

## Application for Employment

Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Position Applying for: \_\_\_\_\_  Full-Time  Part-Time

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status. We are a proud Equal Opportunity Employer.

### TO BE READ AND SIGNED BY APPLICANT

I authorize **SpeediShuttle Washington, LLC dba SpeediShuttle Seattle** (“Employer”) to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release Employer, other employers, schools and other persons from all liability in responding to the inquiries and releasing information in connection with my application.

In the event of employment, I understand that false and/or misleading information given in my application or interview(s) shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules, and regulations of employment of the Employer. However, I further understand that neither the policies, rules, and regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time or without notice or cause.

I understand that information that I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d)(e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# speedi SHUTTLE SEATTLE

Name: (Last, First, Middle Initial)		
Current Street Address, City, State, ZIP:		
How long?		
Home Phone:	Cell Phone:	E-mail:
Previous Mailing Address, City, State, ZIP:		
How long?		

Previous addresses of residency, if less than 3 years:

Street	City	State&ZIP	How long?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have the legal right to work and be employed in the United States for any employer for an unlimited period of time?

YES       NO

Have you worked for SpeediShuttle, LLC or SpeediShuttle Washington, LLC dba SpeediShuttle Seattle before? \_\_\_\_\_

Where \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_

Last Position Held: \_\_\_\_\_ Last Rate of Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Check all days you can work:  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Hours available: \_\_\_\_\_

## Employment History

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding three (3) years. List complete mailing address street number, City, State and zip code.

Applicants to drive a commercial motor vehicle inquiring a CDL License, involved in intrastate or interstate commerce shall also provide an additional seven (7) years information on those employers for whom the applicant operated such a vehicle.

<b>Current Employer</b>	Date:
Name:	From: <span style="float: right;">To:</span>
Address:	Position:
City: <span style="float: right;">State: <span style="float: right;">ZIP</span></span>	Salary/Wage:
Contact person: <span style="float: right;">Phone number:</span>	Reason for Leaving:
Were you subject to the FMCSR* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT-regulated mode <input type="checkbox"/> Yes <input type="checkbox"/> No	
Subject to the drug and alcohol testing requirements of 49 CFR parts 40?	
<b>Previous Employer</b>	Date:
Name:	From: <span style="float: right;">To:</span>
Address:	Position:
City: <span style="float: right;">State: <span style="float: right;">ZIP</span></span>	Salary/Wage:
Contact person: <span style="float: right;">Phone number:</span>	Reason for Leaving:
Were you subject to the FMCSR* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT-regulated mode <input type="checkbox"/> Yes <input type="checkbox"/> No	
Subject to the drug and alcohol testing requirements of 49 CFR parts 40?	
<b>Previous Employer:</b>	Date:
Name:	From: <span style="float: right;">To:</span>
Address:	Position:
City: <span style="float: right;">State: <span style="float: right;">ZIP</span></span>	Salary/Wage:
Contact person: <span style="float: right;">Phone number:</span>	Reason for Leaving:
Were you subject to the FMCSR* while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was your job designated as a safety sensitive function in any DOT-regulated mode <input type="checkbox"/> Yes <input type="checkbox"/> No	
Subject to the drug and alcohol testing requirements of 49 CFR parts 40?	

(Attached sheet if more space is needed)

## Highest Education Completed:

High School Number of years completed (circle one) 1 2 3 4  
 Diploma  Yes  No G.E.D:  Yes  No  
 School: \_\_\_\_\_

College and/or Vocational School: Number of years completed (circle one) 1 2 3 4  
 Degree  Yes  No  
 Major: \_\_\_\_\_  
 School: \_\_\_\_\_

References: (Not relatives) or attach references from your resume.

Name:	Occupation:
Email:	Telephone No.
Name:	Occupation:
Email:	Telephone No.
Name:	Occupation:
Email:	Telephone No.

### TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_