



ALL TRANSPORTATION
N E T W O R K
Worldwide Chauffeured Transportation Services

All Transportation Network Inc.

800-525-2306

Chauffeur Application

Full Name _____ Phone # _____

Present Address _____ Social Security # _____

City, State, Zip _____ Date of Birth _____

Driver's License # _____ Class of License & Endorsements _____

Availability

Part Time _____ Full Time _____

Please specify schedule available to work:

Weekdays (Monday-Friday) _____

Weekends (Saturday-Sunday) _____

If hired, what day will you be available to start? _____

Have you been convicted of a crime or felony within the last 5 years? Yes _____ No _____

If yes, please explain the conviction: _____

(The existence of a criminal record does not create an automatic barrier to employment)

Have you had any accidents in the last 5 years? Yes _____ No _____

If yes, please explain: _____

Have you had received any tickets in the last 5 years? Yes _____ No _____

If yes, please explain: _____





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Geographical Knowledge - Cross out the locations your NOT familiar with:

NYC
LaGuardia Airport
Albany Airport
West Point
Rockland County
Ulster County

JFK Airport
Meadowlands
Atlantic City
Hartford Civic Center
Dutchess County
Bradley Airport

Newark Airport
Madison Square Garden
Nassau Coliseum
Orange County
Westchester County
Westchester Airport

Please list your last three employers, starting with the most recent:

<u>Dates of employment</u>	<u>Name of company</u>	<u>Reason for leave</u>	<u>Pay</u>
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1) _____

Please describe the work done at this job: _____

2) _____

Please describe the work done at this job: _____

3) _____

Please describe the work done at this job: _____

What makes you a good candidate for the chauffeur position you are applying for? _____

Please describe what qualities you have that allows you provide outstanding customer service: _____





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We strive to exceed client expectations, how do you feel you can accomplish this? _____

Flexibility is a key ingredient to success in our organization, as there are many last minute scheduling demands. Please describe how you respond to changes in your daily schedule: _____

We pride ourselves in team work. Please share your experience and ideas as to what makes a good team:

Business References (at least 3)

Name Occupation Phone number





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I CERTIFY THAT ALL THE FACTS SET FORTH IN THIS EMPLOYMENT APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED COMMISSIONS AND STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT REASON FOR DISMISSAL. YOU ARE HEREBY AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY THROUGH ANY INVESTIGATION AGENCY OR BUREAU OR OF YOUR CHOICE. I UNDERSTAND AND AGREE THAT IF EMPLOYMENT IS OFFERED TO ME AND I ACCEPT EMPLOYMENT, MY EMPLOYMENT MAY BE TERMINATED AT WILL AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, BY MYSELF OR BY THE COMPANY.

INITIAL HERE TO ACKNOWLEDGE HAVING READ THIS NOTICE: _____

DRUG AND ALCOHOL POLICY: ALL TRANSPORTATION NETWORK IS A DRUG AND ALCOHOL FREE WORK PLACE. ALL EMPLOYEES ARE SUBJECT TO PRE-EMPLOYMENT AND RANDOM DRUG/ALCOHOL TESTING. IN SIGNING THIS APPLICATION, YOU ARE ACKNOWLEDGING THAT YOU ARE AWARE OF THIS POLICY. IN ADDITION, IN SIGNING THIS APPLICATION, YOU ATTEST TO THE FACT THAT YOU HAVE NOT REFUSED NOR FAILED A DRUG/ALCOHOL TEST IN THE LAST TWO YEARS.

INITIAL HERE TO ACKNOWLEDGE HAVING READ THIS NOTICE: _____

DOT REGULATIONS: BE ADVISED THAT UPON HIRE, AN INVESTIGATION OF BACKGROUND ON ALL DRIVERS WILL HAPPEN AS FOLLOWS:

1. DRIVING BACKGROUND INVESTIGATED FOR PREVIOUS 30 DAYS: _____
INITIAL
2. EMPLOYERS FOR THE LAST THREE (3) YEARS WILL BE CONTACTED IN ASSOCIATION WITH DOT DRIVING REFERENCES. _____
INITIAL
3. PREVIOUS EMPLOYERS FOR THE PAST 2 YEARS WILL BE CONTACTED TO CONFIRM STATEMENT REGARDING FAILING OR REFUSAL TO TAKE ANY DRUG AND/OR ALCOHOL TESTING.

INITIAL

DATE: _____

SIGNATURE OF APPLICANT: _____

DATE: _____

SIGNATURE OF A.T.N. WITNESS: _____

OUR COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER, WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, AGE, HANDICAP OR OTHER PROTECTED GROUP.

