



ADVENTURE LIMOUSINE Inc. EMPLOYMENT APPLICATION

For: DOT Drivers, Drivers, Office, Maintenance.

Company **Adventure Limousine Inc.** DBA Adventure Limousine and Transportation, Adventure Transport LLC.

Address **Mail: Adventure Limousine. 63 Emerald Street PMB 411, Keene NH 03431 Office. 755 Monadnock Hwy, Swanzey, NH 03446**

Thank you for applying for a position at Adventure. A little about our Company

We are a local Family Business that was started in 1996. We started out with one 6 passenger Lincoln Town Car Limousine which was driven by Peter (one of the Owners)

Our Business has now evolved into one of New England's largest Family Owned and Respected Transportation Companies. We now have a fleet of Sedans and Vans for Non Emergency Medical Transportation, A fleet of School Student Transportation Sedans, Wheelchair Vans, Executive Black Sedans and SUV's, Sprinter Shuttle Busses, Motor Coach Bus Service for Sport Teams, Weddings, daytrips and all other occasions, Exotic Limousines, Hummer Limousine, Gull Wing Limousine, Excalibur Limousine and our famous 'Pink Limousine

We also have three Antique Limousines;

A 1977 Black London Taxi, a 1963 White Austin Princess Rolls Royce. A 1954 Cadillac Fleetwood Imperial Limousine that was in the "Godfather Movie". .

Here is a summary of Adventure Limousine and Transportation Benefit packages.

We are always looking for ways to improve these packages.

Paid Vacation and Paid Personal time.

Dental, Vision Health Care Plans.

Aflac for Disability Insurance.

Annual Merit Pay Increases.

Employee 50% Discount's off our service's. Children's Birthday Party Package 25% discount.

Discounts off our Providers ie. Tire Warehouse for Tires.

6 Paid Federal Holidays, If Worked, at Double Time.

Paid Training, to be able to drive other Vehicles.

Thanksgiving Turkey.



ADVENTURE LIMOUSINE Inc.



WEB-EMPLOYMENT APPLICATION

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

PLEASE READ - ALL APPLICANTS

I **authorize** you to make such examinations and inquiries of my Personal Background, Employment, Financial and Medical History, Driving Record 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 conditional offer of employment 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.

I **give my consent**, to submit to pre employment Drug Test and to release these results to Adventure Limousine.

I **give my consent**, if in the event of employment to submit to fingerprinting.

In the event of employment, 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 the Company. I understand that the 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

I understand 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;.

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.

By sending this to Adventure you are agreeing to All Terms and Conditions.

**FOR COMPANY USE ONLY
PROCESS RECORD**

Updated 11-15-2021

APPLICANT HIRED _____ REJECTED _____ DATE EMPLOYED _____ DEPARTMENT _____

POINT EMPLOYED _____ CLASSIFICATION _____ (IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

Signature of Interviewing Officer

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____ DISMISSED _____ VOLUNTARILY QUIT _____

OTHER _____

TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____



Adventure Limousine and Transportation

63 Emerald Street PMB 411 Keene, New Hampshire. 03431 603-357-2933 info@advlimo.com

Our Job Application is the same for everyone applying for employment at Adventure Limousine and Transportation. Please let us know what positions you are interested in and what Days and hours you are available. We run 7 days a week 24 hours a day.

How did you hear about our Company, all that apply: Radio, Newspaper, Indeed, Friend, Sign,

I was Referred by _____ Other. _____

Let us know what positions you would like to apply for;

Office positions:

Customer Service Rep. ___ Office Clerk ___ Billing/Payroll Clerk ___ Trip Scheduler ___

Driving positions:

Taxi ___ Non Emergency Medical ___ Wheelchair Van ___ Black Car Service, Airports ___

Student Transportation ___ Limousines ___ Antique Limousines ___ Shuttle Bus (non CDL) ___

CDL Passenger ___ CDL with Air Brake ___ I have a Medical Card. Yes ___ No ___

Other Positions

Vehicle Maintenance ___ Vehicle Detailer ___ Building Maintenance ___ Grounds Person ___

Administration Assistant ___

I can work any hours 7 days a week 24 hours a day. Yes ___ No ___

Monday Hours Available. From _____ To _____

Tuesday Hours Available. From _____ To _____

Wednesday Hours Available. From _____ To _____

Thursday Hours Available. From _____ To _____

Friday Hours Available. From _____ To _____

Saturday Hours Available. From _____ To _____

Sunday Hours Available. From _____ To _____

By sending this form I will commit to Adventure that I can work these hours for, at least the next 90 Days, with these exceptions:

For all applicants (List employers starting with the most recent.)

Most Recent Employer Please Print	Date
NAME	From To
ADDRESS	Position
City State Zip	Wage.
Contact Person Phone	Reason for leaving

Questions for CDL Driver applicants only.

While employed here where you subject to the Federal Motor Carrier Safety Regulations **Y N**
 WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? **Y N**

Employer Please Print	Date
NAME	From To
ADDRESS	Position
City State Zip	Wage.
Contact Person Phone	Reason for leaving

Questions for CDL Driver applicants only.

While employed here where you subject to the Federal Motor Carrier Safety Regulations **Y N**
 WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? **Y N**

Employer Please Print	Date
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ADDRESS	Position
City State Zip	Wage.
Contact Person Phone	Reason for leaving

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ALL APPLICANTS MUST COMPLETE

(Please complete in full or you will not be considered - **please print**)

Name . First _____ Middle _____ Last _____

Date _____ Social Security No. _____ Date of Birth _____

Phone . _____ E-Mail _____ Date available to work _____

Do you have the legal right to work in the United States? _____ Rate of pay expected \$ _____

Have you ever been convicted of a Felony ? Y N Please explain _____

Have you ever worked for ADVENTURE? Y N Dates: From _____ To _____ Reason for leaving _____

Current Address .

Street _____ City _____ State + Zip _____

Mailing

Street _____ City _____ State + Zip _____

#Years at current address _____

Previous 3 years Addresses.

Street _____ City _____ State + Zip _____ # of years there _____

Street _____ City _____ State + Zip _____ # of years there _____

Street _____ City _____ State + Zip _____ # of years there _____

Street _____ City _____ State + Zip _____ # of years there _____

Is there any reason or restrictions you might have to be unable to perform fully the functions of the job for which you have applied N Y If yes please explain. If needed continue on the reverse.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 8 or more passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding

All other applicants please list your last 4 employers. Please answer on next page, (5)

Employer Please Print			Date	
NAME			From	To
ADDRESS			Position	
City	State	Zip	Wage.	
Contact Person	Phone		Reason for leaving	

Questions for CDL Driver applicants only.

While employed here where you subject to the Federal Motor Carrier Safety Regulations **Y N**

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? **Y N**

Employer Please Print			Date	
NAME			From	To
ADDRESS			Position	
City	State	Zip	Wage.	
Contact Person	Phone		Reason for leaving	

Questions for CDL Driver applicants only.

While employed here where you subject to the Federal Motor Carrier Safety Regulations **Y N**

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? **Y N**

Employer Please Print			Date	
NAME			From	To
ADDRESS			Position	
City	State	Zip	Wage.	
Contact Person	Phone		Reason for leaving	

Questions for CDL Driver applicants only.

While employed here where you subject to the Federal Motor Carrier Safety Regulations **Y N**

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT

Explain any gaps in employment by a separate text if needed. .

ALL APLICANTS

LIST ANY OTHER EXPERIENCE AND QUALIFICATIONS

SHOW ANY EXPERIENCE THAT MAY HELP YOU IN YOUR WORK FOR ADVENTURE.

LIST ANY TRAINING THAT COULD BE HELPFUL.

LIST SPECIAL EQUIPMENT OR VEHICLES YOU HAVE WORKED WITH,
TECHNICAL MATERIALS, COMPUTER EXPERIENCE, CUSTOMER SERVICE AND

ANY OTHER WORK EXPERIENCE,

SHOW SPECIAL COURSES THAT WILL HELP YOU IN ANY POSITION

DO YOU HOLD ANY SAFE DRIVING AWARDS AND FROM WHOM?

EMPLOYEE AWARDS YOU HAVE ACHIVED.

(OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

SCHOOL	NAME AND LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATED	DETAILS
High School				Y N	
College				Y N	
Other				Y N	

EMERGENCY CONTACT INFORMATION . PRINT NAME _____ **PHONE** _____

PLEASE READ.

This certifies that this 8 page 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.

Print

Name _____ By sending this application you agree to all terms and conditions

Please use this space for any other information you want considered. Thank you.