

PRESIDENTIAL LIMOUSINE LLC

P.O. Box 86802 – San Diego, CA 92138
Phone (619) 702-7737 – Fax (619) 702-6142
(Please print, fill out and mail to above address)

APPLICATION FOR EMPLOYMENT

____/____/____ _____ _____ ____/____/____
Date Last Name First Name Date of Birth

Social Security Number: _____ - _____ - _____

Home Phone: _____ Cell: _____ Email: _____

Present Address:

Street City Zip How Long

POSITION APPLYING FOR

Driver _____ **Dispatch** _____ **Reservations** _____ **Detail** _____ **Other** _____

Are you available to work on Saturday's: Yes _____ No _____

Are you available to work on Sunday's: Yes _____ No _____

Are you applying for: Full Time _____ Part Time _____

PERSONAL INFORMATION

Have you ever worked for a position with Presidential Limousine: Yes _____ No _____
If Yes, When _____

Where you referred to Presidential Limousine: Yes _____ No _____
If Yes, by whom _____

If you are applying for a Driver Position, are you at least 24 years old? Yes _____ No _____

Have you ever been convicted of a Felony or Misdemeanor? Yes _____ No _____
If yes, state the nature of the crime(s), when and where convicted.

DRIVING RECORD

Drivers License: _____ State Issued: _____ Exp. Date _____

Class C: _____ Class B (Passenger Endorsement): _____ Other: _____

Has your License ever been suspended? Yes _____ No _____

Reason for suspension _____

ACCIDENT RECORD FOR THE PAST THREE YEARS

Date : _____ State accident occurred: _____ Injuries: _____

Date : _____ State accident occurred: _____ Injuries: _____

Date : _____ State accident occurred: _____ Injuries: _____

TRAFFIC CONVICTIONS FOR THE PAST THREE YEARS

Date: _____ Location: _____ Charge: _____ Points: _____

Date: _____ Location: _____ Charge: _____ Points: _____

Date: _____ Location: _____ Charge: _____ Points: _____

EMPLOYMENT RECORD

Name of Employer: _____ Phone Number _____

Address: _____

Position Held _____ From _____ To _____

Supervisors Name _____ May we contact this person? Yes ____ No ____

Reasons for Leaving: _____

Name of Employer: _____ Phone Number _____

Address: _____

Position Held _____ From _____ To _____

Supervisors Name _____ May we contact this person? Yes ____ No ____

Reasons for Leaving: _____

Name of Employer: _____ Phone Number _____

Address: _____

Position Held _____ From _____ To _____

Supervisors Name _____ May we contact this person? Yes ____ No ____

Reasons for Leaving: _____

Date: _____ Applicants Signature: _____

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

Background Screening Disclosure

I hereby authorize Info Cubic, LLC and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: names and dates of previous/current employment, work experience, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, OFAC/patriots act, any sanction lists, FBI finger printing and drug testing. Upon Request, Info Cubic, LLC will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

Authorization and Release

I, _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at _____ (company name). I hereby release Info Cubic, LLC, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release of information. I certify that all information provided below and on my resume is correct to the best of my knowledge. Any false statements provided in this form and my resume will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, or copy form.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant's Name (Print Legibly)

Maiden/AKA/Previous Name(s)

Signature

Date

/ / 20

Social Security Number

Date of Birth (This will not affect hiring decision)

Driver License Number

State

Current Address

(_____) _____
Phone