



# Employment Application Form

**PLEASE PRINT ALL INFORMATION REQUESTED**

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

## APPLICATION FOR EMPLOYMENT

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**PLEASE COMPLETE PAGES 1- 6** DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

How long? \_\_\_\_\_ Social Security No. \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Number of dependants claiming on taxes \_\_\_\_\_

e-mail address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Are you currently employed?  Yes  No

Position applying for  Airport Representative  Diesel Mechanic Shift hired for:  
 Auto Mechanic  Detailer  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  First Shift  Second Shift  Third Shift

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL- OR PART-TIME

Shift Desired  First Shift  Second Shift  Third Shift

Have you worked for this Company before?  Yes  No Position Held \_\_\_\_\_

If so, when? From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_

### EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes \*If so, was it a felony?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_



Executive Transportation Services, Inc.

1810 Monmouth Street – Newport, Ky. 41071

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Note: Training hours is only paid after one (1) week of work has been completed.

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Are there any injuries or medical conditions to restrict you from lifting luggage or other heavy equipment? Yes No
If yes, what condition(s)?

OFFICE SKILLS

Typing Yes No WPM 10-key Yes No Processing Yes No WPM
Personal Computer Yes No Mac PC Other Skills
Microsoft Office Yes No

MECHANIC SKILLS

ASE Yes No Automotive Technical College Yes No Diesel Yes No
Certifications

Please list two references other than relatives or previous employers.

Name Position Company Address Telephone (two columns)

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Multiple empty lines for additional information.



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**Note:** Employees may be subjected to drug analysis at the Company's discretion.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past TEN years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____ Address _____ _____ City, State, Zip Code _____ _____ Phone number _____	Name of last supervisor	Employment dates From _____ To _____	Pay or salary Start \$ _____ Final \$ _____
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer _____ Address _____ _____ City, State, Zip Code _____ _____ Phone number _____	Name of last supervisor	Employment dates From _____ To _____	Pay or salary Start _____ Final _____
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			



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Flexible Hours Available

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Work Experience Continued

Form with fields: Name of employer, Address, City, State, Zip Code, Phone number, Name of last supervisor, Employment dates (From/To), Pay or salary (Start/Final), Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Form with fields: Name of employer, Address, City, State, Zip Code, Phone number, Name of last supervisor, Employment dates (From/To), Pay or salary (Start/Final), Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer? [ ] Yes [ ] No



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Name of employer _____ Address _____	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code		From To	Start Final
Phone number	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____ Address _____	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code		From To	Start Final
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City, State, Zip Code		From To	Start Final
Phone number	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Executive Transportation Services (hereinafter called “the Company”), I agree that::

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Executive Transportation Services, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Executive Transportation Services may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company may require a drug and alcohol policy that provides for pre employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party. Training pay is granted only after one (1) complete week of work has been met.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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Thank you for completing this application form and for your interest in our business. Please allow three (3) business days before contacting us regarding your application.