

Application For Employment

Today's Date: ____/____/____ **NOTE:** This application is used for a variety of job openings. Some questions may not be applicable to the position for which you are applying.

Equal access to programs, service, and employment is available to all persons. Those applicants requiring reasonable accommodation to complete the application and/or interview process should notify the interviewer or a representative of the Human Resources Dept.

Name _____ Social Security # _____
Last First Middle - -

Present Address _____
Street City State Zip

How long have you lived in the area? _____ Years _____ Months Telephone # _____ - -

E-mail Address: _____ Cellular # _____ - -

• General

Position applied for: _____ Part time _____ Full time _____

Are you 17 years or older? _____ YES _____ NO

Are you able to work a night shift, overtime, or weekends if needed? _____ YES _____ NO

Are you legally eligible for employment in this country? _____ YES _____ NO

Are you willing and able to meet travel requirements? _____ YES _____ NO

Have you been previously employed by the Company? _____ YES _____ NO

Are you employed now? _____ YES _____ NO

Have you previously applied for work here? _____ YES _____ NO

If yes, where and date: _____

Driver's license number (if driving is a part of job function) _____ State _____

How did you hear about this position? (circle one) Employment Guide Newspaper Employment Source Newspaper

Date available for work: _____ Internet Other _____

Have you ever been convicted of or pled guilty to a felony or misdemeanor which has not been expunged, annulled, sealed or statutorily eradicated by the Court?

Yes _____ No _____

(A conviction or plea of guilty will not necessarily be a bar to employment. Please describe the nature of the conviction or guilty plea, the date, and your rehabilitation since that time.)

(Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.)

• Military Service Record

Have you served in the Armed Forces of the United States? _____ Yes _____ No Branch of Service _____

Date of entry in service ____/____/____ Date of discharge ____/____/____ Rank at discharge _____

Military training/awards received _____

• **Education**

Name of Institution	Address/City/State	Major	Last Year Completed	Degree
High School/Preparatory				
College/Tech or Trade School				

List scholastic honors, offices held, and activities in college: _____

• **Employment History**

To drive in interstate commerce all driver applicants must provide the following information on all employers during the last three years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate commerce must also provide an additional seven years information on those employers for whom the applicant operated such vehicle. * Include 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. List employers in reverse order - starting with the most recent. Add another sheet as necessary.

Employer / Company Name	Date Employed
Address	From: _____ / _____ Month Year
City, State, Zip	To: _____ / _____ Month Year
Phone Number ()	
Supervisor's Name & Title Rate of Pay	Rate of Pay
Job Title & Duties	Starting: \$ _____ per _____
Reason for Leaving	Ending: \$ _____ per _____
Employer / Company Name	Date Employed
Address	From: _____ / _____ Month Year
City, State, Zip	To: _____ / _____ Month Year
Phone Number ()	
Supervisor's Name & Title Rate of Pay	Rate of Pay
Job Title & Duties	Starting: \$ _____ per _____
Reason for Leaving	Ending: \$ _____ per _____
Employer / Company Name	Date Employed
Address	From: _____ / _____ Month Year
City, State, Zip	To: _____ / _____ Month Year
Phone Number ()	
Supervisor's Name & Title Rate of Pay	Rate of Pay
Job Title & Duties	Starting: \$ _____ per _____
Reason for Leaving	Ending: \$ _____ per _____
Employer / Company Name	Date Employed
Address	From: _____ / _____ Month Year
City, State, Zip	To: _____ / _____ Month Year
Phone Number ()	
Supervisor's Name & Title Rate of Pay	Rate of Pay
Job Title & Duties	Starting: \$ _____ per _____
Reason for Leaving	Ending: \$ _____ per _____

Unemployment Record

Account for all periods of unemployment of 1-month duration or more since you left school (or last 3 years) until the present time.

From		To		State What You Were Doing
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

References

List name and telephone number of three business/work references who are not related to you.

Name	Telephone	Years Known

Please Read Before Signing:

This Employment Application will remain active for 30 days. If you are hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

As required by the Americans with Disabilities Act: During the interview process you may be asked about your ability to perform job-related functions. If you are made a conditional offer of employment you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. All candidates for the same job will be subject to the same medical questionnaire and/or examination and all such information will be kept confidential and in separate files.

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a drug test before starting work. If employed, I also agree to submit to a drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such testing and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. Furthermore, I agree to submit to a drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such testing and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

I further agree that if Sonic D Limousine does not receive payment from the Client for services which I perform as a leased employee, Sonic D Limousine may pay the applicable minimum wage (or legally required overtime pay in a work week in which I have worked overtime) for any such pay period.

In recognition of the fact that any work-related injuries or illnesses which might be sustained by me are covered by state Workers' Compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of Sonic D Limousine have to make claims or bring suit against Sonic D Limousine for damages based upon injuries which are covered under such Workers' Compensation statutes.

Applicant's Signature _____ **Date** _____ / _____ / _____

Driving Policy Agreement and MVR Release Form

Purpose:

No applicant will be hired into a position that requires driving as a key aspect of the position, nor will any existing employee be allowed to drive a personal car on Company business or a Company owned leased or rented vehicle, unless the requirements set forth in this procedure have been met.

Scope:

This procedure pertains to any applicant for positions requiring driving, as well as all existing employees who drive a Company owned, leased or rented vehicle or a personal vehicle on Company business. Satisfactory driving performance and behavior is essential for the safety of our employees and the public.

Basic Requirements to Drive:

Applicants and employees must have a valid driver's license. A hardship or restricted license, or learner's permit are not a valid license per this policy.

Employment with Sonic D Limousine is contingent upon having an acceptable Motor Vehicle Record (MVR).

Applicants must authorize Sonic D Limousine to run an MVR

Applicants may be disqualified for employment or driving positions if:

- 1. The MVR indicates that the applicant's driver's license is currently suspended, revoked, or cancelled, including for administrative reasons (non-safety related).**
- 2. Drivers indicate at risk driving behaviors by evidence of MVR records, call in complaints, direct observation by company employees, preventable collisions or any other valid source.**

MVR Release and Policy Agreement:

In connection with any application made by me, I understand that investigative background inquiries may be made on me regarding motor vehicle information. I understand that you may be requesting information from various government agencies which maintain records concerning past driving records.

I _____ (*Print Applicant's Name*) authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability for doing so. I hereby consent to my employer, Sonic D Limousine, obtaining such information. I recognize that these inquiries may be made randomly in the future and no further authorization is required by me.

I understand the importance of driving defensively safely and that if the company determines my driving record indicates evidence of at risk driving, as described above, my employment can be terminated.

Applicant Signature

Date

Driver's License Number / State