

EAST COAST LIMOUSINE SERVICES

438 North Frederick Ave., Suite 102, Gaithersburg, MD 20877
PHONE (301) 527-0413 / FAX (202) 449-8348
E-MAIL eclimousine@gmail.com / WEB www.EastCoastLimoServices.com

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

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Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Driver Experience and Qualifications

Please list all classes and types of equipment that you have experience with, such as buses, tractors and semi-trailers, tractor-two trailers, vans, tanks, flats, etc., list how many years of experience with each and how many miles driven on each class of equipment.

DRIVER LICENSES INFORMATION

STATE _____ STATE _____

LICENSE NUMBER _____ LICENSE NUMBER _____

TYPE _____ TYPE _____

EXPIRATION DATE _____ EXPIRATION DATE _____

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Have you been in any accidents over the past three years? YES/NO

If yes, please include the details: the date, nature of accident, any injuries, etc.

Have you had any traffic convictions or forfeitures in the past three years? (other than parking violations) YES/NO

If yes, please describe in detail, location, date, charge, type of vehicle, etc.

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES/NO

Has any license ever been suspended or revoked? YES/NO

IF THE ANSWER IS YES TO ANY OF THE ABOVE QUESTIONS PLEASE INCLUDE ALL RELEVANT DETAILS ON A SEPARATE SHEET OF PAPER AND TURN IT IN WITH YOUR APPLICATION!

At any previous employment were you subject to Federal Motor Carrier Safety Regulation while there. YES/NO

Was any position you've held designated as a safety sensitive position and subject to DOT alcohol and controlled substance testing? YES/NO

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that information provided on previous employment and my safety performance history, as indicated in 49 CFR 391.23, will be investigated with previous employers.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

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Client's Credit Card Authorization Form

CLIENT NAME _____

DRIVER _____ TYPE OF VEHICLE _____

JOB TYPE _____ HOURLY RATE _____

MISC. FEES _____ TOTAL HOURS _____

JOB TOTAL (ESTIMATE) _____

CREDIT CARD NUMBER _____

CREDIT CARD TYPE _____ EXPIRATION DATE _____

NAME ON CARD _____ VERIFICATION CODE _____

BILLING ADDRESS _____

COMPANY NAME _____ TAX ID NUMBER _____

PERSON AUTHORIZING THE USE OF CARD _____

SIGNATURE _____ DATE _____

PLEASE NOTE: *By signing this form, you are authorizing East Coast Limousine Services to charge the above card number with the total amount due for the transportation services that we've provided, or will be providing on your behalf. If for any reason you decide to use another method of payment, please give us at least 48 hours to make the arrangements. Also note that the estimated price quoted above is not final until the service is rendered.*

WE ACCEPT VISA/MASTERCARD/AMERICAN EXPRESS