



### Driver's Application for Employment

Applicant Name \_\_\_\_\_ Date of Application \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color religion, sex, national origin, age, marital status, veteran status, non-job-related disability, or any other protected group status. To be read and signed by Applicant I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand, also, that I am required to abide by all rules and regulations of VIP Vegas Limousine LLC, dba/ All Time Limo. I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to: Review information provided by previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information. Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing above you are authorizing VIP Vegas Limousine, LLC dba/All Time Limo to perform the necessary inquiries described in the statement above.



Applicant to Complete

Position(s) Applied for-----

Name----- Last four Social Security No -----

List your addresses of residency for the past 5 years.

Current Address: STREET -----CITY ----- ZIP ----- PH # ----- How Long Yr./Mo -----

Street ----- CITY----- ZIP ----- (HOW LONG) YR ----- MO -----

Street ----- CITY----- ZIP ----- (HOW LONG) YR ----- MO -----

Street ----- CITY----- ZIP ----- (HOW LONG) YR ----- MO -----

Street ----- CITY----- ZIP ----- (HOW LONG) YR ----- MO -----

Street ----- CITY----- ZIP ----- (HOW LONG) YR ----- MO -----

Do you have the right to work in the United States? -----

Date of Birth -----/-----/----- Can you provide proof of age? -----

Have you worked for All Time Limo before? ----- If yes when -----

Dates: From ----- TO ----- Rate of Pay ----- Position -----

Reason for leaving -----

Are you now employed? ----- If not, how long since leaving last employment? -----

Who referred you? ----- Rate of pay expected -----

Have you ever been convicted of a felony? -----

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment circumstances will be considered.

Is there any reason you might not be able to perform the functions of the job to which you have applied [as described in the attached job description]? -----

If yes, explain if you wish. -----

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### Employment History

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street numbers, city, state, and zip code.

Employer ----- From Mo ----- Yr ----- To Mo----- Yr ----- Position Held -----

Address ----- Salary/wage -----

City ----- Sate----- Zip ----- Reason for Leaving -----

Contact Person ----- Phone Number -----

Were you subject to the FMCSRs (Federal Motor Coach Safety Regulations) while employed? Yes--- No ---

Were you subject to DOT-regulated drug and alcohol testing at your last place of employment (rule 49 CFR 40)? Yes ----- No-----

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Accident Record for the past 3 years or more (attached sheet if more space is needed) if none, write none, Dates Nature of accident Fatalities Injuries Hazardous Material Spill (Head-on, rear-end, ECT.)

Last Accident -----

Next Previous -----

Next Previous-----

Traffic Convictions and forfeitures for the past 3 years (other than parking violations) if none, write none

Location	Date	Charge	Penalty
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

(attach sheet if more space is needed)

Experience and Qualifications—Driver

List all driver's licenses or permits held in the past 10 years

State -----	License NO -----	Type -----	Exp Date -----
-----	-----	-----	-----
-----	-----	-----	-----

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 either A or B is yes, give details -----

Driving Experience check yes or no

Class of Equipment	Circle Type of Equipment	Dates	Approx. No. of miles
Straight Truck	Yes ----- No-----	From (M/Y) ----- To(M/Y) -----	-----
Tractor and semi-trailer	Yes ----- NO -----	From (M/Y) ----- To(M/Y) -----	-----
Motorcoach-School Bus	Yes ----- NO -----	More than 8 Pass -----More than 15 Pass ---	-----
Other -----			

List States operated in for last five years: -----

List Special courses or training that help you as a driver: -----



Education

Circle Highest Grade Completed: 1-2-3-4-5-6-7-8    High School: 1-2-3-4    Collage: 1-2-3-4

Last School Attended Name: ----- City-----    State -----

To be Read and Signed by Applicant

This certifies that this applicant 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: ----- Print Name: ----- Date: -----