TL Worldwide Transportation Employment Application

				DATE		
NAME (Last, first MI)						
Present address						
How long (y	rs/mos) Te	lephone Home	Cell			
Social Security No	<u>·</u> ···					
Position applying for			Days/hours	available to work		
Salary desired			No pref	Mon		
How many hours can ye	ou work per week		Tue	Wed		
Can you work nights	Weekends		Thu	Fri		
Employment desired Fu	III or part time		Sat	Sun		
Start date						
EDUCATION HISTORY						
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS	MAJOR/DEGREE		
High School						
College						
Bus or trade school						
Professional school						
HAVE YOU EVER BEEN CONVICTED OF A CRIMENOYES						

If yes, explain in detail number of conviction(s), nature of offense(s), how recently such offence(s) was/were committed, sentence(s) imposed and type of rehabilitation.

Do you have a valid Ohio driver's license Yes _	No CDLYesNo Endorsements					
What is your means of transportation to work?						
Driver's license # State	Expiration date					
Have you had any accidents during the past three	e yearsYesNo If yes, how many					
Have you had any moving violations during the past three yearsYesNo If yes, how many						
Please list two references other than relatives or e	employers.					
Name	Name					
Position	Position					
Company	Company					
Address	Address					
Telephone	Telephone					
MILITARY						
Have you ever been in the Armed Forces Yes	s No Branch					
Are you currently a member of the National Guard Yes No						
Specialty	Rank Discharge date					
WORK EXPERIENCE						
	years beginning with your most recent job held. If you were					
self employed, give firm name. Attach additional	sheets or resume if necessary.					
Name of employer	Supervisor Pay rate					
Address	Employment dates to					
City, state, zip code	Position					
Duties performed						
Reason for leaving (be specific)						
Name of employer	Supervisor Pay rate					
Address	_ Employment dates toto					
City, state, zip code	Position					
Duties performed						
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Name of employer	Supervisor	Pay rate			
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City, state, zip code		_ Position			
Duties performed					
Reason for leaving (be specific)					
Name of employer	Supervisor	Pay rate			
Address	Employment dates	to			
City, state, zip code		_ Position			
Duties performed					
Reason for leaving (be specific)					
May we contact your current employer? Yes No					
Did you complete this application yourself? Yes No					
If not, who did?					

I certify that the facts contained in this application are true and complete to the best of my knowledge and 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 and all 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. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

DATE ______ SIGNATURE ______

AUTHORIZATION

This agreement is made and entered into this _____ day of ______, 20____ by and between Don Brodie's Thomas Limousine Service, Inc dba Thomas Limousine, an Ohio Corporation, 1210 Massillon Rd Akron, OH 44315 and ______ of ______ (hereinafter referred to as "applicant").

WHEREAS, applicant has applied to Thomas Limousine for employment either as an employee or as an independent contractor;

WHEREAS, Thomas Limousine, requires various information prior to determining whether to employ applicant either as an independent contractor or as an employee;

Applicant, in consideration of being considered for employment as either an employee or an independent contractor, hereby authorizes Thomas Limousine it's successors, assigns, officers, employees and/or attorneys to run credit check(s), search public record(s), obtain references from prior employer(s) and conduct drug and alcohol screening tests of applicant in order to determine applicant's acceptability as an employee and/or as an independent contractor. This does not constitute an agreement to extend employment either as an employee or as an independent contractor but rather as an authorization to allow Thomas Limousine and/or any of its successors, officers, employees and/or attorneys to obtain information which it can use in determining whether or not to extend employment, either as an employee or an independent contractor.

Applicant signature

Social Security Number

Birth date

Ohio Drivers License Number