

Premier Limousine Service
1020 South Ave West
Westfield, NJ 07090
1-800-355-3904
Employment Application

BACKGROUND

Full Name: _____

Address: _____

Phone Number _____

Social Security Number. _____

Are you legally entitled to work in the United States? [] Yes [] No

Are you 18 years old or older? [] Yes [] No

If not, please give your date of birth: _____

What position are you applying for? _____

If you are hired, when can you start work? _____

EDUCATION

High School

Name of School: _____

Location: _____

Number of years attended: _____

Did you graduate? [] Yes [] No Date of graduation: _____

Trade School

Name of School: _____

Location: _____

Number of years attended: _____

Did you graduate? [] Yes [] No Date of graduation: _____

College

Name of School: _____

Location: _____

Number of years attended: _____

Did you graduate? [] Yes [] No Date of graduation: _____

What degree did you earn? _____

Graduate

Name of School: _____

Location: _____

Number of years attended: _____

Did you graduate? [] Yes [] No Date of graduation: _____

What degree did you earn? _____

EMPLOYMENT HISTORY

Beginning with your most recent employment and working back in time, please give the following information:

Employer 1

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____

Duties: _____

Dates of Employment: _____

Supervisor: _____

Reason for Leaving: _____

Employer 2

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____

Duties: _____

Dates of Employment: _____

Supervisor: _____

Reason for Leaving: _____

Employer 3

Employer: _____

Address: _____

Telephone Number: _____

Job Title: _____

Duties: _____

Dates of Employment: _____

Supervisor: _____

Reason for Leaving: _____

PERSONAL REFERENCES

Please provide the names of two references who have not employed you and are not related to you.

Reference 1

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

Reference 2

Name: _____

Address: _____

Telephone Number: _____

Relationship: _____

ADDITIONAL QUALIFICATIONS

Please tell us about any other training, education, skills, or achievements that you feel should be considered.

[] JOB DESCRIPTION

Attached to this application is a complete job description. Please review it carefully. In

the space provided below, please explain generally your ability to perform the listed duties. If you are called for a job interview, please be prepared to discuss this more fully at that time.

My answers are true and complete. I understand that if I am hired, any false or incomplete statements in this application will be grounds for immediate discharge.

Date: _____

Applicant's Name: _____

Applicant's Signature: _____