



# American Eagle Limousine & Travel Service, Inc.

"The Ultimate In Exotic Limousines"

The civil Rights act of 1964 prohibits discrimination because of race, color, religion, sex, or national origin. PL 90-202 prohibits discrimination because of age. **NOTE:** Read and complete all portions of this proposal in your own handwriting (legible) in ink (Please Print). Applications that are incomplete or filled out in pencil may be rejected.

**PERSONAL INFORMATION** Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
FIRST MIDDLE LAST  
 Leave Message At: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_ How Long? \_\_\_\_\_  
STREET CITY STATE ZIP CODE

(Address for \_\_\_\_\_ How Long? \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Past 5 years) \_\_\_\_\_ How Long? \_\_\_\_\_  
STREET CITY STATE ZIP CODE

\_\_\_\_\_ How Long? \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Social Security Number \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email address \_\_\_\_\_

Have you ever been known by another name (maiden, nickname, etc.)? If yes list name: \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

**POSITION APPLIED FOR**  Full Time

I am applying for:  Road  Regional  Local  Part Time

**MILITARY SERVICE RECORD**

Have you ever served in the U.S. armed forces? \_\_\_\_\_ Branch \_\_\_\_\_ Dates of service \_\_\_\_\_ to \_\_\_\_\_

Highest rank achieved \_\_\_\_\_ Rank at discharge \_\_\_\_\_

**EDUCATION AND TRAINING**

Circle highest  
 Year completed: Grade School: 1 2 3 4 5 6 7 8 High School 1 2 3 4 College 1 2 3 4

Do you have:  High School Diploma  G.E.D (Graduate Equivalency Diploma)  Neither

List any training program **presently attending or completed** (truck driving schools, service schools. Etc.)

SCHOOL NAME	CITY	STATE	PHONE
SCHOOL NAME	CITY	STATE	PHONE

Did you graduate?  Yes  No

### MOTOR VEHICLE RECORD QUALIFICATIONS

List **all** drivers' licenses held in the past 5 years (include multiple licenses if you have them):

STATE	LICENSE NUMBER	CDL CLASS	ENDORSEMENTS	EXP. DATE

### ACCIDENT RECORD (if none, write none)

List **all** accident involvements with **any** motor vehicle for past 5 years (even if not at fault):

Date	Type Vehicle	Nature of Accident (Head-on, Rear-end, Upset, Etc.)	Were You At Fault?	Were you Ticketed?	Number of Fatalities	Number of Injuries	Amount of Property Damage

### TRAFFIC CONVICTIONS (if none, write none)

List **all** traffic convictions and forfeitures for the past 5 years (any motor vehicle, other than parking violations):

Date	Location (state)	Violation (if speeding, show rate of speed)	Penalty/Amt. of fine

	Yes	No	Date
Have you ever been convicted of a felony?	_____	_____	/ /
Have you ever been denied a license, permit or privilege to operate a motor vehicle?	_____	_____	/ /
Has any license, permit or privilege ever been suspended or revoked?	_____	_____	/ /
Have you ever been refused any type of insurance or been denied bonding?	_____	_____	/ /

If you answered yes to any of the above, please explain:

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### EMERGENCY NOTIFICATION

In case of emergency, notify \_\_\_\_\_

Name	Address	Relationship

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City	State	Zip	Phone

**REFERENCES**

List two people able to verify employment and personal history, such as co-workers, customers, friends, or neighbors.

**Do not use relatives or former employers.**

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ How long have you known him/her \_\_\_\_\_  
Telephone \_\_\_\_\_ Place of employment \_\_\_\_\_ Occupation \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ How long have you known him/her \_\_\_\_\_  
Telephone \_\_\_\_\_ Place of employment \_\_\_\_\_ Occupation \_\_\_\_\_

**PHYSICAL HISTORY**

Is there anything about you that could limit your ability to perform the job?  Yes  No  
If so, what are those limitations, and what accommodations would have to be made to allow you to perform the Job as outlined? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please use supplementary sheet for any additional comments and information.*

**To be read and signed by applicant:**

By completing and submitting this application, I:

- Authorize Employer or its agents to investigate my background, character, general reputation and prior employment by contacting my prior employers, references or any other individuals Employer considers necessary, (understanding that I may have the right to request in writing disclosures of certain information obtained by Employer in the course of its investigation of my background and experience);
- Authorize my prior employers, references and any other individuals contacted by Employer to release any and all information requested and absolve those parties who provide information requested from any and all liability related to their doing so, **including information as required under the drug and alcohol regulations concerning past drug and alcohol test results;**
- Acknowledge that any employment offered to me is at the will of Employer and may be terminated by Employer at any time, with or without cause;
- Acknowledge that I will be required and agree to submit to a physical examination and testing for drug use as part of Employers evaluation procedures and authorize release of my results to Employer and Employer's unrestricted use of those results in deciding whether I should be offered employment;
- Acknowledge and agree that an express condition of my employment is that I stay drug free and promptly submit to random drug testing whenever requested by Employer;
- Acknowledge and agree that evidence of drug use prior to or during my employment will be grounds for immediate termination without recourse;
- Certify that I completed this application. And that all entries on it and information in it are true and complete to the best of my knowledge;
- **Certify that this application was completed by me, in my own handwriting and acknowledge and agree that providing false, misleading, or incomplete statements in this application or in connection with Employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Name: \_\_\_\_\_

**PERSONAL HISTORY FOR PAST 10 YEARS**

Begin with your present experience and work backward in order, listing all of your employers, driving school and other training programs. Periods of military service, self employment and unemployment for at least 10 years.

All time must be accounted for. Use supplementary sheet if necessary. Fill in all blanks.

**LEAVE NO BLANKS OR GAPS IN TIME FOR THE PAST 10 YEARS.**

PRESENT OR MOST RECENT JOB			
DATES From Month / Year _____ to _____		Position Held _____	
Company _____		Avg. Weekly Earnings _____	
Address _____		Reason for Leaving _____	
City _____	State _____	Zip _____	Type of Trailer Pulled _____
Telephone ( _____ ) _____		Type Equip. Driven _____	
Supervisor _____		Number of accidents _____	
Full or Part Time _____	Hours or Miles/Week _____		States/Regions You Drove In _____

May we contact your present employer (if any) to verify your work record?  Yes  No  
 Period of unemployment (if any) Dates: From Month / Year \_\_\_\_\_ to \_\_\_\_\_

NEXT JOB			
DATES From Month / Year _____ to _____		Position Held _____	
Company _____		Avg. Weekly Earnings _____	
Address _____		Reason for Leaving _____	
City _____	State _____	Zip _____	Type of Trailer Pulled _____
Telephone ( _____ ) _____		Type Equip. Driven _____	
Supervisor _____		Number of accidents _____	
Full or Part Time _____	Hours or Miles/Week _____		States/Regions You Drove In _____

Period of unemployment (if any) Dates: From Month / Year \_\_\_\_\_ to \_\_\_\_\_

NEXT JOB			
DATES From Month / Year _____ to _____		Position Held _____	
Company _____		Avg. Weekly Earnings _____	
Address _____		Reason for Leaving _____	
City _____	State _____	Zip _____	Type of Trailer Pulled _____
Telephone ( _____ ) _____		Type Equip. Driven _____	
Supervisor _____		Number of accidents _____	
Full or Part Time _____	Hours or Miles/Week _____		States/Regions You Drove In _____

Period of unemployment (if any) Dates From Month / Year \_\_\_\_\_ to \_\_\_\_\_

NEXT JOB			
DATES From Month / Year _____ to _____		Position Held _____	
Company _____		Avg. Weekly Earnings _____	
Address _____		Reason for Leaving _____	
City _____	State _____	Zip _____	Type of Trailer Pulled _____
Telephone ( _____ ) _____		Type Equip. Driven _____	
Supervisor _____		Number of accidents _____	
Full or Part Time _____	Hours or Miles/Week _____		States/Regions You Drove In _____

Period of unemployment (if any) Dates From Month / Year \_\_\_\_\_ to \_\_\_\_\_

# DESCRIPTION OF JOB SCHEDULE FOR WEEKEND EMPLOYEES

**A WEEKEND CHAUFFEUR'S SCHEDULE AT AMERICAN EAGLE LIMOUSINE IS AS FOLLOWS:**

- YOU MUST BE AVAILABLE TO WORK EVERY FRIDAY EVENING
- YOU MUST BE AVAILABLE TO WORK EVERY SATURDAY MORNING AND SATURDAY EVENING
- YOU MUST BE AVAILABLE TO WORK, AT LEAST, EVERY OTHER SUNDAY, PER THE ROTATION SCHEDULE
- IF WEEKEND EMPLOYEES ARE NOT PRE-SCHEDULED, THEY COULD BE CALLED TO WORK AT ANY TIME DURING THE WEEKEND AND MUST BE AVAILABLE TO WORK UNLESS THEY HAVE TURNED IN A "TIME OFF REQUEST" FORM AND IT HAS BEEN APPROVED BY MANAGEMENT IN ADVANCE.
- IF A CHAUFFEUR IS CALLED ON THE ABOVE DAYS, THEY MUST RETURN THE CALL TO THE OFFICE WITHIN 15 MINUTES.

*IF YOU ARE A PERSON WHO ENJOYS YOUR PERSONAL WEEKEND ACTIVITIES, THEN THIS IS NOT THE POSITION FOR YOU!!*

I, \_\_\_\_\_, am available to work at **American Eagle Limousine**, on the following days and times.

Monday - \_\_\_\_\_

Tuesday - \_\_\_\_\_

Wednesday - \_\_\_\_\_

Thursday - \_\_\_\_\_

Friday - \_\_\_\_\_

Saturday - \_\_\_\_\_

Sunday - \_\_\_\_\_

In the case of last minute rentals, I can proceed to **American Eagle Limousine** as soon as I am called, if it is a day and time listed above, that I am available to work.

**American Eagle Limousine** representatives can call me anytime at the following phone numbers, to give me my schedule:

Home - \_\_\_\_\_

Work - \_\_\_\_\_

Cell - \_\_\_\_\_

I will return all messages left by American Eagle Limousine within 15 minutes and understand that disciplinary action can be taken if I do not do so.

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date