

EXECUTIVE LIMOUSINES

Please fill out and fax to our office at 816-891-8326.

Name: _____ Phone Number: _____
(First) (Middle) (Last)

Address: _____ # Years: _____

Social Security Number: _____

Drivers License Number: _____ State: _____

Class of License you poses: _____
A, B, C, E Endorsement / Restrictions

Employment Desired: ___ Full Time (30-40 Hrs/Trips) ___ Part Time (10-25 Hrs/Trips)

Days and or times you are *unable* to work: _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? _____
Yes/No

If yes, please provide dates and details: _____

Answering "Yes" to these questions does not constitute an automatic denial of employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Traffic Convictions and Forfeitures for the past three years (other than parking)

(Location) (Date) (Charge) (Penalty)

Have you ever been denied a license, or privilege to operate a motor vehicle? _____
Yes / No

Has your license or privilege ever been suspended or revoked? _____
Yes / No

Initials _____

Commercial Driving Experience

Type of Equipment	Dates To/From	Yearly Miles
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Type of Equipment	Dates To/From	Yearly Miles
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Accident Record for the Past Three Years

Nature of Accident Head on, Rear End, Upset, Etc.	Fatality	Injury	Non-Injury
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Last Accident: _____

Next Previous: _____

Next Previous: _____

Skill and Qualifications

Summarize any training, skills, licenses and or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying:

Education Background

High School (Name & Location)	Years Completed	Did you Graduate?
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College (Name & Location)	Major / Minor	Did you Graduate?
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Other Certificates or specialized training?

Initials _____

References

_____ Name	_____ Telephone Number	_____ Years Known
_____ Name	_____ Telephone Number	_____ Years Known
_____ Name	_____ Telephone Number	_____ Years Known

Employment History

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

Applicants to drive a “commercial motor vehicle” in the intrastate or interstate commerce shall also provide an additional seven years information on those employers for who the applicant driver operated such vehicles.

List Jobs in Most Recent Order:

_____ Starting / Ending Dates	_____ Employer
_____ Ending Job Title	_____ Address
_____ Immediate Supervisor	_____ Summarize the Nature of Work
_____ May we contact for Reference	_____ Phone Number of Contact
_____ Reason for Leaving	

Initials_____

Employment History

List Jobs in Most Recent Order:

Starting / Ending Dates Employer

Ending Job Title Address

Immediate Supervisor Summarize the Nature of Work

May we contact for Reference Phone Number of Contact

Reason for Leaving

Starting / Ending Dates Employer

Ending Job Title Address

Immediate Supervisor Summarize the Nature of Work

May we contact for Reference Phone Number of Contact

Reason for Leaving

Initials _____