

Florida Gulf Coast Charters

DRIVER'S APPLICATION FOR EMPLOYMENT

2235 Jasmine Way, North Port, FL, 34287

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disabilities.

Please answer all of the following questions

Date: ____/____/____

Position(s) Applied for: _____

Name: _____ SSN: ____-____-____
Last First M.I.

Address: _____
Street City

State Zip Code Phone

ADDRESS FOR PAST THREE YEARS

Street City State & Zip How Long? _____

Street City State & Zip How Long? _____

Do you have the legal right to work in the United States? YES NO

Date of Birth: _____ Can you provide proof of age? YES NO
(Required for truck drivers)

Have you worked for this company before? YES NO Where? _____

Dates: From _____ To _____ Rate of Pay: _____ Position: _____

Reason for leaving: _____

Are you currently employed? YES NO If no, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected: _____

Is there any reason you may be unable to perform the functions of the job for which you have applied?

YES NO If yes, please explain if you wish _____

Do you currently hold a CDL License Class B and passenger endorsement? YES NO

License # _____

Do you have a current DOT Medical? YES NO

Please show any trucking, transportation, or other experience that may help you work for Florida Gulf Coast Charters _____

List any courses and training other than shown elsewhere in this application

List any special equipment or technical materials you can work with other than those already mentioned _____

TO BE READ AND SIGNED BY APPLICANT

This certified that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquires of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in the connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Florida Gulf Coast Charters.

Applicant Signature _____ Date ____/____/____