



Executive Transportation Services, Inc.

1810 Monmouth Street – Newport, Ky. 41071

Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1- 6		DATE _____	
Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last First Middle Maiden </div>			
Present address _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Number Street City State Zip </div>			
How long? _____		Social Security No. _____ - _____ - _____	
Telephone () _____ Cell () _____			
e-mail address _____			
Date of Birth _____		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position applying for <input type="checkbox"/> Airport Representative <input type="checkbox"/> Garage/Detail <input type="checkbox"/> Motor coach Driver <input type="checkbox"/> Shuttle Driver <input type="checkbox"/> ET Driver <input type="checkbox"/> Office		Shift hired for: <input type="checkbox"/> First Shift <input type="checkbox"/> Second Shift <input type="checkbox"/> Third Shift	
Driver's License Number: _____		State Issued: _____	
Employment desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME			
Shift Desired <input type="checkbox"/> First Shift <input type="checkbox"/> Second Shift <input type="checkbox"/> Third Shift			
Do you have Cincinnati's Public Vehicle License? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you worked for this Company before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Position Held _____	
If so, when? From _____ To _____ Reason for leaving _____			

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes *If so, was it a felony? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

**If the answer is "Yes" to a felony we are unable to obtain proper licensing required by law and you can not be employed as a driver*



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DO YOU HAVE A DRIVER'S LICENSE? Yes No How many points are on your license? _____ do not know

What is your means of transportation to work? _____

Driver's license

number _____ State of issue _____ Operator Commercial (CDL) Chauffeur

Expiration date _____

Have you had any accidents during the past three years? How many? _____

Have you had any moving violations during the past three years? How Many? _____

Are there any injuries or medical conditions to restrict you from lifting luggage or other heavy equipment? If yes, what condition(s)? _____

Yes No

OFFICE SKILLS

Typing Yes No _____ WPM

10-key Yes No

Word Processing Yes No _____ WPM

Personal Yes No PC

Other Skills _____

Computer Yes No Mac

REFERENCES

Please list two references other than relatives or previous employers.

Name _____ Name _____

Position _____ Position _____

Company _____ Company _____

Telephone () _____ Telephone () _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Four horizontal lines for providing additional information.



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Note: Employees may be subjected to drug analysis at the Company's discretion.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past TEN years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ _____ City, State, Zip Code _____ _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____ Address _____ _____ City, State, Zip Code _____ _____ Phone number _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			



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Flexible Hours Available

APPLICATION FOR EMPLOYMENT

Work Experience Continued

Name of employer _____ Address _____ _____ City, State, Zip Code _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____ Address _____ _____ City, State, Zip Code _____	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer? Yes No



Name of employer _____ Address _____	Name of last supervisor	Employment dates	Pay or salary
_____ City, State, Zip Code		From	Start
_____ Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer _____ Address _____	Name of last supervisor	Employment dates	Pay or salary
_____ City, State, Zip Code		From	Start
_____ Phone number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Name of employer _____ Address _____	Name of last supervisor	Employment dates	Pay or salary
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_____ Phone number	Your last job title		
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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Executive Transportation Services (hereinafter called “the Company”), I agree that::

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Executive Transportation Services, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Executive Transportation Services may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company may require a drug and alcohol policy that provides for pre employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party. Training pay is granted only after one (1) complete week of work has been met.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business. Please allow three (3) business days before contacting us regarding your application.

FAIR CREDIT REPORTING ACT DISCLOSURE

In conjunction with my application for new or continuing employment (including contract or volunteer services) with you, I understand that you intend to hire SELECTION.COM® to obtain Consumer Reports and / or Investigative Consumer Reports (Reports) about me as defined in the federal Fair Credit Reporting Act (FCRA). These Reports may include information concerning my academic background, character, credentials, credit capacity, credit standing, credit worthiness, general reputation, mode of living, personal characteristics, reasons for work termination, work experience, work habits and / or work performance. You may also seek information concerning my civil litigation history, criminal record, educational background, employment history, motor vehicle record, and / or worker's compensation history.

I understand that you may rely on the information contained in these Reports in determining whether to extend an offer of employment to me or maintain my employment with you. I also understand that you may run Reports about me at least once every two years. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a Report obtained from SELECTION.COM®, I will receive a copy of the Report and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, SELECTION.COM® or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. This authorization shall remain on file and be valid for the duration of my employment with you. It shall serve as an ongoing authorization for you to obtain Reports about me from SELECTION.COM®. A photocopy or facsimile of this authorization shall be as valid as the original.

Print Name: _____ Date: _____

Signature: _____

Notice to Applicants living in CA, MN, NY or OK:

By checking this box, I request to receive a free copy of any Consumer Report ordered about me.

E-Mail address: _____ **

** By entering my e-mail address, I authorize SELECTION.COM® to deliver my Report via e-mail.

Notice to California Residents:

Under California Civil Code Section 1786.22, you may view the file maintained on you by SELECTION.COM® during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow SELECTION.COM® to determine with reasonable certainty that you are the subject of the Report. SELECTION.COM® is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, provided that this additional person also furnishes proper identification. SELECTION.COM®'s Privacy Policy can be viewed at www.Selection.com.

THIS FORM IS FOR PERMANENT RETENTION IN PERSONNEL FILE.

EMPLOYMENT INQUIRY RELEASE

In conjunction with my application for new or continuing employment (including contract and / or volunteer services) with you, I understand that you intend to hire SELECTION.COM® to obtain Consumer Reports and / or Investigative Consumer Reports (Reports) about me as defined in the federal Fair Credit Reporting Act (FCRA). These Reports may include information concerning my academic background, character, credentials, credit capacity, credit standing, credit worthiness, general reputation, mode of living, personal characteristics, reasons for work termination, work experience, work habits and / or work performance. You may also seek information concerning my civil litigation history, criminal record, educational background, employment history, motor vehicle record, and / or worker's compensation history.

I understand that you may rely on the information contained in these Reports in determining whether to extend an offer of employment to me or maintain my employment with you. I also understand that you may run Reports about me at least once every two years. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a Report obtained from SELECTION.COM®, I will receive a copy of the Report and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, SELECTION.COM® or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. This authorization shall remain on file and be valid for the duration of my employment with you. It shall serve as an ongoing authorization for you to obtain Reports about me from SELECTION.COM®. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from any Report shall be brought only in state or federal court in Hamilton County, Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Signature _____ Date _____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME _____
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

E-MAIL ADDRESS _____

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY _____ STATE _____; COUNTY _____ STATE _____; COUNTY _____ STATE _____

FOR IDENTIFICATION PURPOSES ONLY: Date of birth _____

My prospective employer understands that age is a protected characteristic and that any age related information requested will not be used as the basis for any employment decision.

Notice to Applicants Living in CA, MN, NY or OK:

By checking this box, I request to receive a free copy of any Report ordered on me.

E-Mail address: _____ **

** By entering my e-mail address, I authorize SELECTION.COM® to deliver my Report via e-mail.

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***** IF FAXING OR E-MAILING REQUEST, THIS SECTION MUST BE COMPLETED FOR PROCESSING *****

Customer Number: _____	Location or Store Number: _____	Date Submitted: _____
Contact Person: _____	Phone Number: _____	Position Applied For: _____
Information Requested: _____		
Combined Report: _____		
Individual Reports: _____		
Criminal Convictions <input type="checkbox"/> County(s) and State(s): _____		
Other: _____		