



CHAUFFEUR APPLICATION

Date: _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

Name: Mr. Ms. _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Social Security No.: _____

Position(s) Applied For: _____ E-mail: _____

Referral Source: Advertisement Relative Employment Agency
 Friend Walk-In Other _____

Date Available: _____

Emergency Contact Name & Phone: _____

EDUCATION

School	*No Years Attended	Name of School	City	Course	Did You Graduate?
High					
College					
Other					

*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

Florida Driver's License? Yes No Commercial Driver's License? Yes No
Florida Driver's License No: _____ Expiration Date: _____

Please explain any physiological conditions which may require special accommodation in the performance of the position applied for?

List all major illnesses, injuries, or operations over the past 10 years: _____

Are you a citizen of the U.S.? Yes No
Have you ever been bonded? Yes No If yes, name of bonding company: _____
Have you been convicted of a felony? Yes No
Have you have been convicted of driving while under the influence of drugs or alcohol? Yes No

PREVIOUS EXPERIENCE

Start with your present or last job. Please include military service.

Employer 1	Phone #	Dated	Employed	Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor		Reason for Leaving:		
Were you subject to the FMCSRs while working this company? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as as safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer 2	Phone #	Dated	Employed	Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor		Reason for Leaving:		
Were you subject to the FMCSRs while working this company? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as as safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer 3	Phone #	Dated	Employed	Work Performed
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting	Final	
Supervisor		Reason for Leaving:		
Were you subject to the FMCSRs while working this company? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as as safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40: <input type="checkbox"/> Yes <input type="checkbox"/> No				

*Includes vehicles having a GVWR of 26,001 lbs. Or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

ACCIDENT RECORD for past 3 years or more (attach sheet if more space is needed) if none, write NONE

Dates	Nature of Accident	Were you charged for the accident?	
Last Accident		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Accident		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Next Previous Accident		<input type="checkbox"/> Yes	<input type="checkbox"/> No

SPECIAL SKILLS AND QUALIFICATIONS

Please list any special skills, qualifications or foreign language proficiency.

PERSONAL REFERENCE (Not former employers or relatives)

Name and Occupation	Address	Telephone Number

I hereby certify that all the information given on this document is true and correct to the best of my knowledge and I understand that any false information given on this application shall constitute cause to withdraw the application from consideration for any position with East Coast Transportation. I release East Coast Transportation and any past or current employers from any liability for release of information regarding my previous employment.

Signature _____ Date: _____

APPLICATION FOR CHAUFFEUR POSITION

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

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 a decision regarding a chauffeur position with East Coast Transportation. (Generally, inquiries regarding medical history will be made only if and after a conditional offer to work for East Coast Transportation 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 a position is offered, I understand that false or misleading information given in my document or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

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 291.23(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.

Signature _____ Date _____