

Leavenworth Shuttle & Taxi

Employment Application 2007

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Cell phone			
Do you smoke?	Applying for FT or PT:	Date available:	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have vacation or other time off needs during the next 6 months?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
If you are hired, you will be required to provide your date of birth and Social Security number.			

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT, MOST RECENT FIRST

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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NO <input type="checkbox"/>			

CERTIFICATIONS AND LICENSES

CDL:	Endorsements:	Expires:
First Aid/CPR:	Years of Commercial Driving experience:	
P.A.S.S. or other passenger assistance training:		

OTHER QUESTIONS

Please complete the following additional questions.

What tickets or accidents are on your record?

How much over the speed limit can you get away with?

What is your winter driving experience?

What is the fastest route to Seattle from Leavenworth?

How long does it take to drive from Wenatchee to Seattle?

What makes you a good driver?

What driving positions have you held before?

What is the speed limit from Leavenworth to the big Y?

If you were involved in an accident, what is the first thing you do?

What are your hobbies?

Why are you looking for work?

Are you available for weekends, evening, or late night work?

What are your preferred shifts and days off?

Why did you leave your last position?

Are you a morning or evening person?

What does this position look like to you?

If you had all the money you wanted, what would you do?

DISCLAIMER AND SIGNATURE

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

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

I understand that I must submit a Department of Licensing driver's abstract and that a Washington State Patrol background check and a DSHS background check will be performed prior to any employment with Leavenworth Shuttle and Taxi.

Signature

Date