D&D Executive Transportation

32639 Industrial Rd Garden City, MI 48135



APPLICATION FOR EMPLOYMENT

NAMEL	AST	FIRS	ST	MIDDLE	DATE				
DRIVER'S LICENSE #STATE ISSUED									
CONTACT IN	FO: WORK	CELL			HOME #				
HOME ADDR	ESS	STREET ADDRESS (APT. NO.) CITY			EMAIL		_		
U.S. CITIZEN? YES/NO IF NO, DO YOU HAVE A LEGAL RIGHT AND DOCUMENTS TO WORK IN THE U.S. YES/NO									
POSITION DE	ESIRED	H	OW DID YOU H	IEAR ABOUT	THE JOB				
DAMOTO									
DAYS/HOURS Day	S AVAILABLE Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
From									
То									
ARE YOU CURRENTLY SERVING OR HAVE YOU SERVED IN THE U.S. MILITARY? BRANCH LAST DATE OF SERVICE EDUCATION									
Name of School High School		-	Address, City, State		<u>Dates Attended</u> <u>Degree / G.</u>		<u>e / G.P.A</u>		
College/Graduat	e School								
Other									
Write a paragraph describing your strengths, weaknesses, and, if hired, how you would be a benefit to our company:									

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WORK HISTORY: PLEASE LIST YOUR EMPLOYERS FROM LAST 10 YEARS

CURRENT/LAST EMPLOYER_		JOB TITLE	
DATES OF EMPLOYMENT:	FROM//	TO/	
EMPLOYER ADDRESS	STREET ADDRESS (SUITE NO.)	CHEAT CHATE / ZID	
CLIDEDIAGOD		CITY / STATE / ZIP	
SUPERVISUK	NAME & TITLE	TELEPHONE#	
REASON FOR LEAVING		SALARY	
PREVIOUS / EMPLOYER		JOB TITLE	
	FROM//	TO/	/
EMPLOYER ADDRESS	STREET ADDRESS (SUITE NO.)	CITY / STATE / ZIP	
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PREVIOUS / EMPLOYER		JOB TITLE	
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PREVIOUS / EMPLOYER DATES OF EMPLOYMENT: EMPLOYER ADDRESS	FROM//	JOB TITLE TO/ CITY / STATE / ZIP	/
PREVIOUS / EMPLOYER DATES OF EMPLOYMENT:	FROM//	JOB TITLE	/
PREVIOUS / EMPLOYER DATES OF EMPLOYMENT: EMPLOYER ADDRESS SUPERVISOR	FROM//	JOB TITLE TO/ CITY/STATE/ZIP TELEPHONE#	/
PREVIOUS / EMPLOYER DATES OF EMPLOYMENT: EMPLOYER ADDRESS SUPERVISOR REASON FOR LEAVING	FROM//	JOB TITLETO/CITY / STATE / ZIPTELEPHONE#SALARY	/
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PREVIOUS / EMPLOYER DATES OF EMPLOYMENT: EMPLOYER ADDRESS SUPERVISOR REASON FOR LEAVING PREVIOUS / EMPLOYER DATES OF EMPLOYMENT:	FROM//	JOB TITLETO/ TO/ TELEPHONE#SALARY JOB TITLE TO/	/
PREVIOUS / EMPLOYER DATES OF EMPLOYMENT: EMPLOYER ADDRESS SUPERVISOR REASON FOR LEAVING PREVIOUS / EMPLOYER DATES OF EMPLOYMENT: EMPLOYER ADDRESS	FROM/	JOB TITLETO/	/

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REFERENCES: PLEASE LIST TWO PROFESSIONAL AND ONE PERSONAL

	ASE LIST TWO TRO						
				YEARS KNOWN			
ADDICESS	STREET ADDRESS (SUITE	(SUITE NO.) CITY / STATE / ZI					
NAME /	TITLE	RELATIONSHIP		YEARS KNOWN			
	STREET ADDRESS (SUITE	NO.)	CITY / STATE / ZIP				
DAYTIME PHONE		FAX	EMAIL				
		RELATIONSHIP		YEARS KNOWN			
NAME /	TITLE						
ADDRESS	STREET ADDRESS (SUITE	NO.)	CITY / STATE / ZIP				
DAYTIME PHONE							
<u>APTITUDE</u>							
HOW MUCH IS A 20%	GRATUITY ON \$55.00?_	HOW	MUCH IS A 5% SERVICE	E FEE ON \$65.00?			
486×23=		228+17+113=		1296÷16=			
PLEASE RATE ABILITIES BELOW ON A SCALE FROM 1 TO 10							
COMPUTER SKILLS: MICROSOFT® APPLIC	CATIONS: WORD	POWERPOINT	ΓEXCEL	OUTLOOK			
OTHER SKILLS: CUSTOMER SERVICE	RESOURCEFU	JLNESSCOM	MON SENSE	PROMPTNESS			
PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION							
I certify that the information contained in this application is correct to the best of my knowledge and any misrepresentation is grounds for dismissal.							
This application authorizes D&D Executive Transportation to contact references, past and current employers, to conduct background checks, fingerprinting, obtain motor vehicle reports, driver's alcohol and controlled substances history; and safety performance history to be used only for purposes of for hiring decisions. I understand that there will be a probationary period of 90 days at the beginning of my employment and that I will have to complete a confidentiality agreement with respect to this position.							

Date