



867 Prospect Place  
Costa Mesa Ca. 92626  
800-801-7957  
949-413-1702

www.platinumexpresslimo.com

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

City \_\_\_\_\_ State ZIP Code

Phone: ( ) E-mail Address:

Date Available: Social Security No.: Desired Salary: \$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when?

Have you ever been convicted of a felony? YES NO

If yes, explain:

### Education

High School: Address: YES NO Degree:  
From: To: Did you graduate?

College: Address: YES NO Degree:  
From: To: Did you graduate?

Other: Address: YES NO Degree:  
From: To: Did you graduate?

### References

Please list three professional references.

Full Name: Relationship:  
Company: Phone: ( )  
Address:

Full Name: Relationship:  
Company: Phone: ( )  
Address:

Full Name: Relationship:  
Company: Phone: ( )

Address:

**Previous Employment**

Company:

Phone: ( )

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Company:

Phone: ( )

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

Company:

Phone: ( )

Address:

Supervisor:

Job Title:

Starting Salary: \$

Ending Salary: \$

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

**Military Service**

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

**Disclaimer and Signature**

*"I certify that my answers are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.*

*This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FAX COVER SHEET, APPLICATION AND 7-YEAR MVR TO (949) 340-9509

**NO APPLICATION WILL BE CONSIDERED WITHOUT A CURRENT SEVEN-YEAR MVR.**