

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 _____

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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 _____

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	_____	_____

Have you ever been charged with D.U.I. or refusal to submit to a breathalyzer test? YES NO

AVAILABILITY

Part Time	MON	TUES	WED	THURS
Full Time				
	FRI	SAT	SUN	

Minimum Weekly Quota Desired: _____

Date You Can Start Training: _____

Notes:

EDUCATION AND TRAINING

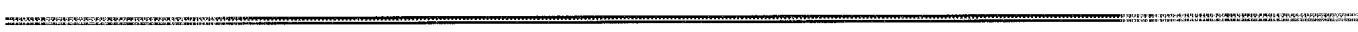
	NAME & LOCATION	YEARS COMPLETED	TYPE OF CERTIFICATION
High School			
College / University			
Other Education			

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.

BUSINESS REFERENCES

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

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



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 of your experience in the operation of motor vehicles as required by law according to the FMCSA regulation guideline 391.25 and 383.35. Start with your present status and note any periods in which you were not employed. **Note - CDL applicants:** According to FMCSA regulation 391.21 this application 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 _____

Contact Number _____

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 _____

Contact Number _____

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 _____

Contact Number _____

Experience _____

(Continued) _____

Reason For Leaving _____

OFFICE USE ONLY

Spoke to _____ Date _____ Verified Dates of Employment Inquiry done by: _____

Please request additional pages if needed.

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
- Contacted Previous Employers

License

Minimum Weekly Quota Desired?

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/or 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