Chauffeur Application

Name:	Phone:()	
Address: Zip:	City, State,	
Driver's License Number: SS#:	DOB:	
Class of License & Endorsements:		
_		
Availability:Part Time Needed	Full Time	On Call/As
If hired, when would you be able to start?		
Please specify for each day what hours you are a	available to work:	
M:		
Γ:		
W:		
тн:		
FR:		
SA:		
SU:		
Have you had any of the following in the last 5 years? Tickets Y N Accidents Y N	Felony Y N	
I you answered yes to any, please explain:		
Please cross out the areas and towns you are NO	OT familiar with:	
Downtown Charlotte Mooresville Salisbur Charlotte Huntersville Gastonia	y West	
East Charlotte South Park Ballantyne Mill Davidson Waxhaw	Rock Hill For	t
Monroe Winston Salem States Trail Concord	sville Hickory	Indian

Denver Hill	Pineville Greensboro	Columbia	Concord	Shelby	Mint
We strive	to exceed client exp	ectations. How d	o you feel you ca	n accomplish this	s?
schedulin	v is a key ingredient t ng and rescheduling d to your daily schedule	lemands. Please			
We pride a good te	ourselves in team wo am.	ork. Please share	your experience	and ideas as to v	what makes
					
Please lis for separa Employer		oloyers, your job d	duty or title, emp	oloyment dates, a	nd reason
Employer	Two:				
— Employer	Three:				

I certify that all of 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 or contracted, commissions and statements on this application shall be considered sufficient reason for dismissal.				
Print Name: Date:	Signature:			