

**SATISFACTION LIMOUSINE SERVICE, INC.**

Employment Application (Page 1 of 3)

Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

How Did You Learn About Us? { } Advertisement { } Friend { } Walk-In { } Relative { } Other \_\_\_\_\_

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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 Michigan? \_\_\_\_\_

(TAX INFO) Number of dependents you wish to claim: Federal \_\_\_\_\_ State \_\_\_\_\_

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 of 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: \_\_\_\_\_

**Satisfaction Limousine Service, Inc. Employment Application (Page 2 of 3) 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
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Address	City	State	Zip	From	To
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**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 \_\_\_\_\_