TL Worldwide Transportation Employment Application

| | | | DATE | |
|-------------------------------|-------------------------------------|--|--|--|
| | | | | |
| | | | | |
| s/mos) Telep | ohone Home | Cell | | |
| <u> </u> | | | | |
| Position applying for Days/hc | | | | |
| | | No pref | Mon | |
| u work per week | | Tue | Wed | |
| Weekends | | Thu | Fri | |
| l or part time | | Sat | Sun | |
| | | | | |
| | | | | |
| NAME OF SCHOOL | LOCATION | NUMBER OF YEARS | MAJOR/DEGREE | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| ONVICTED OF A CRIME _ | NO\ | /ES | | |
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| | | | | |
| | | | | |
| | NAME OF SCHOOL ONVICTED OF A CRIME | NAME OF SCHOOL LOCATION ONVICTED OF A CRIMENO | Days/hours a No pref u work per week Weekends Thu Sat NAME OF SCHOOL LOCATION NUMBER OF YEARS | |

| Do you have a valid Ohio driver's license Yes | No | CDL | _Yes | No Endorsements | | |
|--|----------|----------|-----------|-----------------|--|--|
| What is your means of transportation to work? | | | | | | |
| Driver's license # State | Ехрі | ration d | ate | | | |
| Have you had any accidents during the past three y | ears | Yes | No If y | 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 employers. | | | | | | |
| Name | | Name | | | | |
| Position | | Positio | on | | | |
| Company | | Comp | any | | | |
| Address | | Addre | ess | | | |
| Telephone | | Telepl | hone | | | |
| MILITARY | | | | | | |
| Have you ever been in the Armed Forces Yes _ | No | Branc | h | | | |
| Are you currently a member of the National Guard | Ye | s N | lo | | | |
| Specialty | Rank _ | | - | Discharge date | | |
| WORK EXPERIENCE | | | | | | |
| Please list your work experience for the past five ye | _ | _ | - | | | |
| self employed, give firm name. Attach additional sh | heets or | resume | if necess | sary. | | |
| Name of employer | Superv | isor | | Pay rate | | |
| Address | Employ | yment d | ates | to | | |
| City, state, zip code | | | | Position | | |
| Duties performed | | | | | | |
| Reason for leaving (be specific) | | | | | | |
| Name of employer | Superv | isor | | Pay rate | | |
| Address | Employ | yment d | ates | to | | |
| 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 | F | osition | | | |
| Duties performed | | | | | |
| Reason for leaving (be specific) | | | | | |
| Name of employer | Supervisor | Pay rate | | | |
| | | to | | | |
| | | Position | | | |
| Duties performed | | | | | |
| Reason for leaving (be specific) | | | | | |
| Name of employer | Supervisor | Pay rate | | | |
| Address | Employment dates | to | | | |
| City, state, zip code | F | osition | | | |
| 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 understand that, if employed; falsified statements investigation of all statements contained herein around all information concerning my previous employor otherwise and release the company from all liabinformation. I also understand and agree that no reany agreement for employment for any specified foregoing, unless it is in writing and signed by an automatical statements. | on this application shall be not the references and emp yment and any pertinent in bility for any damage that epresentative of the comp period of time, or to ma | e grounds for dismissal. I authorize loyers listed above to give you any formation they may have persona may result from utilization of such any has any authority to enter into ke any agreement contrary to the | | | |

DATE ______ SIGNATURE _____

AUTHORIZATION

| Thomas Limousine Servic | e, Inc dba Thomas Limousine | e, an Ohio Corporation | by and between Don Brodie's n, 1210 Massillon Rd Akron, OH 44315 nafter referred to as "applicant"). |
|--|---|--|---|
| WHEREAS, applicant ha independent contractor; | s applied to Thomas Limo | usine for employmer | nt either as an employee or as an |
| | usine, requires various infor contractor or as an employe | | rmining whether to employ applicant |
| contractor, hereby author run credit check(s), search screening tests of appli independent contractor. as an independent cont successors, officers, emp | rizes Thomas Limousine it's son public record(s), obtain refecant in order to determine This does not constitute an arractor but rather as an aut | successors, assigns, of rences from prior empeapplicant's acceptal agreement to extend entrication to allow 1 btain information wh | either an employee or an independent ficers, employees and/or attorneys to ployer(s) and conduct drug and alcohol bility as an employee and/or as an employment either as an employee or Thomas Limousine and/or any of its ich it can use in determining whether ntractor. |
| | | | Applicant signature Social Security Number |
| | | | Birth date |
| | | | Ohio Drivers License Number |