

## ONLINE FORM: <a href="https://form.typeform.com/to/Wist7X1m">https://form.typeform.com/to/Wist7X1m</a>

221 Main Street, Destin, FL 32541 **A** Phone: 850-654-5466 **A** Fax: 850-654-5466 Email: limo@654limo.com **A** Website: www.654limo.com

### APPLICATION FOR EMPLOYMENT

# **Airport Shuttle Driver**

Today's Date:/	Date	available for	work://
Equal access to programs, service, and employment is ava the application and/or interview process should notify the			
NameFirst	Middle		Last
Social Security #		irth/	
Present Address Street	City	State	Zip
Home Telephone #			
Email Address			
Driver's license # :			
Are you legally eligible for employment in the	nis country?	Y	/esNo
If applicable, please list visa type, visa #, and	expiration date:		
Geographical Knowledge:			
How long have you lived in the area?	Years Months		
Circle the areas you are familiar with:	Destin Fort Walton Beach	n Sandestin	Pensacola Panama City
General			
Position applying for		Part-ti	ime / Full-time / Either
Are you 18 years of age or older?		Y	/esNo

Are you able to work on v	_	Yes	No		
Are you able to work on major holidays?				Yes	No
Have you been previously employed by 654Limo?				Yes	No
Are you employed now?				Yes	No
Have you previously appli			_	Yes	No
How did you hear about th	nis position?				
What is your availability?	Please be specific.		_		
Monday Tuesd	lay Wednesday	Thursday	Friday	Saturday	Sunday
Please describe the nature  Conviction will not neces in relation to the position  Military Service Rec  Have you served in the Ar	of the conviction or gui	loyment. Each			
Branch of Service Date of entry/ Date of discharge//					
Military training/awards received_					
Education					
Name of Institution	Address/City/State	Major	Last Year Comp	leted De	egree
High School/Preparatory					
College/Tech School					
List scholastic honors, off	ices held, and activities	in college:		I	

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Describe any skills you have:	
Languages Spoken (other than English)	
Employment History	
Employer / Company Name	To: // /  Rate of Pay  Starting: \$ per  Ending: \$ per
Employer / Company NameAddress	F / /
City, State, Zip	To: / /
Phone # Supervisor Name	Rate of Pay
Job Title & Duties	Starting: \$ per
Reason for LeavingComments	Ending: \$per
Can we contact this employer? Yes/No	
Employer / Company Name	Date Employed
Address_	From: / /
City, State, Zip	10: / /
Phone # Supervisor Name	Rate of Pay
Job Title & Duties	Starting: \$ per
Reason for Leaving	Ending: \$per
Comments	
Can we contact this employer? Yes/No	

#### **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		То	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
1.		
2.		
3.		

#### **Driving Policy**

No applicant will be hired into a position that requires driving as a key aspect of the position unless requirements have been met. Applicants must have a valid driver's license.

Applicants may be disqualified for employment or driving positions if:

- 1. If 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 records, call in complaints, direct observation by company employees, preventable collisions or any other valid source.

I understand the importance of driving defensively safely and that if 654Limo determines my driving record indicates evidence of at risk driving, as described above, my employment can be terminated.

Applicant's Signature	J	Date	//	

CONINTUE TO NEXT PAGE

#### **Please Read Before Signing:**

This Employment Application will remain active for 90 days. If you are hired by 654Limo, 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. I f 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 654Limo.

I understand that any employment is conditioned on a background check. I authorize 654Limo 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 654Limo, without giving me prior notice of such 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 654Limo. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon 654Limo 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 654Limo and as permitted by law. I consent to such testing and I request that the examining doctor disclose to 654Limo 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 654Limo and as permitted by law. I consent to such testing and I request that the examining doctor disclose to 654Limo 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 654Limo to hire. If hired, I agree to abide by all 654Limo work rules, policies, and procedures. 654Limo retains the right to revise its policies or procedures, in whole or in part, at any time.

I understand these terms.		
Applicants Name (Print)	Applicants Signature	Date
CONINTUE TO NEXT PAGE		

# **Driver Questionaire**

1.	What kind of vehicles have you driven?
2.	Are you comfortable reading maps and/or GPS and following directions?
3.	Have you ever had trouble arriving to work on time?
4.	Can you work on weekends?
5.	Can you be available on major holidays?
6.	Do you expect your availability to change soon?
7.	How long would you expect to be working with us?
8.	Are you okay with working as an independent contractor? This means we will not deduct taxes from your pay (you will be filing a 1099 during tax season) and workers comp is not applicable.
9.	Do you have a Florida driver's license?
10.	Do you have a smartphone? Can you download apps? Do you have data?
11.	Are you comfortable driving to new places you've never been before?
12.	Are you comfortable driving at night?

13. Are you comfortable driving in the rain during the day? YES/NO	At night? YES/N