

ENTOURAGE LIVERY, INC.

CHAUFFEUR APPLICATION

In accordance with the FMCSA Rules and Regulations

ENTOURAGE LIVERY, INC.

809 East Washington Street

North Attleboro, MA 02760

Office: 508-LIMOUSINE (508-546-6874)

Fax: 401.475.1324

www.Call508Limousine.com

Brandon Braddock, Owner

401-487-3964

Jonathan Coombs, Owner

401-378-7664

US DOT # 1591611





Commercial Driving Requirements

As required by law in accordance with the FMCSA

- At least 21 Years Old
- Can read and speak the English Language
- Must submit a phot copy of current drivers license
- Drivers of vehicles that carry more than 8 passengers must submit a Medical Examiners Certificate
- Copy of current Driving Record
- Is not disqualified to drive a commercial vehicle according to FMCSAR Part 391.15
- Tested negative for use of a controlled substance as required by FMCSAR Part 382 (CDL Drivers Only)
- Has been issued a Certificate of Driver's Road Test for all limousines hired for.
(A CDL is equivalent to a road test in accordance with the FMCSAR Part 391.33)
- Must complete an Application in accordance with the FMCSA for previous employment verification
- All drivers transporting 15 passengers or more must have Passenger Endorsements

Visit the U.S. Department of Transportation Rules and Regulations at
www.FMCSA.gov

Date

ENTOURAGE LIVERY, INC

APPLICATION FOR EMPLOYMENT

LAST NAME FIRST NAME MIDDLE INITIAL

PRESENT ADDRESS, CITY, STATE, ZIP HOW LONG

PREVIOUS ADDRESSES - IF LESS THAN 3 YEARS (AS REQUIRED BY FMCSA REGULATION 391.21) HOW LONG

DATE OF BIRTH CELLULAR

EMAIL

LEGAL

Are you a U.S. citizen?

YES NO

If no, do you have a legal right & necessary documents to work in the U.S.?

YES NO

(Identity of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? If yes, please list in detail.

YES NO

DATE DESCRIPTION (Please attach a separate sheet if more room is needed.)

1

2

Answering yes to this question does not constitute an automatic dismissal of application. Only those crimes which are substantially related to the position you are seeking will be considered.

INSURANCE INFORMATION (CHAUFFEUR POSITIONS ONLY)

Are you currently licensed to operate a motor vehicle and over the age of 21?

YES NO

LICENSE # _____

STATE CLASS/ TYPE LIST ALL ENDORSEMENTS EXP DATE

Have you had any motor vehicle accidents which you were involved in within the past 3 years?

YES NO

If yes, please specify the date, nature of each accident and any fatalities or personal injuries it caused.

DATE DESCRIPTION (Please attach a separate sheet if more room is needed.)

1

2

3

Have you had any violations of motor vehicle laws or ordinances (other than parking violations) which you were convicted or forfeited bond or collateral during the past 3 years?

YES NO

If yes, please specify the date, nature of each accident and any fatalities or personal injuries it caused.

DATE DESCRIPTION (Please attach a separate sheet if more room is needed.)

1

2

3

Have you ever had your registration, license, permit or privilege to operate a motor vehicle suspended, denied or revoked?

YES NO

If yes, please give date and description. (Please attach a separate sheet if more room is needed.)

1

2

3

Have you ever been charged with D.U.I. or refusal to submit to a breathalyzer test?

YES NO

CHAUFFEURING AND HOSPITALITY

Have you ever worked in the Restaurant or Hospitality Industry? YES NO

Are you of legal age (18yrs.) to serve alcoholic beverages? YES NO

Have you ever worked in the Limousine or Chauffeured Transportation Industry? YES NO

If yes, check off the fields and cities below that you have experience in:

Airports Night Outs Funerals Corporate Work Weddings

Providence Boston Newport Worcester, MA NY City

What is the largest vehicle that you have at least 6 months experience driving? _____

AVAILABILITY

MON	TUES	WED	THURS
FRI	SAT	SUN	

EDUCATION AND TRAINING

	NAME & LOCATION	YEARS COMPLETED	TYPE OF CERTIFICATION
High School			
College / University			
Other Education			

List any special skill(s) which would potentially enhance your ability to work for Entourage Livery, Inc
i.e. fluency in a foreign language, CPR certification, etc.

BUSINESS REFERENCES

Please list three persons (preferably not related) that would give you a business reference.

_____	_____	_____
_____	_____	_____
_____	_____	_____
Name	Occupation/Title	Contact Number

EMPLOYMENT EXPERIENCE

NON CDL APPLICANTS = 3 YRS CDL APPLICANTS = 10 YEARS

Please list your previous employers for the past 3 years. If you are applying for a position requiring a CDL license you must list the past 10 years of your experience in the operation of motor vehicles as required by law according to the FMCSA regulation guideline 391.25 and 383.35. Start with your present status and note any periods in which you were not employed. **Note - CDL applicants:** According to FMCSA regulation 391.21 this application cannot and will not be submitted without the investigation and inquiry to your previous employers of the last 3 years.

Company Name

Address

Dates Employed

Supervisors Name

Contact Number

Position Held

Pay Structure

Reason For Leaving

Were you subject to the FMCSA Regulations while employed by this previous employer? ___Yes ___No

Was this previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing required by 49 CFR Part 40?

Please explain any gaps in employment and/or unemployment. Include dates and reason.

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CONSENT AND RELEASE

DATE

I authorize ENTOURAGE LIVERY, INC. to make sure investigations and inquiries to my personal, employment, financial, driving or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview, may result in discharge.

I authorize ENTOURAGE LIVERY, INC. and/or its affiliates, to conduct a BACKGROUND CHECK on my Criminal History for employment purposes. I understand that a background check may be administered to determine weather or not I am qualified or disqualified to operate a Commercial Vehicle. I authorize that the results of any and all of my background information to be given to ENTOURAGE LIVERY, INC. or any of its agents or affiliates for company purposes.

I understand that information I provide regarding current or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR391.23 D and E.

I understand that I have the right to :

1. Review the information provided by current/previous employers.
2. Have errors in the information corrected by previous employers and resent to Entourage Livery; and
3. Have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information.

I authorize ENTOURAGE LIVERY, INC. to investigate my driving record to the appropriate agencies of every state in which I have held a license or permit as required by law according to the FMCSA regulation guideline 391.23.

I warrant that I have NEVER tested POSITIVE on a Drug, Controlled Substance or Alcohol Test with any employer.

I authorize ENTOURAGE LIVERY, INC. to conduct through its designated physician, medical facility or laboratory testing facility a pre-employment, random, reasonable cause, post accident, return to duty, and/or follow-up controlled substance testing and/or alcohol testing as required by the FMCSA regulation Part 382. I understand that a urine drug screening and/or alcohol test may be administered to determine the presence of certain drugs and substances prohibited by ENTOURAGE LIVERY, INC., such as, illegal drugs, controlled substances, marijuana, mood or mind altering substances, "look-alike" substances, synthetic drugs, certain inhalants and unauthorized prescription drugs. I further understand that the presence of one or more of these drugs or substances may cause immediate termination of my employment with ENTOURAGE LIVERY, INC. I understand that refusal to submit to any alcohol and/or drug screening test will cause immediate termination of my application or employment with ENTOURAGE LIVERY, INC.

I authorize the results of these records to be given to ENTOURAGE LIVERY, INC. I also release and hold harmless ENTOURAGE LIVERY, INC. its directors and management for the use of this information for all company policies and purposes.

I certify that all of the information I have provided on this application is true and accurate to the best of my knowledge.

NAME

SIGNATURE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

OFFICE USE

INTERVIEWED BY

SIGNATURE OF INTERVIEWER