

Date \_\_\_\_\_

# CELEBRITYCHAUFFEUR

## APPLICATION FOR EMPLOYMENT

(OFFICE USE ONLY) LIMOUSINE SERVICE: **ENTOURAGE LIVERY, INC.**

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 # \_\_\_\_\_

STATE CLASS/ TYPE LIST ALL ENDORSEMENTS LIST ALL RESTRICTIONS 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 (preferably 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

X

\_\_\_\_\_  
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

X

\_\_\_\_\_  
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.

*sign here*



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

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ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ SALARY \_\_\_\_\_

REASONS FOR LEAVING \_\_\_\_\_

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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 \_\_\_\_\_

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ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

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\_\_\_\_\_  
DATE

X

\_\_\_\_\_  
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

X

\_\_\_\_\_  
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.

sign here

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

<b>PART 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>
I, (Print Name) _____ First M.I. Last Social Security Number _____ Hereby authorize: _____ Date of Birth _____ Previous Employer: _____ Email: _____ Street: _____ Telephone: _____ City, State, Zip: _____ Fax No.: _____ 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 _____ (employment application date) To: Prospective Employer: <u>Entourage Livery, Inc.</u> Attention: <u>Chris Camp</u> Telephone: <u>401-272-0234</u> Street: <u>809 E. Washington St</u> City, State, Zip: <u>N. Attleboro, MA 02760</u> 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. Prospective employer's fax number: <u>401-272-0234</u> Prospective employer's email address: <u>vip@celebritylimousineworldwide.com</u> _____ Applicant's Signature _____ Date _____ This information is being requested in compliance with §40.25(g) and 391.23.	

only sign here ↓

<b>PART 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>																								
<b>ACCIDENT HISTORY</b>																									
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/> Employed as _____ from (m/y) _____ to (m/y) _____ 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) _____ 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. <b>ACCIDENTS:</b> 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. <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Date</th> <th style="width:25%;">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> Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ _____ _____ Any other remarks: _____ _____ _____ Signature: _____ Title: _____ Date: _____			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**

<b>PART 3:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>
<b>DRUG AND ALCOHOL HISTORY</b>	
<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"> <li>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"/></li> <li>2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>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"/></li> <li>4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>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"/></li> <li>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"/></li> </ol>	
<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>	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

<b>PART 4a:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<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>	

<b>PART 4b:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYER</b>
<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**

<p><b>PAGE 1 PART 1:</b> Prospective Employee</p> <ul style="list-style-type: none"> <li>Complete the information required in this section</li> <li>Sign and date</li> <li>Submit to the Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4a:</b> Prospective Employer</p> <ul style="list-style-type: none"> <li>Complete the information</li> <li>Send to Previous Employer</li> </ul> <p><b>PAGE 1 PART 2:</b> Previous Employer</p> <ul style="list-style-type: none"> <li>Complete the information required in this section</li> <li>Sign and date</li> <li>Turn form over to complete SIDE 2 SECTION 3</li> </ul>	<p><b>PAGE 2 PART 3:</b> Previous Employer</p> <ul style="list-style-type: none"> <li>Complete the information required in this section</li> <li>Sign and date</li> <li>Return to Prospective Employer</li> </ul> <p><b>PAGE 2 PART 4b:</b> Prospective Employer</p> <ul style="list-style-type: none"> <li>Record receipt of the information</li> <li>Retain the form</li> </ul>
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**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: Entourage Livery, Inc.  
 Street/P.O. Box: 809 E. Washington St  
 City, State, Zip: N. Attleboro, MA 02760 Telephone # 401-272-0642

**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.

*Sign Here* →

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:** \_\_\_\_\_ Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature/person providing information      Telephone #      M      D      Y

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**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

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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

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\_\_\_\_ 3. Federal Hill to Newport

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\_\_\_\_ 4. The Foxy Lady in Providence to Fenway Park.

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\_\_\_\_ 5. Gillette Stadium to Mass General Hospital.

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\_\_\_\_ 6. Logan Airport to State St in Boston.

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\_\_\_\_ 7. Mohegan Sun to Celebrity Limousine

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

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\_\_\_\_ 9. Celebrity Limousine to Times Square, NYC

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

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Chauffeur: \_\_\_\_\_ Date: \_\_\_\_\_