

America's Best Transportation Employment Application

Date:

Personal Information	PLEASE PRINT CLEARLY	Fill in ALL information
Last Name	First Name	Middle Name
Address		Apt. No
City	State	Zip Code
Name preferred to be called		Over 25 years old? YES NO
		Home Phone Number ()
		Work Phone Number ()
		Cell Phone Number or Pager ()
		How did you hear about us?

Employment Information	PLEASE PRINT CLEARLY	Fill in ALL information
Position Desired	Pay Rate Expected	Hours Available
Have you applied to this Company before? Yes [] No []		If so, When?
Have you been convicted of a felony? * Yes [] No [] *Conviction of a crime will not necessarily disqualify you from the job you are applying. Each conviction will be considered with respect to time and job relatedness.		
If hired, is there anything which would prevent you from reporting to work on time? OR performing your duties? Yes [] No [] If yes, Explain:		Do you have transportation to work? Yes [] No []

School	Name and Location	Number of years completed?	Did you graduate?
High School			Yes [] No []
College			Yes [] No []
Other			Yes [] No []

Employment History	Start with most recent
Company Name and Address	Phone Number ()
Job Title	Supervisor
Describe your work	Employed (Month/Year) From To
Reason for Leaving	Pay rate Start End
	May we contact this employer? Yes [] No []
Company Name and Address	Phone Number ()
Job Title	Supervisor
Describe your work	Employed (Month/Year) From To
Reason for Leaving	Pay rate Start End
	May we contact this employer? Yes [] No []
Company Name and Address	Phone Number ()
Job Title	Supervisor
Describe your work	Employed (Month/Year) From To
Reason for Leaving	Pay rate Start End
	May we contact this employer? Yes [] No []

Driving Information

Driver's License Number _____ State _____ Expiration Date _____

A. Is the above a valid driver's license? Yes ____ No ____

B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes ____ No ____

C. Has any license, permit or privilege been suspended or revoked? Yes ____ No ____

If the answer to either B or C is Yes, attach statement giving details. Yes ____ No ____

Have you had an accident in the past 5 years (Attach sheet if more space is needed.)

Last accident date _____ Nature of accident (head-on, rear-end, etc.) _____

Injuries Yes ____ No ____ Fatalities Yes ____ No ____

Next previous date _____ Nature of accident (head-on, rear-end, etc.) _____

Injuries Yes ____ No ____ Fatalities Yes ____ No ____

Traffic convictions and forfeitures for the past 5 years (other than parking violations)

Location (city & state)	Date	Charges	Penalty
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bureau of Motor Vehicle Report Release

I, _____ am giving America's Best Transportation, Ltd. authorization to obtain a copy of my driving record from the Bureau of Motor Vehicles. I understand that this procedure is necessary in order to operate company vehicles. At anytime America's Best Transportation, Ltd. may prohibit my use of company vehicles due to the information received by the Bureau of Motor Vehicles. At that time, I agree to comply with that request.

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Name as it appears on License: _____

Social Security Number: _____

State of License: _____

Driver's License Number: _____