

# LIR TRANSPORTATION

## Employment Application



APPLICANT INFORMATION										
Last Name			First			M.I.		Date		
Street Address					Apartment/Unit #					
City			State			ZIP				
Phone			E-mail Address							
Date Available			Social Security No.			D.O.B				
Full-Time or Part-Time			Day or Night Shift			Desired Salary				
Position Applied for										
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"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						
Do you have a valid License?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	DL No.						
Do you have any driving experience?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where and when?						
Have you had any MVR infractions in the last 2 years?		YES <input type="checkbox"/>	YES <input type="checkbox"/>	If so, what were they?						
REFERENCES										
<i>Please list three references.</i>										
Full Name			Relationship							
Phone										
Full Name			Relationship							
Phone										
Full Name			Relationship							
Phone										
PREVIOUS EMPLOYMENT										
Company					Phone					
Address					Supervisor					
Job Title			Starting Salary		\$		Ending Salary			\$
From		To		Reason for Leaving						
If asked, would this employer hire you back?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				

Company		Phone	
Address		Supervisor	
Job Title		Starting Salary \$	Ending Salary \$
From	To	Reason for Leaving	
If asked, would this employer hire you back?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

### GETTING TO KNOW YOU

Please give us a brief description about you.

Give us three reasons why you believe you would be a great fit for our company.

Please explain a time when you had a customer experience in the past that left a lasting positive impression.

What are your strengths?

What are your weaknesses?

### DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

# MOTOR VEHICLE RECORD RELEASE AND AUTHORIZATION FORM

The undersigned does hereby authorize the release and delivery of all motor vehicle driving records relating to the undersigned, including but not limited to personal information, to my employer and their insurance agent, whose name and addresses are as follows:

LIR Transportation LLC dba Fox Valley Cab  
719 W Frances St  
Appleton, WI 54914

This authorization shall continue in the effect until revoked, in writing, by the undersigned.

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

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

**Printed Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_