

# SpeediShuttle<sup>TM</sup>.COM PUC #5668-C

## Arthur's Limousine

**Maui • Oahu • Big Island • Kauai**

### Application for Employment

Application Date:	
Position Applying For:	
Circle Location:	Maui - Kona - Oahu - Kauai

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, marital status, veteran status, non-job related disability, or any other protected group status.

#### TO BE READ AND SIGNED BY APPLICANT

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

In the event of employment, I understand that false and 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 the company.

I understand that information that I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted. I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR COMPANY USE

##### PROCESS RECORD

Position Offered Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Start Position: \_\_\_\_\_ Start Pay: \_\_\_\_\_

Comments: \_\_\_\_\_

##### TERMINATION OF EMPLOYMENT

Date Terminated: \_\_\_\_\_ Rehire Status: \_\_\_\_\_

Voluntarily Quit: \_\_\_\_\_ Dismissed: \_\_\_\_\_ Other: \_\_\_\_\_

Separation Report Placed In File? \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

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Name: (Last, First, Middle Initial)	
Current Street Address:	
City, State, ZIP: How Long?	Home Phone:
Current Mailing Address:	Cell Phone:
City, State, ZIP: How Long?	E-mail Address:

Previous addresses of residency, if less than 3 yrs.

Street	City	State & ZIP	How Long?
Street	City	State & ZIP	How Long?
Street	City	State & ZIP	How Long?

Do you have the legal right to work and be employed in the United States: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Have you worked for SpeediShuttle, LLC before? \_\_\_\_\_ Where? \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Last Position Held: \_\_\_\_\_ Last Rate of Pay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

### Schedule Availability

Full-Time   
  Part-Time   
  Seasonal   
  Days   
  Evenings   
  Weekends

Days:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Do you have obligations that would:

Prevent you from traveling?  No  Yes, Please explain: \_\_\_\_\_

Prevent you from working overtime?  No  Yes, Please explain: \_\_\_\_\_

Are you open to relocating:  No  Yes, Please list possible locations: \_\_\_\_\_



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### Education

	Name & Location:	Grade Completed	Graduated?	Degree/Major:
High School		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Jr. College		1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Tech School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Employment History

Current Employer	Date
Name:	From: To:
Address:	Position:
City: State: ZIP:	Salary/Wage:
Contact Person: Phone Number:	Reason for Leaving:

Previous Employer	Date
Name:	From: To:
Address:	Position:
City: State: ZIP:	Salary/Wage:
Contact Person: Phone Number:	Reason for Leaving:

Previous Employer	Date
Name:	From: To:
Address:	Position:
City: State: ZIP:	Salary/Wage:
Contact Person: Phone Number:	Reason for Leaving:

Previous Employer	Date
Name:	From: To:
Address:	Position:
City: State: ZIP:	Salary/Wage:
Contact Person: Phone Number:	Reason for Leaving:

Previous Employer	Date
Name:	From: To:
Address:	Position:
City: State: ZIP:	Salary/Wage:
Contact Person: Phone Number:	Reason for Leaving:

### References

(Not relatives or former employers)

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### Maui • Oahu • Big Island • Kauai

Name	Occupation
Address	Telephone No.

Name	Occupation
Address	Telephone No.

Name	Occupation
Address	Telephone No.

### Additional Experience/Skills/Information

Do you Speak, Write or Understand any Foreign Languages?     Yes     No

If Yes, Which Language(s)? \_\_\_\_\_

What additional skills, training, qualifications, or experience do you bring to SpeediShuttle? (please list)


Why did you choose to apply at SpeediShuttle? \_\_\_\_\_

What does Customer Service mean to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments:



### TO BE READ AND SIGNED BY APPLICANT

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: \_\_\_\_\_



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**DRUG SCREENING AUTHORIZATION FORM**

Name \_\_\_\_\_

I understand that SpeediShuttle, LLC has established a policy, whereby any person who has received a conditional offer of employment, or is seeking to provide services to SpeediShuttle, LLC, will be tested for the presence of drugs.

1. I agree to present myself at the appointed time at the testing laboratory designated by SpeediShuttle and identify myself with a valid picture identification (i.e., Hawaii Driver's License, State Identification Card, Passport or Military Identification Card).
2. I understand that if I fail to report to the test site at my appointed time, this will be deemed as a "refusal to test", and the respective Human Resources Office may rescind any conditional offer of employment or may disapprove the request for vendor services.
3. I authorize the testing laboratory to take from me the required specimen for testing.
4. I understand that the specimen will be tested to determine the presence of drugs, using a chain of custody procedure to ensure the integrity of the specimen and its identification.
5. I understand that my specimen will be tested for the following drugs: marijuana, cocaine, opiates, amphetamines (including crystal methamphetamine), phencyclidine (PCP), barbiturates, propoxyphene, methaqualone, benzodiazepines, and methadone.
6. I understand that over-the-counter medications or prescribed drugs may result in a positive test result and that I will have an opportunity to discuss my medications/drugs with the Medical Review Officer (MRO) if my specimen tests positive.
7. I understand that a copy of the results of this testing will be forwarded to the Human Resources Officer of SpeediShuttle, LLC for review and that SpeediShuttle, LLC may rescind any conditional offer of employment or may disapprove the request for vendor services if the results indicate the presence of any illegal, dangerous or unauthorized drugs in my system.
8. I understand that if I do not agree with the results of the drug test, I may request a re-test (using the same sample) by contacting the Medical Review Officer (MRO) within three (3) working days of being notified of the test results.
9. I understand that if I am accepted for employment, I will abide by SpeediShuttle's Alcohol and Drug Free Working Environment Policy.
10. In addition, I agree to release to SpeediShuttle, LLC and its affiliates, agents and employees from any and all liability or responsibility related to the administration of testing, testing procedures, or any act or omissions arising there from or related thereto.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Please return completed form to Human Resources.**

### EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

State	License No.	Type	Expiration Date

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle?     Yes     No

B. Has any license, permit or privilege ever been suspended or revoked?     Yes     No

IF THE ANSWER TO EITHER A OR B IS YES, ATTACH STATEMENT GIVING DETAILS.

### DRIVING EXPERIENCE

Class of Equipment	Circle type of Equipment	From (MM/YY)	From (MM/YY)	Approx. Miles (Total)
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer			
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer			
Tractor – Two Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer			
Tractor – Three Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van, Tank, Flat, Dump, Reefer			
Motorcoach – School Bus (9+ pass) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Motorcoach – School Bus (15+ pass) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other _____				

### ACCIDENT RECORD FOR PAST THREE YEARS

(ATTACH ADDITIONAL SHEETS IF NEEDED)

Date	Nature of Accident	Fatalities	Injuries	Hazardous Spill
Last Accident:				
Next Accident:				
Next Accident:				

### TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

Location	Date	Charge	Penalty