

# AMERICAN LIMOUSINES, INC.

## APPLICATION FOR EMPLOYMENT

### PRE-EMPLOYMENT QUESTIONNAIRE

### EQUAL OPPORTUNITY EMPLOYER

**PLEASE PRINT LEGIBLY**

**PERSONAL INFORMATION**

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
Last Name                                      First Name                                      MI                                      Maiden Name (If Applicable)

\_\_\_\_\_  
Present Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
Permanent Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
Home Phone Number                                      Cell Phone Number                                      Referred By

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth                                      Driver's License Number

**EMPLOYMENT DESIRED**

Position	Date You Can Start	Salary Desired
Are You Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No                If yes, may we inquire to your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**HOME ADDRESS FOR PAST 10 YEARS (Use separate sheet if needed)**

STREET ADDRESS	CITY	ST	ZIP	MM / YY TO	MM / YY
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**ENTIRE EMPLOYMENT HISTORY (Use separate sheet if needed)**

COMPANY NAME AND ADDRESS	POSITION	SUPERVISOR'S NAME AND PHONE NUMBER	REASON FOR LEAVING	MM / YY TO	MM / YY
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Continued on Other Side)

## EDUCATION

SCHOOL NAME & LOCATION	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
Grammar School			
High School			
College			
Trade, Business or Correspondence School			

## GENERAL

Subjects of Special Study / Research Work or Special Training / Skills	
U.S. Military or Naval Service	Rank

## REFERENCES (Do not list relatives)

NAME & ADDRESS	TELEPHONE	BUSINESS/OCCUPATION	YEARS KNOWN

## AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

## REQUEST FOR BACKGROUND INFORMATION

In connection with this request, I authorize all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, and former employers to release any information they may have about me while at the same time releasing them from any liability and responsibility from doing so; Further, I authorize the procurement of an investigative consumer report and understand that such reports may contain information as to my background, mode of living, character, and personal reputation. Further, information may be available upon written request within a reasonable period of time. **ALL DRIVER APPLICANTS: PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE, D.O.T. CARD, SOCIAL SECURITY CARD AND A CERTIFIED DRIVER'S RECORD FROM MOTOR VEHICLE ADMINISTRATION.**

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_