



CHAUFFEUR/DRIVER & OFFICE APPLICATION FOR EMPLOYMENT

IN COMPLIANCE WITH FEDERAL AND STATE EQUAL EMPLOYMENT OPPORTUNITY LAWS, QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE CREED, COLOR RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, AGE, MARITAL STATUS, AFFECTIONAL OR SEXUAL ORIENTATION, VETERAN'S STATUS, OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP/DISABILITY. THIS APPLICATION COMPLIES WITH THE REQUIREMENTS OF SECTION 391 OF THE FEDERAL MOTOR CARRIER HANDBOOK REGARDING APPLICATION FOR EMPLOYMENT.

NOTICE TO APPLICANTS & EMPLOYEES: Screening tests for alcohol and illegal drug use is required before hiring and during your employment.

PLEASE ANSWER ALL QUESTIONS COMPLETELY AND IN DETAIL. Use a separate sheet if necessary.
 Please email application to info@bluediamondus.com or Erica: erica@bluediamondus.com

Last Name	First Name	Middle Initial	Date Completed	Social Security #	Driver's License #			
RESIDENCE	STREET		CITY	ZIP	DATES FROM / TO	PHONE NUMBER		
PRESENT								
PREVIOUS ADDRESS 1)								
PREVIOUS ADDRESS 2)								
PREVIOUS ADDRESS 3)								
AUTHORIZATION TO WORK				YES	NO	EMPLOYMENT POSITION DESIRED	DATE YOU CAN START	
Are you a citizen of The United States of America?								
If not, are you authorized to work in The United States on an unrestricted basis?								
CURRENT EMPLOYMENT				YES	NO	POSITION	DAY	NIGHT
Are you currently employed?								
If so, may we inquire about you with your present employer?						FULL TIME	EVENING	SPLIT
PREVIOUS APPLICANT				YES	NO			
Have you ever applied to this company before?						PART TIME	EVENING	SPLIT
If so, Where?		Position?		When				
If employed before, reason for leaving?						REFERRED BY:		
EDUCATION	Name & Location of School			# of Years Attended	Did you Graduate	Subjects Studied		
Grammar School								
High School								
College								
Trade, Business, Correspondence, Other								
REFERENCES (NAME)	ADDRESS			PHONE	BUSINESS		YEARS KNOWN	
1)								
2)								
3)								



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All applicants must provide the following information for at least the last ten (10) years. Start with the most recent / last employer and work backwards. Please answer all questions completely. Use additional paper if necessary.

- * 1 Did this job fall under FMCSA Rules and Regulations? Yes or No
- * 2 Did this job require DOT Drug and Alcohol testing? Yes or No

EMPLOYER (1)	ADDRESS	CITY	STATE	ZIP	PHONE
SUPERVISOR	REASON FOR LEAVING	START DATE	END DATE	PAY RATE	*1 *2
EMPLOYER (2)	ADDRESS	CITY	STATE	ZIP	PHONE
SUPERVISOR	REASON FOR LEAVING	START DATE	END DATE	PAY RATE	*1 *2
EMPLOYER (3)	ADDRESS	CITY	STATE	ZIP	PHONE
SUPERVISOR	REASON FOR LEAVING	START DATE	END DATE	PAY RATE	*1 *2
EMPLOYER (4)	ADDRESS	CITY	STATE	ZIP	PHONE
SUPERVISOR	REASON FOR LEAVING	START DATE	END DATE	PAY RATE	*1 *2
EMPLOYER (5)	ADDRESS	CITY	STATE	ZIP	PHONE
SUPERVISOR	REASON FOR LEAVING	START DATE	END DATE	PAY RATE	*1 *2

WHICH OF THESE JOBS DID YOU LIKE THE BEST?	WHICH OF THESE JOBS DID YOU LIKE THE LEASET?

Are you physically capable of heavy manual work (i.e. carrying heavy luggage to a vehicle and lifting it in the trunk, approximately 50 pounds) with or without accommodation? Yes No

If accommodation is necessary, describe the accommodation needed.



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Federal Motor Carrier regulations require that driver applicants submit to controlled substance testing. All driver-applicants will be tested for the presence of controlled substances and will be required to submit a urine and/or blood sample. All drivers are subject to periodic testing and random testing, Post Incident, at any time with or without reason. **DO YOU UNDERSTAND AND CONSENT TO THESE DRUG-TESTING REQUIREMENTS? - YES, - NO**

All Chauffeur's who are required to have a commercial driver's license must meet the physical qualifications for drivers and must be otherwise qualified to drive a motor vehicle by obtaining a waiver from the Regional Director, Motor Carrier Safety. Prior to Commencing employment, all drivers will be required to successfully complete a medical examination to determine their fitness to drive a motor vehicle. **DO YOU MEET THE PHYSICAL QUALIFICATIONS FOR DRIVERS OR ARE YOU OTHERWISE QUALIFIED TO DRIVE A MOTOR VEHICLE? - YES, - NO**

Special Skills

Activities: (Civic, Athletic, Etc.) _____
You may exclude organizations the name of which indicates the race, creed color, religious, sex, national origin, ancestry, age, marital status, Affection or sexual orientation, veteran's status, medical condition, handicap, or disability.

US MILITARY OR NAVAL SERVICE	RANK	DATES OF SERVICE	RELEASE TYPE	JOB RELATED TRAINING	
HAVE YOU EVER BEEN BONDED (NAME OF COMPANY)				YES	NO
FOREIGN LANGUAGES	FLEUNT	GOOD	FAIR		
SPEAK					
READ					
WRITE					

Have you ever had a license, permit, or privilege to operate a motor vehicle denied, revoked or suspended? **-Yes -No**
 If your answer is YES, set forth in detail the facts and circumstances of any denial, revocation, suspension of any license, permit, or privilege to operate a motor vehicle. _____



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ALL LICENSES NUMBERS YOU USED FOR THE LAST 10 YEARS

DRIVER'S LICENSE #	TYPE	ENDORSEMENTS	RESTRICTIONS	STATE	EXPIRATION

List all motor vehicle accidents in which you were involved during the last three (3) years. Specify the date and nature of each accident and any injuries or fatalities it caused. _____

List all violations of motor vehicle laws or ordinances (other than violations involving only parking) of which you were convicted of during the last three years. _____

EXPERIENCE & QUALIFICATIONS

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT	FROM DATE	TO DATE	APPROXIMATE NUMBER OF MILES
SEDAN (CAR)				
STRETCH LIMOUSINE				
VAN				
BUS				
STRAIGHT TRUCK				
ARTICULATED VEHICLE				
OTHER				

List all states you have operated in, in the last five years _____

List any special classes or training you have taken that will help you as a chauffeur _____

List any safe driving awards you have received _____