



## PLEASE READ BEFORE COMPLETING APPLICATION

Have you have ***ever*** been convicted of a crime? \_\_\_ Yes \_\_\_ No \_\_\_ Initials. If yes, please see customer service.

*Any criminal background is against Company Policy, and we are unable to proceed with your application.*

Thank you for your interest in becoming a chauffeur with Unique Limousine. We welcome your application and look forward to establishing a working relationship with you.

We would like to take this opportunity to provide you with a brief overview of a chauffeur's duties and responsibilities, as well as, define the independent contractor agreement that we offer.

A chauffeur has to be very flexible with their time as this is not a nine to five type of work. In fact, there are no set hours. Each day offers a different schedule and opportunity for you to choose what you would like to do for that day. Those chauffeurs who are the most flexible and willing to take as many assignments as possible are kept busy, while those who choose to be more selective in their assignments may not have the volume of work that others may enjoy.

All chauffeurs are independent contractors. You call in to dispatch and advise them of your availability and they will tell you what trips are available for the times that you are available. You then choose which trip(s) you want and off you go. As we said previously, this is not always nine-to-five work. We have trip opportunities virtually around the clock, seven days a week.

During the weekdays, the majority of our work consists of driving clients to meetings and airports to reach their travel destinations. We drive to a wide variety of locations including New York City, Pittsburgh, Philadelphia, and Baltimore. We travel to most of the large airports in the Mid-East, such as Philadelphia International, BWI, Dulles and JFK. These trips may be in a Lincoln Town Car, a six passenger limousine, an eight passenger limousine, a 14-passenger van, and a 14-passenger stretch SUV. We also offer a variety of mini-buses and stretch SUV's that require a CDL.

Weekends are primarily devoted to weddings, dinners and nights out on the town. However, there are a significant number of airport trips as well.

As an independent contractor you will receive a gross amount check for the work that you do, Chauffeurs are paid a percentage of each trip that they do. The percentage varies with the type of vehicle driven for each trip. We have a wide assortment of vehicles with corresponding rates, so if you do two trips in a different vehicle, each trip you will receive a different percentage of the trip for each one. You are responsible for paying your own taxes to the IRS and the Pennsylvania Department of Revenue.

Since you are an independent contractor, you may have the opportunity to deduct specific items on your taxes. Consult a tax advisor to ensure you are in compliance with all local, state and federal laws.

We expect chauffeurs to project a professional appearance and conduct themselves in a manner above reproach. Common attire for chauffeurs includes a plain black suit, white dress shirt, conservative tie, black socks and black dress shoes. The customer is the number one priority and professional chauffeurs make every effort to see that the customer's every need is met and their trip is as comfortable and hassle-free as possible.

We offer support to every chauffeur, 24 hours a day, seven days a week, so there is always assistance available to you in the event of an emergency. We will provide training with a veteran chauffeur/safety director to insure you learn first-hand, the duties, responsibilities and required procedures expected in being a chauffeur with Unique Limousine.

If this type of work is appealing to you, please complete the application and related forms. We are a drug-free company, and we do conduct criminal history checks, as well as pre-employment and random drug tests in order to ensure that the best available people serve our clients.

We look forward to meeting you in a personal interview as soon as possible.

**Agreement and Release Statement:**

Read the following paragraphs in full before you sign this application, because your signature constitutes your agreement thereto in return for the consideration of your application.

I authorize Unique Limousine, Inc., hereinafter referred to as Unique Limousine, and any employees or agents thereof to make whatever inquiries it deems necessary of any person, educational institution or organization to verify any of the information given in my application for association as an independent contractor and to determine my qualifications and abilities. In filing this application, I declare that my answers are true, honest and correct. I understand that I will be dismissed if, after being accepted as an independent contractor, it is learned that any of my answers on this document, or any supplement thereto, or in any pre-association interview were false, misleading or incomplete.

I also authorize and request every school official, law enforcement official, governmental official, court official, and every other person, company, corporation, association, organization, institution, or entity having control of any document, record, or other information, including personal opinion or belief, pertaining to me or to my application for association as an independent contractor, to furnish the originals or copies of any documents, records, and other information to Unique Limousine or to any representative acting on its behalf, to inspect and make copies of any such documents, records or other information. I hereby release and hold harmless Unique Limousine and every aforementioned entity which shall comply with the foregoing authorization and request, from any and all liability of whatsoever nature and kind that might arise as a result of this background inquiry. I understand and agree that information obtained from the above sources will not be made available by Unique Limousine to me or to anyone representing me without express written consent of the third party source. I am willing that a copy of this document be accepted with the same authority as the original.

If I am accepted as an independent contractor, I agree to obey all rules, regulations and policies, either written or oral, of Unique Limousine. I further agree that if I am offered independent contractor status, I will be an independent contractor at-will and Unique Limousine may subsequently terminate my independent contractor relationship at any time at its discretion, with or without cause.

I understand that as part of the procedure for processing independent contractor applications, or at various times during any periods of independent contractor relationship with Unique Limousine, a consumer report and/or consumer investigative report may be made. I authorize Unique Limousine to make whatever inquiries it deems necessary in connection with this independent contractor application or in the course of review of my status. I authorize and instruct any person, organization, or consumer reporting agency to compile and furnish to Unique Limousine any information it may have or obtain in response to such consumer inquiries or investigative consumer inquiries (which may include information as to credit, general reputation, personal characteristics, and mode of living) and which may be obtained through personal interviews with neighbors, friends, or others with whom I am acquainted. I agree that the same shall remain Unique Limousine property whether or not independent contractor opportunity is extended. I understand I have the right to request that Unique Limousine completely and accurately disclose to me the nature and scope of any investigation requested and that such a request must be submitted to Unique Limousine in writing.

I authorize Unique Limousine to supply my independent contractor record, in whole or in part, and without disclosure to me, to any perspective employer, governmental agency, or other party, with an interest that is not illegal or improper.

I hereby acknowledge that I have read the above statement and understand the same.

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

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

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

\*\*\*Independent Contractor Application is not considered completed in full unless it is read in its entirety and signed above. Without being completed in full, this application will not be processed for potential association.

# UNIQUE LIMOUSINE

## INDEPENDENT CONTRACTOR 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.			Desired Salary		
Position Applied for	Independent Contractor/Chauffeur								
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 with or for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a crime?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

**\*\*Any Criminal background is against Company Policy, and we are unable to proceed with your application\*\***

### EDUCATION

High School				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

### REFERENCES

*Please list three professional references.*

Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									

**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 commercial motor vehicle\* intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		MO. YR.	MO. YR.
CITY	STATE ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER	SALARY/WAGE	
REASON FOR LEAVING			

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

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 40? YES \_\_\_\_\_ NO \_\_\_\_\_

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		MO. YR.	MO. YR.
CITY	STATE ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER	SALARY/WAGE	
REASON FOR LEAVING			

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

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 40? YES \_\_\_\_\_ NO \_\_\_\_\_

EMPLOYER		DATE	
NAME		FROM	TO
ADDRESS		MO. YR.	MO. YR.
CITY	STATE ZIP	POSITION HELD	
CONTACT PERSON	PHONE NUMBER	SALARY/WAGE	
REASON FOR LEAVING			

WERE YOU SUBJECT TO THE FMCSRS WHILE EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

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 40? YES \_\_\_\_\_ NO \_\_\_\_\_

\*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 more than 8 passengers (including the driver), OR (3) is on any size and is used to transport hazardous materials in a quantity requiring placarding.

**MILITARY SERVICES**

Branch: \_\_\_\_\_ Rank of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

If other than honorable, explain:

**MISCELLANEOUS**

What did you like most/least about your previous positions?

What valuable qualities do you feel you could bring to our Company and Clients?

Do you have any limitations that preclude you from performing the essential functions of a Chauffeur? If so please describe:

# **DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR CHAUFFEUR POSITION PURPOSES**

Please Read Carefully Before Signing the Authorization

## **DISCLOSURE**

In considering you for the chauffeur position and, if you are accepted, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, UNIQUE LIMOUSINE SERVICES, INC., (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

For explanation purposes:

- A “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making any decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- An “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for chauffeur purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

## **AUTHORIZATION**

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for a chauffeur position and, if I am accepted, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in any decision about me.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact my current employer for Employment and Reference Verifications.

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or reference in the Employment/reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# Personal Data

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Last Name

---

First Name

---

Middle Name

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Current Address

---

Dates Lived Here

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Addresses for the Past Seven Years: (include Street, city, state, zip code)    Dates of Residence

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Date of Birth

---

Other names Used (including maiden name)

---

Years Used

---

Social Security Number

---

Driver's License #

---

State

---

Email address (may be used for official correspondence)

I have the right to make a request to **Intellicorp Records, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.** has previously furnished within the two year period preceding my request.

I certify that all of the elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection for a chauffeur position and my discharge from the same.

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Printed Name

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Applicant Signature

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Date



**ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)IF NON, WRITE NONE.**

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

**TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS(OTHER THAN PARKING VIOLATIONS) IF NON, WRITE NONE.**

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

**EXPERIENCE AND QUALIFICATIONS- DRIVER**

**Driver licenses or permits held in the past 3 years**

STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXP. DATE

A. HAVE YOU EVER BEEN DENIED A LICENSE, PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_

B. HAS ANY LICENSE, PERMIT OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS.

**DRIVING EXPERIENCE CHECK YES OR NO**

CLASS EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y)	DATES TO (M/Y)
STRAIGHT TRUCK YES _____ NO _____	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR AND SEMI-TRAILOR YES _____ NO _____	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - TWO TRAILERS YES _____ NO _____	(VAN, TANK, FLAT, DUMP, REFER)		
TRACTOR - THREE TRAILERS YES _____ NO _____	(VAN, TANK, FLAT, DUMP, REFER)		
MOTORCOACH - SCHOOL BUS MORE THAN 8 PASS. YES ___ NO ____			
MOTORCOACH - SCHOOL BUS MORE THAN 15 PASS. YES ___ NO ____			
OTHER			

LIST STATES OPERATED IN FOR LAST FIVE YEARS:

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: \_\_\_\_\_

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? \_\_\_\_\_

**EXPERIENCE AND QUALIFICATIONS - OTHER**

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THT MAY HELP IN YOUR WORK FOR THIS COMPANY:

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

**DISCLOSURE AND SIGNATURE**

"I certify that the facts contained in this questionnaire are true and complete to the best of my knowledge and understand that, if accepted as an independent contractor, falsified statements on this questionnaire shall be grounds of the professional relationship. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment, or contractor status, and any pertinent information they may have personal or otherwise, and release all parties from all liability for any damage that my resulet from furnishing same to you. i understand and agree that, if accepted as and independent contractor, my association is for no definite period and may, regardless of the date of payment for services rendered, be terminated at any time without any prior notice. I understand that passing a drug abd akcohol screen, administered by a company of the company's choic, is a condition of association, I also understand that the comapny has a zero tolerance policy regarding drugs and alcohol, and that all independent contractors are subject to random drug and slcohol screening."

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