

THE APPLICANT

Name (Last, First, Middle)

Desired Position

Earliest start date

Salary range

What shifts are you available to work? (Select all that apply)

- Part-time
 Full-Time
 Flexible
 On-Call
 Seasonal
 Monday – Friday
 Weekends
 Holidays
 Other _____

What shifts are you **NOT** available to work?

How did you hear about the position?

Referred by

CONTACT INFORMATION

Street Address

City

State

Permanent if different from above

City

State

Mobile phone

Home phone

Email Address

EDUCATION

Highest Level of Education Completed

- JR High School
 High school
 Some College
 College
 Graduate School
 Other _____

High School (Name and location)

Did you graduate?

- Y N

College (Name, Location, and major)

Did you graduate?

- Y N

Special studies/trade/business/correspondence school

Date of completion

Foreign Languages

MILITARY TRAINING

US Military (branch of service)

Rank

OFFICE USE ONLY

Background Check Date: _____

WORK HISTORY

Current/Recent Employer (Company, City, State & Phone)

Start/End Date

Position (Duties)

Reason for leaving

Supervisor/Title

May We Contact?

Ending salary

Previous Employer (Company, City, State & Phone)

Start/End Date

Position (Duties)

Reason for leaving

Supervisor/Title

May We Contact?

Ending salary

Previous Employer (Company, City, State & Phone)

Start/End Date

Position (Duties)

Reason for leaving

Supervisor/Title

May We Contact?

Ending salary

REFERENCES

PLEASE LIST 3 PROFESSIONAL REFERENCES, AND TWO PERSONAL REFERENCES

Name/Business/Title

Phone/email

Years Known

Name/Business/Title

Phone/email

Years Known

Name/Business/Title

Phone/email

Years Known

Name/Business/Title

Phone/email

Years Known

Name/Business/Title

Phone/email

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 authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

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."

SIGNATURE _____ DATE _____

**DISCLOSURE AND CONSENT CONCERNING CONSUMER
AND INVESTIGATIVE CONSUMER REPORTS**

This form, which you should read carefully, has been provided to you because ABC CHAUFFEURED LIMOUSINES may request Consumer Reports and/or Investigative Consumer Reports from a consumer reporting agency. The Company will use any such report(s) solely for employment-related purposes.

Consumer Reports or Investigative Consumer Reports will be obtained from HireRight, Inc., (“HireRight”) located at 2100 Main Street, Suite 400, Irvine, CA 92614. They can be contacted at 800-400-2761. Any such reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: credit reports, social security number, criminal records checks, public court records checks, including civil, driving records, educational records, verification of employment positions held, workers compensation records, personal and professional references, licensing, certification, etc. The information contained in these reports may be obtained by HireRight from private or public record sources including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances.

For California residents, under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight’s offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

You are being given a copy of the “Summary of Your Rights Under the Fair Credit Reporting Act” prepared pursuant to 15 U.S.C. section 1681(g)(c). You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights by contacting HireRight.

CONSENT

I have carefully read and understand this Disclosure and Consent form and, by my signature below, consent to the release of consumer and/or investigative consumer reports, as defined above, to the Company in conjunction with my application for employment. I further understand that any and all information contained in my job application or otherwise disclosed to the Company by me before, during or after my employment, if any, may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company. I understand that if the Company hires me, it may request a consumer report and/or an investigative consumer report about me, as defined above, for employment-related purposes during the course of my employment. I understand that my consent will apply throughout my employment, to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time.

This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

Applicant Last Name _____ First _____ Middle _____

Social Security # _____ Date of Birth (for ID purposes only) _____

Drivers License # _____ Phone Number _____

Present Address _____

City/State/Zip _____

Applicant Signature _____

CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY:

I wish to receive a free copy of any Consumer Report and/or Investigative Consumer Report on me that is requested.

North Bay Cities

**Heading north
across the Golden
Gate Bridge, list all
the cities you will
pass through,
beginning from San
Francisco to Santa
Rosa.**

San Francisco

Santa Rosa

List 5 Napa County Cities

1 _____
2 _____
3 _____
4 _____
5 _____

List 5 Sonoma County Cities

1 _____
2 _____
3 _____
4 _____
5 _____

List the 9 major freeways in the Bay Area Counties

1 _____ 4 _____ 7 _____
2 _____ 5 _____ 8 _____
3 _____ 6 _____ 9 _____

ADDITIONAL QUESTIONS: FOR OFFICE

WHAT TYPE OF MANAGEMENT EXPERIENCE?

1. MANAGEMENT EXPERIENCE Y N
2. HIRE AND DISCHARGE EMPLOYEES? Y N
3. MANAGE EMPLOYEES (HOW MANY?) 0 1-2 3-10 11-20 21-49 50+
4. WORK IN A FAST PACE OFFICE MULTI TASKING EXPERIENCE? Y N
5. HANDLE CUSTOMER SERVICE ISSUES? Y N
6. CSR POSITIVE & NEGATIVE _____
7. PURCHASE OFFICE SUPPLIES? Y N
8. NEGOTIATE CONTRACTS WITH VENDORS? Y N
9. SALES BACKGROUND Y N If yes, what type? _____
10. FINANCIAL BACKGROUND Y N
11. FINANCIAL STATEMENTS Y N
12. PREPARE & BALANCE A BUDGET Y N
13. COLLECTIONS Y N
14. A/R-A/P BACKGROUND Y N
15. QUICKBOOKS Y N

OFFICE EXPERIENCE

1. ORGANIZED, FOLLOW INSTRUCTIONS, COMPLETE ASSIGNMENTS IN TIMELY MANNER Y N
2. TEAM PLAYER SELF-STARTER FOR THE CORPORATE WORLD ENVIRONMENT Y N
3. VERBAL & WRITTEN SKILLS:
4. PHONE SPELLING DRAFTING LETTERS HEAD SET WPM_____
5. ON A 10 SCALE WORD___ EXCEL___ OUTLOOK___ LOTUS___ POWER POINT___ ACT___
6. CAN YOU INSTALL SOFTWARE Y N MAC PC USER
7. RESEARCH AND PURCHASE HARDWARE Y N

EXPERIENCE IN LUXURY TRANSPORTATION?

1. HANDLE TRANSPORTATION NEEDS FOR THE AFFLUENT & CORPORATE TRAVELER? Y N
2. EXPERIENCE IN DISPATCHING DRIVERS & CARS Y N
3. KNOWLEDGE OF DMV, INSURANCE, PUC REGULATIONS? Y N
4. KNOWLEDGE OF UNITED STATES & INTERNATIONAL AIRPORTS? _____

STRONG POINTS? _____

WEAK POINTS? _____

What is a perfect job? _____ What animal would you be? _____

How do you feel about Representing ABC Chauffeured Limousines Worldwide? _____



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM

**AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION**

I, _____, California Driver License Number, _____, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, DEM Enterprises, Inc., dba ABC Chauffeured Limousines
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT CITY	COUNTY	STATE
SAN MATEO	SAN MATEO	CA
DATE	SIGNATURE OF EMPLOYEE	
	X	

I, HUMAN RESOURCES DEPARTMENT, of DEM Enterprises, Inc., dba ABC Chauffeured
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT CITY	COUNTY	STATE
SAN MATEO	SAN MATEO	CA
DATE	SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE	
	X	

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.

Clear Form

Print