

# APPLICATION FOR EMPLOYMENT

**All chauffeurs applying for employment with Infinity Transportation must meet the following minimum qualifications:**

1. Minimum 25 years old. Maximum 65 years old. (PER INSURANCE REQUIREMENTS)
2. Valid Chauffeur's License for at least 2 counties and valid Florida Driver's License.
3. Geographic knowledge and driving proficiency in the areas of Broward, Miami-Dade and Palm Beach counties.

Name _____	SS# _____
Current Address _____	
Home Phone _____	Cell Phone _____
Email Address _____	
Chauffeur's license for which counties? Expiration date? _____	
How were you referred to the Company? _____	

## Availability

• Temporary work – such as summer or holiday work? <input type="checkbox"/> Y or <input type="checkbox"/> N	
• Regular part-time work? <input type="checkbox"/> Y or <input type="checkbox"/> N	Regular full-time work? <input type="checkbox"/> Y or <input type="checkbox"/> N
• Can you work evenings? <input type="checkbox"/> Y or <input type="checkbox"/> N	Can you work weekends <input type="checkbox"/> Y or <input type="checkbox"/> N

What days and hours are you available for work?						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
If hired, on what date can you start working? ____ / ____ / ____						

## Personal Information

Have you ever applied to/worked for the Company before? <input type="checkbox"/> Y or <input type="checkbox"/> N If yes, please explain (include date): 
Do you have any relatives/acquaintances working for Company? <input type="checkbox"/> Y or <input type="checkbox"/> N If yes, state name & relationship: 
If hired, do you have reliable transportation to/from work? <input type="checkbox"/> Y or <input type="checkbox"/> N
If hired, can you provide proof of your U.S. citizenship or your legal right to work in the United States? <input type="checkbox"/> Y or <input type="checkbox"/> N
If hired, are you willing to submit to a drug test? <input type="checkbox"/> Y or <input type="checkbox"/> N
Have you ever been arrested? <input type="checkbox"/> Y or <input type="checkbox"/> N If yes, please explain (include date): 
Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? <input type="checkbox"/> Y or <input type="checkbox"/> N If no, describe the functions that cannot be performed. 
At your primary place of residence, do you have access to: a computer? <input type="checkbox"/> Y or <input type="checkbox"/> N the internet? <input type="checkbox"/> Y or <input type="checkbox"/> N a printer? <input type="checkbox"/> Y or <input type="checkbox"/> N

## Education

High school graduate or GED? <input type="checkbox"/> Y or <input type="checkbox"/> N Name of school, location _____
College graduate? <input type="checkbox"/> Y or <input type="checkbox"/> N Name of school, degree _____



## Employment History

Are you currently employed?  Y or  N

If you are currently employed, may we contact your current employer?  Y or  N

Please list present and past employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Employer _____	Business Type _____
Supervisor _____	Telephone Number _____
Address _____	City/State/Zip _____
Length of Employment (Include Dates) _____	
Position & Duties: _____	
Reason for Leaving _____	
May we contact this employer for references? <input type="checkbox"/> Y or <input type="checkbox"/> N	

Employer _____	Business Type _____
Supervisor _____	Telephone Number _____
Address _____	City/State/Zip _____
Length of Employment (Include Dates) _____	
Position & Duties _____	
Reason for Leaving _____	
May we contact this employer for references? <input type="checkbox"/> Y or <input type="checkbox"/> N	

Employer _____	Business Type _____
Supervisor _____	Telephone Number _____
Address _____	City/State/Zip _____
Length of Employment (Include Dates) _____	
Position & Duties _____	
Reason for Leaving _____	
May we contact this employer for references? <input type="checkbox"/> Y or <input type="checkbox"/> N	

## References

List 3 personal references that have knowledge of your work performance within the last four years.

Name _____	Telephone Number _____
Address _____	City/State/Zip _____
Occupation _____	Number of Years Acquainted _____
Name _____	Telephone Number _____
Address _____	City/State/Zip _____
Occupation _____	Number of Years Acquainted _____
Name _____	Telephone Number _____
Address _____	City/State/Zip _____
Occupation _____	Number of Years Acquainted _____

**I certify that the information contained on this application is true, correct and complete. I understand that if hired, false information contained on this application may be considered sufficient grounds for dismissal.**

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

Please forward application to our office via:

Fax: 954-943-9582

OR

Email: info@infinity-transportation.com



**Confidential**

Revised 03/12