

AAA LIMO INC

2336 MILLBANK DR.
ORLANDO FLORIDA 32837
PH # 407-888-2447
FAX # 407-650-3062



APPLICATION FOR EMPLOYMENT - CDL DRIVERS ONLY

Accident report for past 3 years or more (attach additional sheet if more space is needed)

	Date	Nature of Accident	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				

TRAFFIC CONVICTION & FORFEITURES FOR THE PAST 3 YEARS (other than parking violations)

Location	State	Date	Charge	Penalty	Points

DRIVER EXPERIENCE & QUALIFICATIONS

Driver's License	License Number	State	Type	Expiration Date
Address on License				

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
Has any license, permit or privilege ever been suspended or revoked? Yes No

If the answers to the above questions are YES, please attach a detailed statement

DRIVING EXPERIENCE

Class of Equipment	Dates	Estimated Total Miles
Motor Coach <input type="checkbox"/>	To: From:	
Tractor & Semi-Trailer <input type="checkbox"/>	To: From:	
Tractor - Two Trailer <input type="checkbox"/>	To: From:	
Limousine <input type="checkbox"/>	To: From:	

List the states operated in the last five years:

List any special courses or training that will assist you as a driver:

List any safe driving awards/certificates and from who:

List any trucking, transportation or other experience that may assist in your work:

List any other special equipment or technical materials you can work with:

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RELEASE OF INFORMATION FORM - DRUG & ALCOHOL TESTING

SECTION 1 - TO BE COMPLETED BY APPLICANT

Applicant Name: _____ SS#: _____

1-A - New Employer

Company Name:	AAA LIMO INC		
Address:	2336 MILLBANK DR. ORLLANDO FLORIDA 32837		
Phone:	407-888-2447	Fax:	407-650-3062
Designated Employer Representative:			

1-B - Previous Employer

Company Name:			
Address:			
Phone:		Fax:	
Designated Employer Representative (if known):			

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in section 1-B, to the employer listed in section 1-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25 and 49 CFR 390, Section 390.5. I understand that information to be released in Section 2 by my previous employer, is limited to the following DOT-regulated testing items:

- 1) Alcohol tests with a result of 0.04 or higher
- 2) Verified positive drug tests
- 3) Refusals to be tested
- 4) Other violations of DOT agency drug and alcohol testing regulations
- 5) Information obtained from previous employers of a drug and alcohol rule violation
- 6) Documentation, if any, of completion of the return-to-duty process following a rule violation

Applicant Signature _____ **Date** _____

SECTION 2 - TO BE COMPLETED BY PREVIOUS EMPLOYER

Name of person providing the information in Section 2:	
Title:	Phone:
Signature:	Date:

In three years prior to the date of the employee's signature (in Section 1), for DOT-regulated testing:

- 1) Did the employee have alcohol tests with a result of 0.04 or higher? Yes No
- 2) Did the employee have verified positive drug tests? Yes No
- 3) Did the employee refuse to be tested? Yes No
- 4) Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No
- 5) Did a previous employer report a drug and alcohol rule violation on you? Yes No
- 6) If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Yes No

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

RETURN TO: AAA LIMO INC 2336 MILLBANK DR. ORLANDO FLORIDA 32837 PH # 407-888-2447 FAX # 407-650-3062

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REQUEST FOR DRIVING & EMPLOYMENT RECORDS

SECTION 1 - TO BE COMPLETED BY APPLICANT

Previous Employer Contact Name:		
Title:	Company:	
Street Address:	City:	State:
Fax #:	Phone #:	

Applicants Name:	SS#:
Drivers License #:	

I hereby authorize you to release all relevant information concerning my employment and driving record including verbal assessments of my job performance to those who are requesting this information in connection with my application for employment with AAA LIMO INC.

Applicant Signature

Date

SECTION 2 - TO BE COMPLETED BY PREVIOUS EMPLOYER

The following individual has applied for a position with our Company, AAA LIMO INC, and had indicated that he worked for your Company at some point in the past three years. Consistent with Section 391.23 of the Federal Motor Carrier Safety Regulations, we are requesting this applicants driving and employment records. Please take a moment to complete this form at your convenience. We greatly appreciate your cooperation in helping us to ensure that only safe and responsible individuals are permitted to operate commercial motor vehicles on public roads.

Dates of Employment: _____ From: _____ To: _____

Types of equipment: Tractor-Trailer Straight Truck Van/Car
 Other: _____

Number of "DOT recordable" accidents: _____ Number of "preventable" accidents: _____

Number of moving violations: _____ Nature of violations: _____

Details of any accidents (nature if collision, resulting fatalities, injuries or property damage):

Was the individual's license ever suspended during employment with you? Yes No

Reason for separation: Resignation Discharge Laid Off
 Other: _____

Is this individual eligible for re-hire with your Company? Yes No

Signature of individual providing this information

Date

Print Name:

Phone #:

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