



8240 Rose Groves Rd. Orlando, FL 32818
Tel. 1-877-808-0300 Fax. 1-407-358-5447

APPLICATION FOR EMPLOYMENT

PLEASE PRINT

PERSONAL INFORMATION

IF EMPLOYED, CAN YOU PROVIDE DOCUMENTATION OF YOUR IDENTITY AND ELIGIBILITY TO WORK IN THE UNITED STATES? YES _____ NO _____

WHAT POSITION ARE YOU APPLYING? _____

SALARY EXPECTATION: \$ _____

DATE AVAILABLE FOR WORK: _____

LAST NAME: _____ FIRST _____ MI. _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: HM: (____) _____ - _____ ALTERNATE NUMBER: (____) _____ - _____

WORK EXPERIENCE

PLEASE LIST MOST RECENT EXPERIENCE FIRST. INCLUDE HISTORY FOR THE PAST 10 YEARS INCLUDING JOB RELATED MILITARY EXPERIENCE. IF YOU ARE CURRENTLY WORKING, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES _____ NO _____

FROM: _____

TO: _____

EMPLOYER: _____

SUPERVISORS NAME: _____

POSITION TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____

STARTING WAGE: _____ ENDING WAGE: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

FROM: _____

TO: _____

EMPLOYER: _____

SUPERVISORS NAME: _____

POSITION TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____

STARTING WAGE: _____ ENDING WAGE: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

FROM: _____

TO: _____

EMPLOYER: _____

SUPERVISORS NAME: _____

POSITION TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____

STARTING WAGE: _____ ENDING WAGE: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

FROM: _____

TO: _____

EMPLOYER: _____

SUPERVISORS NAME: _____

POSITION TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____

STARTING WAGE: _____ ENDING WAGE: _____

RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

PLEASE ACCOUNT FOR ALL PERIODS OF NON-EMPLOYMENT: (INCLUDE DATES)

EDUCATION AND TRAINING

LEVEL OF COMPLETION	SCHOOL/INSTITUTE/COLLEGE/UNIVERSITY	LOCATION	MAJOR OF COURSE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL MEMBERSHIPS, LICENSES OR
CERTIFICATES (ISSUING ORGANIZATION)

CERTIFICATE NUMBER

EXPIRATION DATE

_____	_____	_____
_____	_____	_____
_____	_____	_____

Vehicle Experience

Vehicle Type	ADA	Length	Years of Experience

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (OTHER THAN MINOR TRAFFIC VIOLATIONS)?

YES _____ NO _____

IF YES, EXPLAIN (INCLUDE DATES):

DO YOU AGREE TO MEDICAL REVIEW BY A PHYSICIAN OF YOUR EMPLOYER'S CHOOSING, IN THE EVENT YOU ARE INJURED ON THE JOB? YES _____ NO _____

REFERENCE INFORMATION

PLEASE LIST PEOPLE, OTHER THAN FORMER SUPERVISORS, WHO ARE FAMILIAR WITH YOUR WORK HABITS.

NAME	POSITION	PHONE NUMBER	RELATIONSHIP

I, _____ AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THE APPLICATION. I AM SUPPLYING MY SOCIAL SECURITY NUMBER (_____-_____-_____) AND DRIVER LICENSE NUMBER (_____) TO FURTHER THOSE INVESTIGATIONS AND REFERENCE VERIFICATIONS. I UNDERSTAND THAT ANY MISREPRESENTATION OR OMISSION OF FACTS IS CAUSE FOR DISMISSAL. I AUTHORIZE MY FORMER SCHOOLS, EMPLOYERS AND REFERENCES TO PROVIDE INFORMATION FROM MY RECORDS, INCLUDING DATES OF ATTENDANCE, DEGREES EARNED, DATES OF EMPLOYMENT, SALARY EARNED, REASON FOR LEAVING EMPLOYMENT, AND ALL OTHER INFORMATION THEY MAY HAVE CONCERNING MY PERFORMANCE. I RELEASE ANY AND ALL OF THEM FROM ANY LIABILITY ARISING OUT OF THEIR PROVIDING SUCH INFORMATION, VEN IF PROVIDED NEGLIGENTLY. I AUTHORIZE INVESTIGATION OF MY MOTOR VEHICLE OPERATING HISTORY AND CRIMINAL BACKGROUND. I UNDERSTAND THAT THIS INFORMATION MY BE RELEASED TO APPROPRIATE PERSONNEL AT WORK SITES AND AGREE TO HOLD FIRST CLASS EXECUTIVE TRANSPORTATION AND ITS CLIENT COMPANY (S) HARMLESS FOR ANY AND ALL DAMAGES RESULTING FROM THE USE OR RELEASE OF THIS INFORMATION. I UNDERSTAND THAT AN UNSATISFACTORY REPORT MAY RESULT IN DENIAL OR TERMINATION OF MY EMPLOYMENT. I ALSO AGREE TO OBSERVE AND COMPLY WITH COMPANY POLICIES, RULES AND REGULATIONS, AND ANY VIOLATION MAY RESULT IN IMMEDIATE TERMINATION.

FURTHER, I DO HEREBY AGREE TO SUBMIT TO DRUG TESTING TO BE PERFORMED BY SOLANTIC MEDICAL CENTERS FOR DETECTION OF DRUGS AND ALCOHOL. I GIVE PERMISSION FOR TEST RESULTS TO BE RELEASED TO FIRST CLASS EXECUTIVE TRANSPORTATION. I UNDERSTAND POSITIVE TEST RESULTS, REFUSAL TO BE TESTED, OR ANY ATTEMPT TO AFFECT THE TEST RESULTS OR SAMPLE WILL RESULT IN WITHDRAWAL OF ANY PROVISIONAL EMPLOYMENT OFFFER I HAVE RECEIVED OR TERMINATION OF EMPLOYMENT FROM FIRST CLASS EXECUTIVE TRANSPORTATION.

PUBLIC LAWS REQUIRES THAT WE ADVISE YOU THAT A ROUTINE INQUIRY MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, EDUCATION, PREVIOUS EMPLOYMENT, AND CRIMINAL BACKGROUND. UPON WRITTEN REQUEST ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED. I RELEASE ALL PARTIES PROVIDING INFORMATION FROM ANY LIABILITY OR CLAIMS FOR DAMAGES, INCLUDING LIBEL, SLANDER AND INVASION OF PRIVACY THAT MAY RESULT FROM THE DISCLOSURE OF THIS INFORMATION. NOTHING IN THIS APPLICATION IS TO BE CONSTRUED AS A CONTRACT OF EMPLOYMENT OR AS AN OFFER OF A CONTRACT OF EMPLOYMENT. IF YOU ARE EMPLOYED BY FIRST CLASS EXECUTIVE TRANSPORTATION, YOU SHOULD NOTE THAT YOUR EMPLOYMENT WILL BE "AT WILL," THAT IS, EITHER YOU OR FIRST CLASS EXECUTIVE TRANSPORTATION MAY TERMINATE AT ANYTIME FOR ANY REASON OR NO REASON AT ALL.

APPLICANT'S SIGNATURE: _____ DATE: _____

IT IS OUR COMPANY POLICY NOT TO DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT BASED ON RACE, COLOR, SEX, AGE, DISABILITY, LIABILITY FOR SERVICE IN THE ARMED FORCES, OR NATIONAL ORIGIN. THIS POLICY INCLUDES BUT IS NOT LIMITED TO EMPLOYMENT, DEMOTION, TRANSFER, RECRUITMENT, LAYOFF, TERMINATION, RATE OF PAY AND SELECTION FOR TRAINING.