

DRIVER APPLICATION FOR EMPLOYMENT

Applicants are considered without regard to race, creed, color, sex, religion, age national origin, or disability.

NAME OF EMPLOYER Rhoads Limousine Service, Inc. DATE / /

ADDRESS 96 Weavertown Lane, Douglassville, PA 19518

PERSONAL DESCRIPTION

FULL NAME _____ SOCIAL SECURITY NO. - -

DATE OF BIRTH / / ADDRESS _____

PHONE NO. () _____ IN CASE OF EMERGENCY NOTIFY _____ AT () _____

ADDRESS	STREET	CITY	STATE	ZIP
LAST THREE	STREET	CITY	STATE	ZIP
YEARS	STREET	CITY	STATE	ZIP

EXPERIENCE AND QUALIFICATIONS

VALID DRIVER'S LICENSE NO. _____ FROM THE STATE OF _____ EXPIRES ON / /

LICENSE TYPE (I.E. CDL CLASS A, CLASS 1, ETC.) _____ LIST CDL ENDORSEMENTS _____

HAVE YOU EVER BEEN DENIED A PERMIT, LICENSE, OR PRIVILEGE TO OPERATE A COMMERCIAL MOTOR VEHICLE? _____

HAS YOUR LICENSE, PERMIT OR PRIVILEGE BEEN SUSPENDED OR REVOKED? _____
IF YES, EXPLAIN _____

DRIVING EXPERIENCE

POWER EQUIPMENT	TYPE OF EQUIPMENT	NO. OF YEARS	STATES YOU HAVE DRIVEN IN
STRAIGHT TRUCK			
TRACTOR TRAILER	POWER UNIT: _____ TRAILER: _____		
BUS	SCHOOL: _____ COACH: _____		
OTHER (SPECIFY)			

ACCIDENT RECORD LAST THREE YEARS

DATE	NATURE OF ACCIDENT (OVERTURN, JACK KNIFE, REAR END, ETC.)	NO. OF FATALITIES	NO. OF INJURIES	COMMERCIAL VEHICLE	PERSONAL AUTO

TRAFFIC CONFICTIONS & FORFEITURES LAST THREE YEARS (OTHER THAN PARKING)

STATE	DATE	CHARGE	PENALTY	COMMERCIAL VEHICLE OR AUTO

(Continued on next page)

EDUCATION

PLEASE CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE: 1 2 3 4

OTHER TRAINING _____

DO YOU HAVE FULL KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS: _____

ARE YOU NOW EMPLOYED? _____ WHEN WILL YOU BE AVAILABLE? _____

ARE YOU PREVENTED FROM LAWFUL EMPLOYMENT IN THIS COUNTRY BECAUSE OF IMMIGRATION STATUS? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, MISDEMEANOR, OR CRIMINAL VIOLATION? Yes No

DRUG & ALCOHOL TESTING

DURING THE PAST TWO YEARS HAVE YOU EVER 1) TESTED POSITIVE _____ 2) REFUSED TO TEST _____ ON ANY PRE-EMPLOYMENT DRUG & ALCOHOL TEST ADMINISTERED BY AN EMPLOYER THAT YOU APPLIED TO, BUT DID NOT OBTAIN, SAFETY-SENSITIVE WORK COVERED BY DOT DRUG & ALCOHOL TESTING RULES.

EMPLOYMENT HISTORY

- Non-CDL driver applicants must provide 3 years employment history.
CDL driver applicants must provide 10 years employment history.

HAVE YOU WORKED FOR THIS COMPANY BEFORE? _____ WHERE? _____ WHEN _____
From To

POSITION _____ REASON FOR LEAVING _____

LAST EMPLOYER NAME _____ PHONE () _____

ADDRESS _____

FROM ___ / ___ / ___ TO ___ / ___ / ___ POSITION _____

SUPERVISOR'S NAME _____ REASON FOR LEAVING _____

2ND LAST EMPLOYER NAME _____ PHONE () _____

ADDRESS _____

FROM ___ / ___ / ___ TO ___ / ___ / ___ POSITION _____

SUPERVISOR'S NAME _____ REASON FOR LEAVING _____

3RD LAST EMPLOYER NAME _____ PHONE () _____

ADDRESS _____

FROM ___ / ___ / ___ TO ___ / ___ / ___ POSITION _____

SUPERVISOR'S NAME _____ REASON FOR LEAVING _____

4TH LAST EMPLOYER NAME _____ PHONE () _____

ADDRESS _____

FROM ___ / ___ / ___ TO ___ / ___ / ___ POSITION _____

SUPERVISOR'S NAME _____ REASON FOR LEAVING _____

MUST BE READ AND SIGNED BY APPLICANT

I agree and understand that any misrepresentations of information given above shall be considered an act of falsification. I agree and understand that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment is factual.

I agree and understand that if hired, I will be on a probationary period during which time I may be discharged without recourse.

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.

/ /
Date

Applicant's Signature