

ADVANCED CAR APPLICATION FOR EMPLOYMENT:

Personal Information:

Applicant Name: _____ PHONE#: _____

Cell phone: _____ Cell Phone Carrier _____

Email Address: _____

Current Address: _____ City /State: _____

Referred by?: _____ Position(s) applying for: _____

Days and hours you are available for work? _____

If hired, on what date can you start working? ____ / ____ / ____

Can you work on the weekends? [] Y or [] N Can you work evenings? [] Y or [] N

Are there any day(s) you can not work? _____

Who to contact in case of EMERGENCY name (relationship)

_____ Phone number _____

Have you ever applied to / worked for Company before? [] Y or [] N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for Company? [] Y or [] N

If yes, state name & relationship: _____

- If hired, would you have transportation to/from work? [] Y or [] N
- If hired, are you willing to submit and pass a controlled substance test? [] Y or [] N
- Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Y or [] N

If no, describe the functions that cannot be performed:

- Have you ever been convicted of a criminal offense (felony or misdemeanor)? [] Y or [] N

If yes, please describe the crime - state nature of the crime(s), when and where convicted and disposition of the

case: _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Education, Training and Experience:

High School: _____ City / State: _____
Number of years completed: _____ Did you graduate? [] Y or [] N
College: _____ City / State: _____
Number of years completed: _____ Did you graduate? [] Y or [] N
Vocational / other School: _____ City / State: _____
Number of years completed: _____ Did you graduate? [] Y or [] N

Employment History:

- Are you currently employed? [] Y or [] N

If you are currently employed, may we contact your current employer? [] Y or [] N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. Even if you have attached a resume, this section must be completed.

Name & address of Employer: Salary Position Reason for leaving

- May we contact this employer for references? [] Y or [] N

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Driving:

Have you had any moving violations in the last 5 years? _____

Have you had any accidents in the last 5 years? _____

Have you had any DWI in the last 15 years? _____

Do you tailgate? _____

If you are traveling 50 MPH, How many car lengths do you have in front of you? _____

Do you know the area airports? _____

Are you familiar with all of NYC? _____

Do you have a current drivers abstract? _____ If No: When can you get one? _____

References:

List below three persons who have knowledge of your work performance within the last four years. Please include professional references only:

Name: _____ **Address:** _____ **Business:** _____ **Phone:** _____ **Yrs known** _____

Name: _____ **Address:** _____ **Business:** _____ **Phone:** _____ **Yrs known** _____

Name: _____ **Address:** _____ **Business:** _____ **Phone:** _____ **Yrs known** _____

Please Read and Initial Each Paragraph, then Sign Below: I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation

Applicant's Signature :X _____ **DATE:** _____