



An Equal Opportunity Employer

Employment Application

Please Print

____/____/____ _____
Date Last Name First Name Middle

Present Address

No. & Street City State Zip
Permanent Address (if different from present address)

No. & Street City State Zip
(____) _____ (____) _____
Cell Phone Home Phone 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 applying for a position as a detailer are you at least 21 years old? Yes No

If applying for a position as a chauffeur are you at least 21 years old? 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

Employment Application - Page 2

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.

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?

(Convictions for marijuana-related offenses that are more than two years old, or convictions that have been sealed, expunged, or eradicated, need not be listed.) Yes No

If yes, 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 nature of the offense, date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Were you ever subject to the FMCSRs* while employed in any previous position?

Yes No *The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport more than 8 passengers (including the driver). OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirements of 49 CFR part 40?

Yes No

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name Address	____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
		City	State	Zip
College/ University	_____ Name Address	____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
		City	State	Zip
Vocational/ Business	_____ Name Address	____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
		City	State	Zip

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. **You must complete this section even if attaching a resume.**

_____ Name of Employer	(____) _____ Telephone No.		
_____ Type of Business	_____ Your Supervisor's Name		
_____ Address & Street	_____ City	_____ State	_____ Zip
Dates of Employment: ____/____/____ From To		Monthly Pay: _____ Starting Ending	

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

_____ Name of Employer	(____) _____ Telephone No.		
_____ Type of Business	_____ Your Supervisor's Name		
_____ Address & Street	_____ City	_____ State	_____ Zip
Dates of Employment: ____/____/____ From To		Monthly Pay: _____ Starting Ending	

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

_____ Name of Employer	(____) _____ Telephone No.		
_____ Type of Business	_____ Your Supervisor's Name		
_____ Address & Street	_____ City	_____ State	_____ Zip
Dates of Employment: ____/____/____ From To		Monthly Pay: _____ Starting Ending	

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference? Yes No

Please Read Carefully, Initial Each Paragraph and Sign Below

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

Initials I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have 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.

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

Date

Applicant's Signature