

Date _____

CELEBRITYCHAUFFEUR

APPLICATION FOR EMPLOYMENT

(OFFICE USE ONLY) LIMOUSINE SERVICE: _____

LAST NAME FIRST NAME MIDDLE INITIAL

PRESENT ADDRESS (Complete) HOW LONG

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

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

HOME PHONE CELLULAR

OFFICE EMAIL ADDRESS

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? YES NO

LICENSE NUMBER STATE TYPE / CLASS 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?

If yes, please specify the date, nature of each accident and any fatalities or personal injuries it caused. YES NO

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?

If yes, please give date and description. (Please attach a separate sheet if more room is needed.) YES NO

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

Part Time

Full Time

MON	TUES	WED	THURS

FRI	SAT	SUN

Minimum Weekly Quota Desired: _____

Date You Can Start Training: _____

Notes:

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 (preferrably not related) that would give you a business reference.

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

**EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)**

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes No

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes No

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial 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(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information 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) and (e). I understand that I have the right to:

- Review information provided by current/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."

DATE

APPLICANT'S SIGNATURE

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

DATE

APPLICANT'S SIGNATURE

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

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
<p>I, (Print Name) _____ <small>First M.I. Last Social Security Number</small></p> <p>Hereby authorize: _____ <small>Date of Birth</small></p> <p>Previous Employer: _____ Email: _____</p> <p>Street: _____ Telephone: _____</p> <p>City, State, Zip: _____ Fax No.: _____</p> <p>To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ <small>(employment application date)</small></p> <p>To: Prospective Employer: _____ Attention: _____ Telephone: _____ Street: _____ City, State, Zip: _____</p> <p>In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.</p> <p>Prospective employer's fax number: _____</p> <p>Prospective employer's email address: _____</p> <p>_____ <small>Applicant's Signature Date</small></p> <p>This information is being requested in compliance with §40.25(g) and 391.23.</p>	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																								
ACCIDENT HISTORY																									
<p>The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Employed as _____ from (m/y) _____ to (m/y) _____</p> <p>1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____</p> <p>2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/>, sign below and return.</p> <p>ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;"></th> <th style="width:15%;">Date</th> <th style="width:20%;">Location</th> <th style="width:15%;"># Injuries</th> <th style="width:15%;"># Fatalities</th> <th style="width:20%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3.</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____</p> <p>_____</p> <p>_____</p> <p>Any other remarks: _____ _____ _____</p> <p style="text-align:right;">Signature: _____ Title: _____ Date: _____</p>			Date	Location	# Injuries	# Fatalities	Hazmat Spill	1.	_____	_____	_____	_____	_____	2.	_____	_____	_____	_____	_____	3.	_____	_____	_____	_____	_____
	Date	Location	# Injuries	# Fatalities	Hazmat Spill																				
1.	_____	_____	_____	_____	_____																				
2.	_____	_____	_____	_____	_____																				
3.	_____	_____	_____	_____	_____																				

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>, fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p> <ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> <p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a: Prospective Employer

- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

PAGE 2 PART 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b: Prospective Employer

- Record receipt of the information
- Retain the form

**RECORDS REQUEST FOR
DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY**

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1:**COMPLETED BY THE DRIVER/APPLICANT****TO:**

Prospective Employer: _____

Street/P.O. Box: _____

City, State, Zip: _____ Telephone # _____

FROM:

Driver/Applicant: _____ Social Security/I.D. # _____

Street: _____

City, State, Zip: _____ Telephone # _____

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be: sent to me at the above address.
 I will arrange to pick up.

Driver/Applicant Signature: _____ Date: _____ / _____ / _____
M D Y

PART 2:**COMPLETED BY THE PROSPECTIVE EMPLOYER**

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to:

Name: _____

Street: _____

City, State, Zip: _____

Comments: _____

By:_____
Signature/person providing information_____
Telephone #Release Date: _____ / _____ / _____
M D Y

COPY 1 PROSPECTIVE EMPLOYER

CONSENT AND RELEASE

CELEBRITYCHAUFFEUR, Celebrity Limousine Worldwide, Inc. and/or all authorized affiliates of Celebrity Limousine Worldwid, Inc. and/or the Limousine Service named on page 1 of this application to be furthur referred to heein as CELEBRITYCHAUFFEUR.

The undersigned applicant hereby acknowledges that nothing contained in this application or in the granting of an interview is intended to create an employment contract with CELEBRITYCHAUFFEUR or for the providing of any benefit.

I _____ understand that no contract regarding employment has been made to me and I understand that no such promises or guarentees are binding upon unless made in writing.

I authorize CELEBRITYCHAUFFEUR 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 authorize CELEBRITYCHAUFFEUR to make an inquiry to my previous employers, for the purpose of investigating my background as required by law according to the FMCSA regulation guideline 391.23.

I authorize CELEBRITYCHAUFFEUR to investigate my criminal record.

I authorize the results of these records to be given to CELEBRITYCHAUFFEUR. I also release and hold harmless CELEBRITYCHAUFFEUR 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 was completed by me and all the entries on it and information in it are true and complete to the best of my knowledge and is subject to verification by CELEBRITYCHAUFFEUR. I also understand that if any such information is later found to be false or misleading in any respect my employment with CELEBRITYCHAUFFEUR may be terminated and I may be dismissed.

APPLICANTS SIGNATURE

WITNESS

SOCIAL SECURITY NUMBER

DATE

OFFICE USE ONLY

____ Received photocopy of valid drivers license

____ Received a copy of current driving record

____ Contacted Previous Employers

____ License

____ Minimum Weekly Quota Desired?

____ Availability

Interviewed by _____

As a condition to drive Commercial Vehicles
all chauffeurs will be required to submit
to a random controlled substance test
at anytime during employment.

A Drug-Free Work Place

DRUG + ALCOHOL TESTING

CONSENT AND RELEASE

I _____ authorize CELEBRITYCHAUFFEUR 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 CELEBRITYCHAUFFEUR, 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 CELEBRITYCHAUFFEUR.

I understand that refusal to submit to any alcohol and/or drug screening test will cause immediate termination of my application or employment with CELEBRITYCHAUFFEUR.

I authorize that the results of any alcohol/ drug-screening test be given to CELEBRITYCHAUFFEUR or any of its agents for company purposes.

I release and hold harmless the designated physician, testing laboratory and/or medical facility for the release of this information to CELEBRITYCHAUFFEUR. I also release and hold harmless CELEBRITYCHAUFFEUR its directors, employees and management for the use of this information for all company policies and purposes.

In understand that CELEBRITYCHAUFFEUR has its own random drug testing formula that is based upon digits in my cell phone number and my date of birth, that are randomly chosen through a mathematical equation that changes daily based upon the outside temperature. I understand this formula is the only method used if I am chosen to be drug tested through the random formula that is kept on file in accordance with the FMCSA.

Applicant Signature

Date

Social Security Number

Witness



As a condition to drive Commercial Vehicles
all chauffeurs will be required to submit
to random BACKGROUND CHECKS
at anytime during employment.

A CORI CERTIFIED WORKPLACE

CORI CERTIFICATION

CONSENT AND RELEASE FORM

I _____ authorize CELEBRITYCHAUFFEUR 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 a am qualified or disqualified to operate a Commercial Vehicle as in accordance with the rules and laws of the FMCSA and various other Administrations and/or private companies or clients of CELEBRITYCHAUFFEUR

I further understand that the results of my Background check may or may not cause immediate termination of my employment.

I understand that refusal to authorize my Background to be checked will cause immediate termination of my application or employment.

I authorize that the results of any and all of my background information to be given to CELEBRITYCHAUFFEUR or any of its agents or affiliates for company purposes.

I release and hold harmless CELEBRITYCHAUFFEURS Backgorund and Investigating Agency for the release of this information. I also release and hold harmless CELEBRITYCHAUFFEUR, its directors, employees and management for the use of this information for all company policies and purposes.

Applicant Signature

Date

Social Security Number

DOB

Witness



CELEBRITYCHAUFFEUR Map Quiz

Describe the exact route that you would take to get to the following locations.

Score _____

____ 1. Name the 3 major highways in RI and name 6 of the major highways of MA.

RI _____
MA _____

____ 2. Celebrity Limousine to Logan

____ 3. Federal Hill to Newport

____ 4. The Foxy Lady in Providence to Fenway Park.

____ 5. Gillette Stadium to Mass General Hospital.

____ 6. Logan Airport to State St in Boston.

____ 7. Mohegan Sun to Celebrity Limousine

____ 8. Celebrity Limousine to the TD Bank North Garden in Boston.

____ 9. Celebrity Limousine to Times Square, NYC

____ 10. The Providence Biltmore Hotel to Colt State Park in Bristol, RI.

Chauffeur: _____ Date: _____