

An Equal Opportunity Employer

2770 Loker Ave West, Carlsbad, Ca, 92010

DATE:\_\_\_/\_\_\_/\_\_\_ NAME

 (FIRST) (MIDDLE) (LAST) (Maiden Name, if any)

ADDRESS HOW LONG?

(STREET) (CITY) (STATE & ZIP CODE)

DATE OF BIRTH SOCIAL SECURITY NO.

TELEPHONE NUMBER E-MAIL ADDRESS

**Employment Desired**

Position applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Full-Time [ ]  Part-Time [ ]  Temporary [ ]  Summer [ ]  Internship

Are you available to work on Saturday? [ ]  Yes [ ]  No

Are you available to work on Sunday? [ ]  Yes [ ]  No

Are you available to work on Holidays? [ ]  Yes [ ]  No

**Personal Information**

Have you ever applied to or worked for **La Costa Limousine** before? [ ]  Yes [ ]  No

If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any friends/relatives working for **La Costa Limousine**? [ ]  Yes [ ]  No

If yes, state name(s) and relationship:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Name Relationship

How were you referred for work at **La Costa Limousine**?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least 18 years old (If under 18, hire is subject to verification that you are of minimum legal age)? [ ]  Yes [ ]  No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? [ ]  Yes [ ]  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

[ ]  Yes [ ]  No

If no, describe the functions that cannot be performed and/or any accommodation required.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education, Training and Experience**

School Name and Address No. of years Did you Degree

 completed Graduate? or Diploma

**High**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ [ ]  Yes [ ]  No \_\_\_\_\_\_\_\_\_\_\_\_\_

**School** Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Address City State Zip

**College/** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ [ ]  Yes [ ]  No \_\_\_\_\_\_\_\_\_\_\_\_\_

**University** Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Address City State Zip

**Vocational/** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ [ ]  Yes [ ]  No \_\_\_\_\_\_\_\_\_\_\_\_\_

**Business** Name

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Address City State Zip

**PREVIOUS THREE YEARS RESIDENCY**

 \_\_\_\_ # YEARS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_ # YEARS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (STREET) (CITY) (STATE & ZIP CODE)

\_\_\_\_ # YEARS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (STREET) (CITY) (STATE & ZIP CODE)

 **(ATTACH SHEET IF MORE SPACE IS NEEDED)**

**LICENSE INFORMATION**

Section 383.21 FMCSR states “No person who operates a commercial motor vehicle shall at any time have more than one driver’s license”. I certify that I do not have more than one motor vehicle license, the information for which is listed below.

|  |  |  |  |
| --- | --- | --- | --- |
| STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|  |  |  |  |

**DRIVING EXPERIENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT | DATESFROM TO | APPROX. NO. OF MILES (TOTAL) |
| STRAIGHT TRUCK |  |  |  |
| TRACTOR AND SEMI-TRAILER |  |  |  |
| TRACTOR - TWO TRAILERS |  |  |  |
| OTHER |  |  |  |

**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DATES | NATURE OF ACCIDENT(HEAD-ON, REAR-END, UPSET, ETC.) | NUMBER FATALITIES | NUMBER INJURIES | CHEMICAL SPILLS |
|  |  |  |  | YES NO |
|  |  |  |  | YES NO |
|  |  |  |  | YES NO |

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)**

|  |  |  |  |
| --- | --- | --- | --- |
| DATE CONVICTED (month/year) | VIOLATION | STATE OF VIOLATION LOCATION | PENALTY(forfeited bond, collateral and/or points) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**(ATTACH SHEET IF MORE SPACE IS NEEDED)**

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES NO\_\_\_\_\_\_\_

If yes, explain

B. Has any license, permit or privilege ever been suspended or revoked? YES NO

If yes, explain

54**EMPLOYMENT RECORD**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

**Must list the complete mailing address: street number and name, city, state and zip code**.

LAST EMPLOYER: NAME

ADDRESS PHONE

POSITION HELD FROM TO

REASONS FOR LEAVING

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME

ADDRESS PHONE

POSITION HELD FROM TO

REASONS FOR LEAVING

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME

ADDRESS PHONE

POSITION HELD FROM TO

REASONS FOR LEAVING

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON.

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

**TO BE READ, INITIALED AND SIGNED BY APPLICANT**

\_\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for

 Initials employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related

 Initials to my suitability for employment such as medical history. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) Furthermore, I authorize the references listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during

 Initials my employment, if hired, is intended to create an employment contract between me and **La Costa Limousine** . In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company’s designated representative. I further understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

DATE APPLICANT'S SIGNATURE

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

Review information provided by current/previous employers;

Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and

Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.”

DATE APPLICANT'S SIGNATURE

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.