

**Please Print.** Each question should be completed accurately. No action can be taken on this application until all questions have been answered. A resume may be submitted as support for information you provided on this application. All Chauffeur candidates must submit a **7 year MVR along with the application**

**Personal Data**

Name	Last	First	Initial	Social Security No.	Date
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Address: Street	City	State	Zip Code	Home Phone	Alternate Phone
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**Please list address for the past three years:**

Street	City	State	Zip code	Phone
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Street	City	State	Zip code	Phone
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Street	City	State	Zip code	Phone
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**In case of emergency, notify:**

Have you ever applied to this company before <b>Yes No</b> If "Yes", when?	position applying for
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Are you available to work nights, weekends and holidays? <b>Yes No</b>	What type of contract Are you seeking?	Full-time	Part-time	Temporary
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Are you legally allowed to work in the U.S?	Yes	No	How or who referred you to the company?
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Have you ever been convicted of a Felony or Misdemeanor? If "Yes", explain	Yes	No
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**Employment History**

Company Name	Telephone ( )
Address	Employed (State Month and Year) From To
Name of Supervisor	Weekly pay Start Last
State job Title and Describe Your duties	Reasons for Leaving

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**EDUCATION**

**NOTE LAST YEAR COMPLETED:**

Elementary	5	6	7	8
High School	1	2	3	4
College	1	2	3	4

Describe education or training

**MILITARY**

**COMPLETE THIS IF YOU SERVED IN THE U.S. ARMED FORCES**

Branch of service

Describe your duties and any special training:

Period of Active Duty (Month & Year)

From To

Rank at discharge

Date of Final Discharge

**EMERGENCY**

Who to notify in case of an emergency

Relationship

Address

Phone Number

**DRIVING RECORD**

Driver's license number

Date of birth

Any accidents or D. U. I. in the past 5 years

Yes No If "Yes" Explain

State

Expiration Date

Race

Points

How long licensed in Georgia?

**SIGNATURE**

The information provided in this application is true, correct and complete.  
If contracted, any misstatement or omission of the fact on this application  
May result in cancellation of my contract.

I also give full authorization to Carey-Airport Shuttle to obtain my motor vehicle report  
From any state which I have held a driver's license.

Date: / /

Signature: