It is important that you answer all questions on this application fully and truthfully, as failure to do so may delay consideration for employment. If the item does not apply to you write $N\!/A$



ZAZA Group, LLC – DBA Fleetwood Limousine Application for Employment

Please Print

Equal Opportunity/Affirmative Action Employer

			Date	e:
Name:	First	S M.	soc. Sec. #	
Present Address:	Street	City	State Zip	
Email:		Oity	Otate Zip	
Home Phone ()	<u>=</u>	Cell P	Phone ()	<u>=</u>
Are you 18 years of age o	r over? Yes	No Bi	irth Date:	
Are you legally eligible for	employment in the U.S	? Yes N	No 🗌	
Do you have a valid driver	's license? Yes	No Lice	ense # & State _	
License Type: Cla (please circle type)	ss A or Class B C	DL or	Standa	ard Class C
Endorsements:	"P" "S" "H"			
	<u>EMPLOYN</u>	MENT DESIRED	<u>)</u>	
Position:	Date yo	u can start:	Salary	desired:
Type of Employment Des mporary	ired: Part-time	Full-time		
	Day	Evenii	ngs 🔲	Weekends
Were you previously empl	oyed by us? Yes	No If	yes, when?	

vnat makes you	qualified for this job?			
Why do you feel	you are qualified for this position?			
	<u>EMPLOYME</u>	ENT HISTOR	Υ	
	of employment and unemploymer (Attach additional sheets if necessary)		ten years. Beginning	g with your pre
Dates From To	1. Name and Address of Employer	Position & Rate of Pay	Supervisor's Name and Title	Reason for Leaving
	-		1	
locariba tha w	ark you did:			
Describe the w	ork you did:			
Dates From To	ork you did: 2. Name and Address of Employer	Position & Rate of Pay	Supervisor's Name and Title	Reason for Leaving
Dates	2.			
Dates	2. Name and Address of Employer			
Dates From To	2. Name and Address of Employer			
Dates From To	2. Name and Address of Employer			

you do not wish us	mployers listed above? Yes to contact.	No	If not, indica	ates which
	nder 17 years of age, we will requi gh the local school district, and pa			ertificate
	REFEREN	<u>CES</u>		
EE (3) REFERENCE es & telephone	ES:			
ss & telephone				
	<u>EDUCATI</u>	ON No. of	Graduated?	Course
EDUCATION	Name and Location of School	Years Attended	Yes / No	Or Major
Grammar School				
High School				
College				
Other Education				
				•
	EMERGENCY C	ONTACT		

MILITARY SERVICE RECORD

Have you ever serviced in the Armed Forces? Yes	No .
If yes, what branch?	
Dates of duty: From:	To:
List of Duties:	
Present Membership in National Guard or Reserves:	Yes No

APPLICANT'S CERTIFICATION AND AGREEMENT WAIVER

PROBATION PERIOD: It is understood that I shall work a probationary employee ninety day (90) from date of hire. I may be discharged or laid off before the expiration of that period without recourse.

STATEMENT OF APPLICANT: I hereby authorize my former employers to furnish their records of any service, my reason for leaving their employer, together with all employment – related information that may have concerning me. I hereby give ZAZA Group, LLC DBA Fleetwood Limousine permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract. I also authorize ZAZA Group, LLC DBA Fleetwood Limousine to run a driving record with the information provided.

BACKGROUND CHECKS: I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

AT WILL EMPLOYMENT: I also understand that if accepted by ZAZA Group, LLC DBA Fleetwood Limousine, my employment is voluntarily entered, and I am free to resign at any time. Similarly, ZAZA Group, LLC DBA Fleetwood Limousine is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract.

PRE-EMPLOYMENT SCREENING: I also understand that (1) the Company has a drug and alcohol policy that provides for pre- employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

It is agreed that any misrepresentations by me in this application will be sufficient cause for its cancellation or for dismissal ZAZA Group, LLC DBA Fleetwood **Limousine's** service if I am employed. I hereby certify that the facts set forth in the above application are true and complete to the best of my knowledge.

Applicant's Signature	Date

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

DO NOT WRITE IN THE SPACE BELOW

Interview by	/:		Date:	
Hired: Yes	s No	Position	Salary/Wage:	
Dept		Dat	e Reporting to Work	

ZAZA Group, LLC DBA Fleetwood Limousine BACKGROUND CHECK AUTHORIZATION NOTICE AND ACKNOWLEDGMENT

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

ZAZA Group, LLC DBA Fleetwood Limousine may obtain information about you from a consumer reporting agency for **employment/volunteer** purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are selected, throughout your affiliation with the Company. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am selected, throughout my affiliation with the Company. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish all background information to, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

The following questions must be answered:

1. Have you ever been convicted of a felony or misdemeanor?YesNo 2. Have you ever pled guilty to or been convicted of a major driving offense?YesNo 3. Have you held a license in other States?YesNo A conviction or plea record is not an automatic bar to employment and the nature, date, disposition or other factors deemed relevant by the employer will be considered. Any falsification, misrepresentation or omission of requested information will result in denial of employment or immediate termination, regardless of when and how discovered.						
Full Name	First	Middle		Last		
	First	Middle		Last		
Maiden Name, Previous Names, or	First Middle		Last			
Aliases Used:	First Middle		Last			
Social Security Number:	Date of Birth: Driver's License/ID State: Driver's			License/ID Number:		
Please provide	Please provide ALL residential addresses for the past seven (5) years.					
Current Address:				From		
Previous Address:				From/To		
Previous Address:				From/To		
Previous Address:	From/To					
Telephone Number:	addre			neck here if there are more Idresses you have lived at in e last 5 years.		
I have read and understand this request for information and agree to hold ZAZA Group, LLC DBA Fleetwood Limousine, its officers, agents, and employees harmless from any liability resulting from the use of the information requested.						
SIGNATURE:			DATE:			