



Mid-Atlantic Limousine Inc.  
 1300 West Chester Pike  
 West Chester, PA 19380  
 www.midatlanticlimo.com  
 Phone: 610.431.4800  
 Fax: 610.431.8455

## Application for Chauffeur Contractor Service

<b>Date:</b>

<b>Applicant Information</b>			
Last Name	First Name	Middle Initial	
Street Address	City, State	Zip Code	# Years
Date of Birth	Social Security Number	Home Telephone Number	Other Phone Number
Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, explain:			
Are you a citizen of the United States?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If no, are you authorized to work in the U.S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Date Available			

<b>Previous Three Years Residency</b>			
Street Address	City, State	Zip Code	# Years

(Attach Sheet If More Space is Needed)

Drivers License Information Section 383.21 FMCSR states "No Person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.			
Drivers License Number	Issuing State	Expiration Date	CDL Endorsement
			<input type="checkbox"/>

List Any and All Vehicle Accidents from the Last 3 Years Preceding this Application (specifying date, nature of accident, and whether personal injury or death was caused)				
Dates	Nature of Accident (Head-On, Rear-End, Etc.)	Number of Fatalities	Number if Injuries	Chemical Spills
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>



Mid-Atlantic Limousine Inc.  
 1300 West Chester Pike  
 West Chester, PA 19380  
 www.midatlanticlimo.com  
 Phone: 610.431.4800  
 Fax: 610.431.8455

List all Violations of Motor Vehicle Laws or Ordinances (other than violations involving parking) from the Last 3 Years Preceding this Application			
Date Convicted	Violation	State of Violation Location	Penalty (forfeited bond, collateral and/or points)

(Attach Sheet if More Space is Needed)

Experience Operating Motor Vehicles ( e.g. buses, trucks, truck tractors, semi trailers, full trailers)				
Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates		Approx # of Miles (Total)
		From	To	
Limousine			-	
Bus			-	
Tractor and Semi-Trailer			-	
Other				

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes  No   
 If yes, explain \_\_\_\_\_
- B. Has any license, permit, or privilege ever been suspended or revoked? Yes  No   
 If yes, explain \_\_\_\_\_

References (List 3 professional references)	
Full Name	Relationship
Company	Phone Number
Full Name	Relationship
Company	Phone Number
Full Name	Relationship
Company	Phone Number

Applicants that desire to drive in the intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years(total of 10 years employment record).



Mid-Atlantic Limousine Inc.  
1300 West Chester Pike  
West Chester, PA 19380  
www.midatlanticlimo.com  
Phone: 610.431.4800  
Fax: 610.431.8455

Please List All Employers during the 3 years Preceding this application (Must list the complete mailing address: street number & name, city state and zip code)		
Last Employer		Address
Phone	Position Held	Salary
Dates Employed		Reason for Leaving
-		
Any Gaps in Employment and/or unemployment must be explained. Include Dates (Month/Year)		
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
2 <sup>nd</sup> to Last Employer		Address
Phone	Position Held	Salary
Dates Employed		Reason for Leaving
-		
Any Gaps in Employment and/or unemployment must be explained. Include Dates (Month/Year)		
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Last Employer		Address
Phone	Position Held	Salary
Dates Employed		Reason for Leaving
-		
Any Gaps in Employment and/or unemployment must be explained. Include Dates (Month/Year)		
Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/>		

(Attach Sheet if More Space is Needed)



Mid-Atlantic Limousine Inc.  
 1300 West Chester Pike  
 West Chester, PA 19380  
 www.midatlanticlimo.com  
 Phone: 610.431.4800  
 Fax: 610.431.8455

**TO BE READ AND SIGNED BY APPLICANT**

**I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at a service agreement decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of service has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.**

In the event of service, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Mid-Atlantic Limousine Inc.

“I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review the information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employer(s) to re-send the corrected information to Mid-Atlantic Limousine Inc.; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

<b>Disclaimer and Signature</b>	
This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge	
Signature:	Date:

This section is for Mid-Atlantic Limousine staff; please do not write below this line.

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date Application Submitted	Received By
Hire Date	