes, please describe: _____

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Education:	School Name and Location	Year	Major	Degree
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
College	_____	_____	_____	_____
Other Training	_____	_____	_____	_____

In addition to your work history, are there are other skills, qualifications, or experience we should consider?

Employment History: **Please list past 10 years if you hold a CDL license** (Start with most recent employer.)

Company name _____

Address _____ Telephone _____

Date Started _____ Starting Wage _____ Starting Position _____

Date Ended _____ Ending Wage _____ Ending Position _____

Name of Supervisor _____ May we contact? [] Yes [] No

Responsibilities _____

Reason for leaving _____

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Company name _____

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Attach additional sheet if necessary.

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EXPERIENCE AND QUALIFICATIONS-DRIVER

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES				

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES		APPROX NO. OF MILES (TOTAL)
		FROM	TO	
STRAIGHT TRUCK				
TRACTOR AND SEMI-TRAILER				
TRACTOR – TWO TRAILERS				
OTHER				

ACCIDENT RECORD FOR PAST 5 YEARS (ATTACH SHEET IF MORE SPACE IS NEEDED)

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

Is there anything else you would like us to know? _____

I certify this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge. I understand that if I am employed or contracted, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this company is "at will," which means that either I or this company can terminate the relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. As a Federal Motor Carrier, applicants must provide all information required by the Federal Motor Carrier Safety Regulations.

Signature _____

Date _____