

Date \_\_\_\_\_

# ULTRA AUTO CENTER

## APPLICATION FOR EMPLOYMENT

LAST NAME	FIRST NAME	MIDDLE INITIAL	
PRESENT ADDRESS (Complete)			HOW LONG
PREVIOUS ADDRESSES - IF LESS THAN 3 YEARS (AS REQUIRED BY FMCSA REGULATION 391.21)			HOW LONG
PREVIOUS ADDRESSES - IF LESS THAN 3 YEARS (AS REQUIRED BY FMCSA REGULATION 391.21)			HOW LONG
HOME PHONE	CELLULAR		
OFFICE	EMAIL ADDRESS		

### LEGAL

Are you a U.S. citizen?

YES ☐ NO ☐

If no, do you have a legal right & necessary documents to work in the U.S.?

YES ☐ NO ☐

(Identity of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? If yes, please list in detail.

YES ☐ NO ☐

DATE DESCRIPTION (Please attach a separate sheet if more room is needed.)

1

2

Answering yes to this question does not constitute an automatic dismissal of application. Only those crimes which are substantially related to the position you are seeking will be considered.

### INSURANCE INFORMATION (CHAUFFEUR POSITIONS ONLY)

Are you currently licensed to operate a motor vehicle?

YES ☐ NO ☐

LICENSE # \_\_\_\_\_

STATE	CLASS/ TYPE	LIST ALL ENDORSEMENTS	LIST ALL RESTRICTIONS	EXP DATE
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Have you had any motor vehicle accidents which you were involved in within the past 3 years?

YES ☐ NO ☐

If yes, please specify the date, nature of each accident and any fatalities or personal injuries it caused.

DATE DESCRIPTION (Please attach a separate sheet if more room is needed.)

1

2

3

Have you had any violations of motor vehicle laws or ordinances (other than parking violations) which you were convicted or forfeited bond or collateral during the past 3 years?

If yes, please specify the date, nature of each accident and any fatalities or personal injuries it caused.

YES ☐ NO ☐

DATE DESCRIPTION (Please attach a separate sheet if more room is needed.)

1

2

3

Have you ever had your registration, license, permit or privilege to operate a motor vehicle suspended, denied or revoked?

If yes, please give date and description. (Please attach a separate sheet if more room is needed.)

YES ☐ NO ☐

1

2

3

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**AVAILABILITY**☐ Part Time☐ Full Time

MON	TUES	WED	THURS

FRI	SAT	SUN

Minimum Weekly Quota Desired: \_\_\_\_\_

Date You Can Start Training: \_\_\_\_\_

**Notes:**

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**EDUCATION AND TRAINING**

	NAME & LOCATION	YEARS COMPLETED	TYPE OF CERTIFICATION
High School			
College / University			
Other Education			

List any special skill(s) which would potentially enhance your ability to work for Entourage Livery, Inc  
i.e. fluency in a foreign language, CPR certification, etc.

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**BUSINESS REFERENCES**

Please list three persons (preferably not related) that would give you a business reference.

_____	_____	_____
_____	_____	_____
_____	_____	_____
Name	Occupation/Title	Contact Number

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## EMPLOYMENT EXPERIENCE

Please list your previous employers for the past 3 years. If you are applying for a position requiring a CDL license you must list the past 10 years experience in the operation of motor vehicles as required by law according to the FMCSA regulation guideline 391.25 and 383.35. State present status and note any periods in which you were not employed. **Note - CDL applicants:** According to FMCSA regulation 391.21 this cannot and will not be submitted without the investigation and inquiry to your previous employers of the last 3 years.

**1**

Company Name and Address \_\_\_\_\_

Dates Employed \_\_\_\_\_

Supervisors Name \_\_\_\_\_

Co \_\_\_\_\_

Experience \_\_\_\_\_

(Continued) \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

OFFICE USE ONLY

Spoke to \_\_\_\_\_

Date \_\_\_\_\_

Verified Dates of Employment \_\_\_\_\_

☐

Inquiry done by: \_\_\_\_\_

**2**

Company Name and Address \_\_\_\_\_

Dates Employed \_\_\_\_\_

Supervisors Name \_\_\_\_\_

Co \_\_\_\_\_

Experience \_\_\_\_\_

(Continued) \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

OFFICE USE ONLY

Spoke to \_\_\_\_\_

Date \_\_\_\_\_

Verified Dates of Employment \_\_\_\_\_

☐

Inquiry done by: \_\_\_\_\_

**3**

Company Name and Address \_\_\_\_\_

Dates Employed \_\_\_\_\_

Supervisors Name \_\_\_\_\_

Co \_\_\_\_\_

Experience \_\_\_\_\_

(Continued) \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

OFFICE USE ONLY

Spoke to \_\_\_\_\_

Date \_\_\_\_\_

Verified Dates of Employment \_\_\_\_\_

☐

Inquiry done by: \_\_\_\_\_

**CONSENT AND RELEASE**

The undersigned applicant hereby acknowledges that nothing contained in this application or in the granting of an interview is intended to create an employment contract with ULTRA AUTO CENTER or for the providing of any benefit.

I \_\_\_\_\_ understand that no contract regarding employment has been made to me and I understand that no such promises or guarentees are binding upon unless made in writing.  
 I authorize ULTRA AUTO CENTER to investigate my driving record to the appropriate agencies of every state in which I have held a license or permit as required by law according to the FMCSA regulation guideline 391.23.  
 I authorize ULTRA AUTO CENTER to make an inquiry to my previous employers, for the purpose of investigating my background as required by law according to the FMCSA regulation guideline 391.23.  
 I warrant that I have NEVER tested POSOTIVE on a Drug, Controlled Substance or Alcohol Test with any employer.  
 I authorize the results of these records to be given to ULTRA AUTO CENTER I also release and hold harmless ULTRA AUTO CENTER its directors and management for the use of this information for all company policies and purposes.  
 I certify that all of the information I have provided on this application was completed by me and all the entries on it and information in it are true and complete to the best of my knowledge and is subject to verification by ULTRA AUTO CENTER I also understand that if any such information is later found to be false or misleading in any respect my employment with ULTRA AUTO CENTER may be terminated and I may be dismissed.

_____	_____
APPLICANTS SIGNATURE	WITNESS
_____	_____
SOCIAL SECURITY NUMBER	DATE

**OFFICE USE ONLY**

_____ Received photocopy of valid drivers license	_____	_____
_____ Received a copy of current driving record	License	Minimum Weekly Quota Desired?
_____ Contacted Previous Employers	_____	_____
	Availability	_____
_____		
_____		
_____		
_____		
_____		
_____		

Interviewed by \_\_\_\_\_

As a condition to drive Commercial Vehicles  
all chauffeurs will be required to submit  
to a random controlled substance test  
at anytime during employment.

A Drug-Free Work Place

## DRUG + ALCOHOL TESTING

### CONSENT AND RELEASE

I \_\_\_\_\_ authorize ULTRA AUTO CENTER to conduct through its designated physician, medical facility or laboratory testing facility a pre-employment random, reasonable cause, post accident, return to duty, and/or follow-up controlled substance testing and alcohol testing as required by the FMCSA regulation Part 382.

I understand that a urine drug screening and/or alcohol test may be administered to determine the presence of certain drugs and substances prohibited by ULTRA AUTO CENTER, such as, illegal drugs, controlled substances, marijuana, mood or mind altering substances, "look-alike" substances, synthetic drugs, certain inhalants and unauthorized prescription drugs. I further understand that the presence of one or more of these drugs or substances may cause immediate termination of my employment with ULTRA AUTO CENTER.

I understand that refusal to submit to any alcohol and/or drug screening test will cause immediate termination of my application or employment with ULTRA AUTO CENTER.

I authorize that the results of any alcohol/ drug-screening test be given to ULTRA AUTO CENTER or any of its agents for company purposes.

I release and hold harmless the designated physician, testing laboratory and/or medical facility for the release of this information to ULTRA AUTO CENTER. I also release and hold harmless ULTRA AUTO CENTER, its directors, employees and management for the use of this information for all company policies and purposes.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Witness