

APPLICATION FOR EMPLOYMENT



Blackhorse Limo

THANK YOU FOR YOUR INTEREST IN BLACKHORSE LIMOUSINE!
ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

INSTRUCTIONS TO APPLICANTS

PLEASE ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- APPLY FOR ONE VACANCY PER APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION (THIS IS OPTIONAL).

Equal Opportunity Information

BLACKHORSE LIMOUSINE policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

SIGN: _____ DATE _____ -

Date of Birth

(Month) (Day) (Year)

Gender

Male Female

DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law.

ETHNIC GROUP

- White (non-Hispanic)
- Black (non-Hispanic)
- Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
- Asian (including Pacific Islander)
- American Indian (including Alaskan native)

- A** None/Prefer not to report
B Blind or severely visually impaired
C Deaf or severely hearing impaired
D Loss of limited use of arms and/or hands
E Non-ambulatory (must use wheelchair)
F Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)

- G** Respiratory impairment
H Nervous system/Neurological disorder
I Mentally restored
J Mental retardation
K Learning disability
L Others (heart disease, diabetes, speech impairment)
M Other (please specify)

<h1>APPLICATION FOR EMPLOYMENT</h1>						Date of Application	
----- -----		Last Name		First Name		Middle Name	
Address (Street number and name)				City		County	
State		Zip Code		Phone (Home or where you can be reached)		Business Phone	
Job Applying For Enter below the specific title for job for which you are applying. Job Title: _____						If subject to Military Selective Service registration, certify compliance by initialing dotted line	
Military Service Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare a service-connected disability? <input type="checkbox"/> YES <input type="checkbox"/> NO At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO Give dates of your (or spouse's) qualifying active military service: Entered: _____ Separated: _____ Branch: _____ Rank _____							
AGENCY USE ONLY: ELIGIBILITY FOR VETERAN'S PREFERENCE: <input type="checkbox"/> YES <input type="checkbox"/> NO							
CHECK the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Permanent part-time <input type="checkbox"/> 3. Temporary full-time <input type="checkbox"/> 4. Temporary part-time <input type="checkbox"/> 5. Any of the preceding <input type="checkbox"/> 6. Work involving Travel <input type="checkbox"/> 7. Shift or Split Shift Work							
Availability Are you now Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____							
Referral Source Please indicate your referral source: _____ If you were referred by the Employment Commission (Job Service) please indicate which local office: _____							
Education Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.							
Schools	Name and Location	Dates Attended (mo/yr) From: To:	Grad? YES <input type="checkbox"/> NO <input type="checkbox"/>	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received	
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>				
College(s) University (s)			YES <input type="checkbox"/> NO <input type="checkbox"/>				
Graduate or Professional			YES <input type="checkbox"/> NO <input type="checkbox"/>				
Other educational, vocational school, internships, etc.			YES <input type="checkbox"/> NO <input type="checkbox"/>				
Special training programs and seminars you have completed in the last five years (list):							
If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:							
Current professional status: (List fields of work for which you have been registered)							
Registration: _____				State: _____		No. _____	
Registration: _____				State: _____		No. _____	
Membership in professional, honorary, or technical societies (list):				DO NOT COMPLETE THIS BLOCK			
				DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days Person Responsible:			

Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

CHECK the following skills, experiences, etc., which you have:

- | | |
|---|--|
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Legal transcription |
| <input type="checkbox"/> Foreign language (specify) _____ | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Adding Machine/calculator | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other _____ |

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (If yes, explain fully on an additional sheet.)

WORK HISTORY (include volunteer experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies which demonstrate your qualifications for the position for which you are applying.

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per	Ending or Current Salary \$ _____ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time Years Months				
Part Time Years Months				
If part time, number of hours worked per week:				

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications.

Signature of Applicant (unsigned applications will not be processed)

Date