

Bristol Coach & Limousine

Employment Application (Page 1 of 3)

Date of application ____/____/____

How Did You Learn About Us? Advertisement Friend Walk-In Relative Other _____

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Home Number _____ Work Number _____ Cell Number _____

Position applying for: _____ How long have you lived in Ma ? _____

E mail address _____

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____

Do you have any prior experience in the limousine industry? Yes No

If Yes, may we contact that employer for a reference? Yes No

Name of Company _____ Telephone Number _____ Contact Person _____

Which of the following have you driven? Limo Bus Van Truck Taxi Cab

Date of Birth: ____/____/____ Social Security No.: _____

Driver's license number: _____ State: _____

What type driver's license do you have? _____

Number of years you have held a driver's license? _____

How many citations have you received in the last 3 years: _____

Have you ever received a driving citation for any of the following, if so, write date under violation:

Drunk Yes No Careless Yes No Impaired Yes No Reckless Yes No

Have you been in an accident in the last 3 years? Yes No

Were you found at fault? Yes No

If yes, give details: _____

Do you have transportation to and from work? Yes No

Are you under 18 years of age? Yes No

Are you a U.S. citizen or otherwise legally entitled to work in the U.S.? Yes No

(Proof of citizenship or immigration status will be required upon employment)

Are you currently employed? Yes No

On what date would you be available for work? _____

Are you available to work: Weekdays Weekends

Do you prefer: Full time Part Time

Are you currently employed? Yes No

Are you currently on "lay off" status and subject to recall? Yes No

Have you ever been convicted of a felony? Yes No

(Conviction may not necessarily disqualify an applicant from employment)

If Yes, give details: _____

PAGE 2 TO BE FILLED OUT BY CHAUFFEUR APPLICANTS ONLY. If not a chauffeur applicant proceed to page 3 of this application. Attach additional sheet if needed for any category.

If you have not resided at your current address for the past 3 years, list all other resident address in the past 3 years.

| | | | | | |
|---------|------|-------|-----|------|----|
| Address | City | State | Zip | From | To |
|---------|------|-------|-----|------|----|

| | | | | | |
|---------|------|-------|-----|------|----|
| Address | City | State | Zip | From | To |
|---------|------|-------|-----|------|----|

EXPERIENCE AND QUALIFICATIONS - CHAUFFEUR

List states operated in for the last five years: _____

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? { } Yes { } No
- B. Has any license, permit or privilege ever been suspended or revoked? { } Yes { } No

If the answer to A or B is yes, give details: _____

| DRIVER'S LICENSES STATE | LICENSE NO. | TYPE | ENDORSEMENTS | EXPIRATION DATE |
|-------------------------|-------------|------|--------------|-----------------|
| | | | | |
| | | | | |
| | | | | |

| DRIVING EXPERIENCE Class of equipment | Type of equipment (Van, Tank, Flat, etc.) | DATES From | DATES To | Approx. No. of miles (Total) |
|---------------------------------------|---|------------|----------|------------------------------|
| Straight Truck | | | | |
| Tractor & Semi-Trailer | | | | |
| Tractor – Two Trailers | | | | |
| Other | | | | |

| ACCIDENT RECORD FOR PAST 5 YEARS OR MORE Dates | Nature of accident (Head-on, rear-end, upset, etc.) | No. of Fatalities | No. of Injuries |
|--|---|-------------------|-----------------|
| Last accident: | | | |
| Next previous: | | | |
| Next previous: | | | |

| TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 5 YEARS (OTHER THAN PARKING VIOLATIONS) Location | Date | Charge | Penalty |
|---|------|--------|---------|
| | | | |
| | | | |

Have you tested positive for drugs/alcohol, or refused to take a pre-employment drug/alcohol test in the two years preceding the date of this application? { } Yes { } No If yes, give details: _____

DOT regulations prohibit our utilizing you to perform a “safety-sensitive function” (driving a commercial motor vehicle) If you had a positive test, or a refusal to test, until and unless you provide documents showing successful completion of the return-to-duty process in accordance with DOT regulation.

EMPLOYMENT RECORD: GIVE A COMPLETE RECORD OF ALL EMPLOYMENT FOR THE PAST 10 YEARS, INCLUDING ANY UNEMPLOYMENT OR SELF EMPLOYMENT, INCLUDE RELEVANT U.S. MILITARY SERVICE. **CHAUFFEUR APPLICANTS** MUST ALSO INCLUDE ALL COMMERCIAL DRIVING EXPERIENCE FOR THE PAST 10 YEARS. **ATTACH ADDITIONAL SHEETS IF NEEDED FOR ANY CATEGORY.**

| COMPANY NAME & FULL ADDRESS | JOB TITLE & DUTIES | YOUR HOURLY WAGE OR SALARY | SUPERVISOR'S NAME & PHONE NUMBER | WORK DATES | REASON FOR LEAVING |
|-----------------------------|--------------------|----------------------------|----------------------------------|----------------------------|--------------------|
| Present or Last Employer: | | | | FROM: / / TO: / / | |
| Next Previous Employer: | | | | FROM: / / TO: / / | |
| Next Previous Employer: | | | | FROM: / / TO: / / | |

Education History

| NAME OF SCHOOL | YEARS COMPLETED | CERTIFICATE RECEIVED |
|----------------|-----------------|----------------------|
| High School: | | |
| College: | | |
| Other: | | |

IMPORTANT – READ BEFORE SIGNING

I certify, to the best of my knowledge, that the information submitted is complete and correct. I understand and agree that if employed, the Company may terminate my employment (regardless of my length of employment) if I have made any false statements of misrepresentations in this application or during the interview process.

I understand and agree that employment with the Company is contingent upon investigation of my previous employment record, references and other matters without any further notification to me. I authorize such an investigation and release my current and prior employers, references, and the Company from all liability in connection with such an investigation. I understand and agree that if, in the opinion of the Company, the results of the investigation are unsatisfactory, that an offer of employment that has been made may be withdrawn or my employment with the Company may be terminated. I also understand and agree that if I receive an offer of employment, the offer may be contingent upon the successful completion of a physical examination by a physician of the Company's choice. I have received a copy of Notice to Applicants as required by the Fair Credit Reporting Act.

If employed, I agree to observe all Company policies and procedures. I understand and agree that these policies and procedures may be changed at any time at the Company's sole option.

If employed, I understand and agree that my employment is at will. I understand and agree that my employment and compensation can be terminated, with or without notice, and with or without cause, at any time, at the option of either the Company or myself. I understand and agree that my compensation is subject to change at any time, with or without notice to me. I understand and agree that no Company executive other than the President or the Vice President of the Company has any authority to enter into any employment agreement, oral or written, or to make any agreement contrary to what has been specified here. Such an agreement must be in writing and signed by the President or the Vice President of the Company and me. This constitutes the entire agreement between the Company and me. Any and all prior agreements are null and void. A motor carrier may require an applicant to provide additional information other than what is required by the Federal Motor Carrier Safety Regulations. I understand and agree that this application for qualification in no way obligates the motor carrier to employ the applicant.

I have read, understand and agree to the above statements. 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.

SIGNATURE _____

DATE _____