



CHAUFFEUR APPLICATION

APPLICANT INFORMATION

Last Name		First		M.I.		Date	
Street Address				Apartment/Unit #			
City			State		ZIP		
Phone			E-mail Address				
Date Available			Referred by			Desired Pay	
Position Applied for							
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				

EDUCATION

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name/ Contact #		Industry/ Years Known	
Full Name/ Contact #		Industry/ Years Known	
Full Name/ Contact #		Industry/ Years Known	

PREVIOUS EMPLOYMENT

Company				Phone	
Address				Supervisor	
Job Title			Starting Salary	\$	Ending Salary
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

PREVIOUS EMPLOYMENT CONT.			
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

REQUIREMENTS
APPLICANTS WILL NEED TO HAVE THE FOLLOWING CURRENT AND ON THEIR PERSON AT TIME OF INTERVIEW. DO NOT OBTAIN UNTIL REQUESTED TO DO SO AS THEY ARE TIME SENSITIVE
10 YEAR DMV MVR _____ SLED BACKGROUND CHECK _____ CURRENT DOCTORS PHYSICAL _____ COPY OF SC DRIVERS LICENSE _____
OTHER SKILLS—CPR CERTIFIED, LAW ENFORCEMENT, CDL, ECT.....PLEASE LIST

DISCLAIMER AND SIGNATURE
<p>I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if selected; falsified statements on this application shall be grounds for terminating my services as an independent contractor. I authorize investigation of all statements contained herein and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for damage that may result from utilization of such information.</p> <p>I also understand and agree that no representative of the company has any authority to enter into any agreement for any specified period of time, or to make an agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.</p> <p>This waiver does not permit the release or use of disability related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal and state laws.</p>
<p>Signature _____ Date _____</p>

FOR OFFICE USE ONLY
REMARKS: _____
NEATNESS: _____ CHARACTER: _____
HIRED: YES/NO _____ POSITION: _____ HOURLY PAY: _____
APPROVED BY: _____ DATE: _____