



**VALLEY MOTOR ESCORT, LLC**

**Employment Application**

\*\*\*\*\*Not more than a seven (7) day old DMV printout must accompany this application... [GET DMV PRINTOUT HERE](#)\*\*\*\*\*

\*\*\*\*\*Application must be typed or VERY legible\*\*\*\*\*

**General Applicant Information**

Position Applied for: Motorcycle Escort Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_  
Last First Middle (full)

Address: \_\_\_\_\_  
Street Address Apartment/Unit # City State Zip Code

(Used as main contact)  
 Cell Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Date when issued your first driver's license? (MM/YY) \_\_\_\_\_

Do you have a motorcycle license/endorsement? YES  NO  Date when issued your first motorcycle license? (MM/YY) \_\_\_\_\_

Date Available: \_\_\_\_\_ (Optional) Social Security #: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are you authorized to work in the U.S.? YES  NO  If no, explain: \_\_\_\_\_

Have you ever worked for this company? YES  NO  If yes, explain: \_\_\_\_\_

**Availability**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8AM to Noon <input type="checkbox"/> Yes <input type="checkbox"/> No	8AM to Noon <input type="checkbox"/> Yes <input type="checkbox"/> No	8AM to Noon <input type="checkbox"/> Yes <input type="checkbox"/> No	8AM to Noon <input type="checkbox"/> Yes <input type="checkbox"/> No	8AM to Noon <input type="checkbox"/> Yes <input type="checkbox"/> No	8AM to Noon <input type="checkbox"/> Yes <input type="checkbox"/> No	8AM to Noon <input type="checkbox"/> Yes <input type="checkbox"/> No
Noon to 4PM <input type="checkbox"/> Yes <input type="checkbox"/> No	Noon to 4PM <input type="checkbox"/> Yes <input type="checkbox"/> No	Noon to 4PM <input type="checkbox"/> Yes <input type="checkbox"/> No	Noon to 4PM <input type="checkbox"/> Yes <input type="checkbox"/> No	Noon to 4PM <input type="checkbox"/> Yes <input type="checkbox"/> No	Noon to 4PM <input type="checkbox"/> Yes <input type="checkbox"/> No	Noon to 4PM <input type="checkbox"/> Yes <input type="checkbox"/> No

**License, Permits, or Certification That May Pertain to the Position**

License, Permits, or Certificate	License, Permit, or Certificate No.	Expiration Date

**Professional References (Not Personal)**

References Full Name: \_\_\_\_\_  
 Company Working for: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Position: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

References Full Name: \_\_\_\_\_  
 Company Working for: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 Position: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

### Military Service

Branch:  Army  Navy  Air Force  Marines  Coast Guard \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Current Rank or Rank at Discharge: \_\_\_\_\_

Type of Discharge:  Honorable  General  Other Than Honorable  Bad conduct  Dishonorable \_\_\_\_\_

### Disclaimer and Signature

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

*I further understand that if an offer of employment is extended my employment will be dependent on approval by the companies auto insurance carrier and my ability to pass a police dept. conducted background check for any required police dept. issued permit and to maintain such permit.*

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

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