



EXECUTIVE  
LAS ♦ VEGAS



Thank you for your interest in our Company and for submitting an application.

Due to the high level of interest, we will not be able to interview every applicant. A review of each application will be made to determine who will be invited to come for an interview.

We appreciate your patience, and hope you can understand our desire to ensure that every applicant receives full consideration.

We will contact you should we decide to proceed with scheduling an interview.

*Thank  
you*

Human Resources Department  
email: [HR@executivelasvegas.com](mailto:HR@executivelasvegas.com)  
fax: 702-588-7913

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Please detach this letter and retain for your records.

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Bentley Transportation Services, LLC dba Executive Coach and Carriage CPCN 1072  
Jacob Transportation Services, LLC dba Executive Las Vegas CPCN 1062, CPCN 2127  
3950 W. Tompkins Avenue, Las Vegas, NV 89103



Jacob Transportation Services, LLC dba Executive Las Vegas CPCN 1062/2127  
3950 W. Tompkins Avenue, Las Vegas, NV 89103  
Phone (702) 646-4661 - Fax (702) 588-7913  
Email: HR@executivelasvegas.com

Dear Applicant for Driver Position,

Jacob Transportation Services dba Executive Las Vegas (herein "Executive") is a business whose collective goal is the pursuit of excellence in providing the best in Transportation and Customer Service.

As a prospective Driver, you are required to completely fill out the application. Every open field must be answered. In completing your application for employment, please be advised that you must answer all inquiries truthfully and completely. Any false or misleading information given in your application or interview(s) may result in discharge, at Management's sole discretion. You are required to abide by all rules and regulations of the Company and provided several different forms regarding your prospective employment as follows:

If you are interested in a permanent position and vehicle, you may submit that request in writing. Upon approval, you will be assigned a vehicle shift. Not all Drivers are given a permanent vehicle shift.

If you have any questions regarding these guidelines, please don't hesitate to ask; we will be more than happy to help you and answer all your questions.

**QUALIFICATIONS ARE:**

- Must be at least 25 years of age
- Your driving record & background must be clean for a minimum of 5 years
- Knowledge of the city, have GPS system, or have and can read a map
- Must have a smart phone
- Must have a smart tablet
- Able to obtain a DOT Medical Examiners Certificate and Card
- Have a valid Nevada drivers license
- Able to obtain a NTA Driver Permit, pursuant to NRS 706.462
- Able to pass our written driving test (no cost)
- Able to pass our obstacle course test (no cost)
- Able to pass a pre-employment DOT drug test

All cost of these items are solely the responsibility of the applicant. Initial\_\_\_\_\_ (I understand)

**YOU WILL NEED TO OBTAIN THE FOLLOWING AND SUBMIT WITH THIS APPLICATION:**

- \*A clear copy of your current, valid Nevada drivers license
- \*A current, original DMV print out (must be from DMV or kiosk, we will not accept from online)
- \*A current, original Police Scope (must obtain at 400 S. MLK Blvd, Building C, 1<sup>st</sup> Floor)
- \*A clear copy of your valid Social Security Card
- \*A clear copy of your valid INS card (if applicable)
- \*A clear copy of all citations and violations by the Nevada Transportation Authority (NTA) received within the last 12months (if applicable)

All cost of these items are solely the responsibility of the applicant. Applications will not be accepted without the above required documentation.

Please provide the information required. Any application that has incomplete information or omitted information that is deemed material by Management, may result in the rejection of your application.

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.

**DOCUMENTS SUBMITTED WILL BECOME PROPERTY OF EXECUTIVE. MAKE COPIES FOR YOUR OWN RECORDS. NONE OF THE DOCUMENTS WILL BE RETURNED ONCE SUBMITTED, REGARDLESS OF THE OUTCOME.**

DRIVING POSITION APPLING FOR: \_\_\_\_\_

All applicants that are offered a Driver position with Executive are required to complete training course before you are allowed to drive one of our vehicles. You must pass this course for continued employment.

The policy of Executive is to maintain a working environment that is safe for all employees, customers, and the general public. Job performance is critical to the safety of all employees, customers, and the general public. We must make every effort to maintain the highest standards of safety, quality, and reliability. All Drivers are required to follow and know all NTA rules and regulations.

Training will be conducted by a qualified instructor(s). This training course instructor will employ the principles of learning (participation, repetition, relevance, transference, location via actually sighting of the locations, ride along, and feedback) and will be supported by formal classroom course, going over Executive policy and procedures at that time.

Another alternative we offer is the option of taking extensive testing through Executive. You will be required to have a 95% accuracy rate on questions regarding your knowledge of Executive Policy & Procedures, Executive Standards of Conduct, NTA Regulations, Company Safety Procedures, Vehicle Inspections, Vehicle Pricing, Radio Procedures, etc.

Upon acceptance of your application from Executive, you will be asked which of the above options you choose.

Please check one of the below:

\_\_\_\_\_ Free Driver training in which you will learn the skills to be a successful Driver.

\_\_\_\_\_ Extensive testing from Executive which must be passed with 95% accuracy or higher.

Print Name: \_\_\_\_\_

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

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



## **POLICY OF GENERAL ASSIGNABILITY OF VEHICLES AND INTERSTATE TRANSPORTATION TRIPS**

All Drivers of Executive reasonably can be expected to provide one or more of the trips that involve interstate transportation. These interstate trips are distributed generally throughout the year and their performance is shared indiscriminately by the drivers and is mingled with the performance of other like driving services rendered by them. These trips are a natural, integral, and inseparable part of the service provided by Executive.

All Drivers of Executive are assigned to vehicles as determined by the employer. The employer reserves the right to, and depending on the circumstances, does assign drivers to any of the vehicles used by Executive. This includes, among other vehicles, sedans, six-pack limousines, ten-pack limousines, SUV, SUV limousines, shuttle buses, and any other vehicles used by Executive.

We reserve the right to require you to obtain a commercial drivers license in order to provide transportation in certain vehicles used by Executive.

I have read and understand the above Assignability of Vehicles and Interstate Transportation Trips.

Print Name: \_\_\_\_\_

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

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

## **ACKNOWLEDGMENT AND UNDERSTANDING OF NTA DRIVER PERMIT**

The NTA Driver Permit is a mandatory requirement of all motor carrier company drivers in order to work. Applying for an NTA Driver Permit is required in the hiring process at Executive Las Vegas, and Executive is authorized by the NTA to start employment with the receipt of your Application to the NTA, however, understand that the acceptance or denial by the NTA may come at any time after start of employment; and if the NTA denies your application for the NTA Driver Permit then you understand that you will not be able to perform the job duties, not only with Executive but for any professional motor carrier company, and your employment with Executive will end.

I have read and understand the above Acknowledgment and Understanding of NTA Driver Permit.

Print Name: \_\_\_\_\_

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

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



As a prospective employee for Executive, we are asking if you have been previously employed by either Executive Las Vegas or Executive Coach & Carriage. Please check one of the following:

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list dates and reason you left Executive Las Vegas or Executive Coach & Carriage.

<u>From</u>	<u>To</u>	<u>Reason for Leaving</u>
_____	_____	_____
_____	_____	_____

As a prospective Driver for Executive, it is required that you report any NTA violations that you have received in the 10 years prior. Failure to do so will result in a rescinding of our offer of employment.

<u>Date</u>	<u>Violation</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Print Name: \_\_\_\_\_

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

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

# EXECUTIVE LAS VEGAS IS AN EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER

Executive Las Vegas understands the value of creating a diverse and well qualified workforce that mirrors the demographics of the communities we serve.

Executive Las Vegas firmly supports Equal Employment Opportunity (EEO) and Affirmative Action for all colleagues and applicants. Executive Las Vegas makes all employment decisions and conducts its employment practices without regard to race, color, creed, age, religion, sex (including pregnancy), national origin, physical or mental disability, medical condition, sexual orientation, gender identity, veteran status, marital status, military status, predisposing genetic characteristics, or any other category protected by law. Executive Las Vegas also supports and takes Affirmative Action to employ and advance in employment qualified women, minorities, protected veterans and qualified individuals with disabilities.



EXECUTIVE  
LAS ♦ VEGAS

Quite Simply the Best

Initial \_\_\_\_\_ Date \_\_\_\_\_

# EMPLOYEE RIGHTS

## UNDER THE FAIR LABOR STANDARDS ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

### FEDERAL MINIMUM WAGE

**\$7.25 PER HOUR**

**BEGINNING JULY 24, 2009**

#### OVERTIME PAY

At least 1½ times your regular rate of pay for all hours worked over 40 in a workweek.  
*State minimums and overtime Laws to not apply to drivers.*

#### CHILD LABOR

An employee must be at least 16 years old to work in most non-farm jobs and at least 18 to work in non-farm jobs declared hazardous by the Secretary of Labor.

Youths 14 and 15 years old may work outside school hours in various non-manufacturing, non-mining, non-hazardous jobs under the following conditions:

*No more than*

- 3 hours on a school day or 18 hours in a school week;
- 8 hours on a non-school day or 40 hours in a non-school week.

Also, work may not begin before 7 a.m. or end after 7 p.m., except from June 1 through Labor Day, when evening hours are extended to 9 p.m. Different rules apply in agricultural employment.

#### TIP CREDIT

Employers of “tipped employees” must pay a cash wage of at least \$2.13 per hour if they claim a tip credit against their minimum wage obligation. If an employee’s tips combined with the employer’s cash wage of at least \$2.13 per hour do not equal the minimum hourly wage, the employer must make up the difference. Certain other conditions must also be met.

#### ENFORCEMENT

The Department of Labor may recover back wages either administratively or through court action, for the employees that have been underpaid in violation of the law. Violations may result in civil or criminal action.

The Department of Labor may recover back wages either administratively or through court action, for the employees that have been underpaid in violation of the law. Violations may result in civil or criminal action. Employers may be assessed civil money penalties of up to \$1,100 for each willful or repeated violation of the minimum wage or overtime pay provisions of the law and up to \$11,000 for each employee who is the subject of a violation of the Act’s child labor provisions. In addition, a civil money penalty of up to \$50,000 may be assessed for each child labor violation that causes the death or serious injury of any minor employee, and such assessments may be doubled, up to \$100,000, when the violations are determined to be willful or repeated. The law also prohibits discriminating against or discharging workers who file a complaint or participate in any proceeding under the Act.

#### ADDITIONAL INFORMATION

- Certain occupations and establishments are exempt from the minimum wage and/or overtime pay provisions.
- Special provisions apply to workers in American Samoa and the Commonwealth of the Northern Mariana Islands.
- Some state laws provide greater employee protections; employers must comply with both.
- The law requires employers to display this poster where employees can readily see it.

- Employees under 20 years of age may be paid \$4.25 per hour during their first 90 consecutive calendar days of employment with an employer.
- Certain full-time students, student learners, apprentices, and workers with disabilities may be paid less than the minimum wage under special certificates issued by the Department of Labor.

For additional information:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**WWW.WAGEHOUR.DOL.GOV**

**EMPLOYEE RIGHTS**

**Under The Fair Labor Standards Act**

**THE UNITED STATES DEPARTMENT OF LABOR WAGE  
AND HOUR DIVISION**

**WHD U.S. Wage and Hour Division**

U.S. Department of Labor Wage and Hour Division  
WHD Publication 1088 (Revised July 2009)

INITIAL \_\_\_\_\_

DATE \_\_\_\_\_



# EMPLOYEE RIGHTS

## RULES TO BE OBSERVED BY EMPLOYERS

EVERY EMPLOYER SHALL POST AND KEEP CONSPICUOUSLY POSTED IN OR ABOUT THE PREMISES WHEREIN ANY EMPLOYEE IS EMPLOYED THIS ABSTRACT OF THE NEVADA WAGE AND HOUR LAWS (NRS 608)

PLEASE NOTE: Every person, firm, association or corporation, or any agent, servant, employee or officer of any such firm, association or corporation, violating any of these provisions is guilty of a misdemeanor.

The legislature hereby finds and declares that the health and welfare of workers and the employment of persons in private enterprises in this state are of concern to the state and the health and welfare of persons required to earn their livings by their own endeavors require certain safeguards as to hours of service, working conditions and compensation therefore.

1. Discharge of employee: Whenever an employer discharges an employee, the wages and compensation earned and unpaid at the time of such discharge shall become due and payable immediately.
2. Quitting employee: Whenever an employee resigns or quits his employment, the wages and compensation earned and unpaid at the time of his resignation or quitting must be paid no later than the day on which he would have regularly been paid or 7 days after he resigns or quits, whichever is earlier.
3. An employer shall not employ an employee for a continuous period of 8 hours without permitting the employee to have a meal period of at least one-half hour. No period of less than 30 minutes interrupts a continuous period of work.
4. Every employer shall authorize and permit covered employees to take rest periods, which, insofar as practicable, shall be in the middle of each work period. The duration of the rest periods shall be based on the total hours worked daily at the rate of 10 minutes for each 4 hours or major fraction thereof. Authorized rest periods shall be counted as hours worked, for which there shall be no deduction from wages.
5. Effective July 1, 2010 each employer shall pay a wage to each employee of not less than \$7.25 per hour worked if the employer provides health benefits, or \$8.25 per hour if the employer does not provide health benefits. Offering health benefits means making health insurance available to the employee for the employee and the employee's dependents at a total cost to the employee for premiums of not more than 10 percent of the employee's gross taxable income from the employer. Tips or gratuities received by employees shall not be credited as being any part of or offset against the minimum wage rates.
6. A part of wages or compensation may, if mutually agreed upon by an employee and employer in the contract of employment, consist of meals. In no case shall the value of the meals consumed by such employee be computed or valued at more than 35 cents for each breakfast actually consumed, 45 cents for each lunch actually consumed and 70 cents for each dinner actually consumed.
7. An employer shall pay 1 1/2 times an employee's regular wage rate whenever an employee whose wage rate is less than 1 1/2 times the minimum rate prescribed pursuant to the Constitution of the State of Nevada: (a) Works more than 40 hours in any scheduled week of work; or (b) Works more than 8 hours in any workday unless by mutual agreement the employee works a scheduled 10 hours per day for 4 calendar days within any scheduled week of work.  
An employer shall pay 1 1/2 times an employee's regular wage rate whenever an employee whose wage rate is 1 1/2 times or more than the minimum rate prescribed pursuant to the Constitution, works more than 40 hours in any scheduled week of work.  
The above provisions do not apply to: (a) Employees who are not covered by the minimum wage provisions of the Constitution (b) Outside buyers; (c) Employees in a retail or service business if their regular rate is more than 1 1/2 times the minimum wage, and more than half their compensation for a representative period comes from commissions on goods or services, with the representative period being, to the extent allowed pursuant to federal law, not less than one month; (d) Employees who are employed in bona fide executive, administrative or professional capacities; (e) Employees covered by collective bargaining agreements which provide otherwise for overtime; (f) Drivers, drivers' helpers, loaders and mechanics for motor carriers subject to the Motor Carrier Act of 1935, as amended; (g) Employees of a railroad; (h) Employees of a carrier by air; (i) Drivers or drivers' helpers making local deliveries and paid on a trip-rate basis or other delivery payment plan; (j) Drivers of taxicabs or limousines; (k) Agricultural employees; (l) Employees of business enterprises having a gross sales volume of less than \$250,000 per year; (m) Any salesman or mechanic primarily engaged in selling or servicing automobiles, trucks or farm equipment; and (n) A mechanic or workman for any hours to which the provisions of subsection 3 or 4 of [NRS 338.020](#) apply.
8. Every employer shall establish and maintain records of wages for the benefit of his employees, showing for each pay period the following information for each employee: (a) Gross wage or salary; (b) Deductions; (c) Net cash wage or salary; (d) Total hours employed in the pay period by noting the number of hours per day; (e) Date of payment.

9. Wages must be paid semimonthly or more often.

10. Every employer shall establish and maintain regular paydays and shall post a notice setting forth those regular paydays in 2 conspicuous places. *After an employer establishes regular paydays and the place of payment, the employer shall not change a regular payday or the place of payment unless, not fewer than 7 days before the change is made, the employer provides the employees affected by the change with written notice in a manner that is calculated to provide actual notice of the change to each such employee.*

11. It is unlawful for any person to take all or part of any tips or gratuities bestowed upon his employees. Nothing contained in this section shall be construed to prevent such employees from entering into an agreement to divide such tips or gratuities among themselves.

12. An employer may not require an employee to rebate, refund or return any part of his or her wage, salary or compensation. Also, an employer may not withhold or deduct any portion of such wages unless it is for the benefit of, and authorized by written order of the employee. Further, **it is unlawful for any employer who has the legal authority to decrease the wage, salary or compensation of an employee to implement such a decrease unless:**

*(a) Not less than 7 days before the employee performs any work at the decreased wage, salary or compensation, the employer provides the employee with written notice of the decrease; or*

*(b) The employer complies with the requirements relating to the decrease that are imposed on the employer pursuant to the provisions of any collective bargaining agreement or any contract between the employer and the employee.*

13. All uniforms or accessories distinctive as to style, color or material shall be furnished, without cost, to employees by their employer. If a uniform or accessory requires a special cleaning process, and cannot be easily laundered by an employee, such employee's employer shall clean such uniform or accessory without cost to such employee.

*For additional information or exceptions, contact the Nevada State Labor Commissioner: Carson City 775-687-4850 or Las Vegas 702-486-2650  
TOLL FREE: 1-800-992-0900 Ext. 4850      Internet: [www.LaborCommissioner.com](http://www.LaborCommissioner.com)*

**JIM GIBBONS**  
Governor  
State of Nevada

**MICHAEL TANCHEK**  
Nevada Labor Commissioner

**DIANNE CORNWALL**  
Director  
Nevada Department of Business & Industry

**REVISED 7-1-2010**

INITIAL \_\_\_\_\_

DATE \_\_\_\_\_

# EQUAL EMPLOYMENT OPPORTUNITY IS THE LAW

## Private Employers, State and Local Governments, Educational Institutions, Employment Agencies and Labor Organizations

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under Federal law from discrimination on the following bases:

### RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN

Title VII of the Civil Rights Act of 1964, as amended, protects applicants and employees from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex (including pregnancy), or national origin. Religious discrimination includes failing to reasonably accommodate an employee's religious practices where the accommodation does not impose undue hardship.

### DISABILITY

Title I and Title V of the Americans with Disabilities Act of 1990, as amended, protect qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship.

### AGE

The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination based on age in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment.

### SEX (WAGES)

In addition to sex discrimination prohibited by Title VII of the Civil Rights Act, as amended, the Equal Pay Act of 1963, as amended, prohibits sex discrimination in the payment of wages to women and men performing substantially equal work, in jobs that require equal skill, effort, and responsibility, under similar working conditions, in the same establishment.

### GENETICS

Title II of the Genetic Information Nondiscrimination Act of 2008 protects applicants and employees from discrimination based on genetic information in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. GINA also restricts employers' acquisition of genetic information and strictly limits disclosure of genetic information. Genetic information includes information about genetic tests of applicants, employees, or their family members; the manifestation of diseases or disorders in family members (family medical history); and requests for or receipt of genetic services by applicants, employees, or their family members.

### RETALIATION

All of these Federal laws prohibit covered entities from retaliating against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful employment practice.

## WHAT TO DO IF YOU BELIEVE DISCRIMINATION HAS OCCURRED

There are strict time limits for filing charges of employment discrimination. To preserve the ability of EEOC to act on your behalf and to protect your right to file a private lawsuit, should you ultimately need to, you should contact EEOC promptly when discrimination is suspected:

The U.S. Equal Employment Opportunity Commission (EEOC), 1-800-669-4000 (toll-free) or 1-800-669-6820 (toll-free TTY number for individuals with hearing impairments). EEOC field office information is available at [www.eeoc.gov](http://www.eeoc.gov) or in most telephone directories in the U.S. Government or Federal Government section. Additional information about EEOC, including information about charge filing, is available at [www.eeoc.gov](http://www.eeoc.gov).

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## Employers Holding Federal Contracts or Subcontracts

Applicants to and employees of companies with a Federal government contract or subcontract are protected under Federal law from discrimination on the following bases:

### **RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN**

Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

### **INDIVIDUALS WITH DISABILITIES**

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

### **DISABLED, RECENTLY SEPARATED, OTHER PROTECTED, AND ARMED FORCES SERVICE MEDAL VETERANS**

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

### **RETALIATION**

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws. Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at [OFCCP-Public@dol.gov](mailto:OFCCP-Public@dol.gov), or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

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## Programs or Activities Receiving Federal Financial Assistance

### **RACE, COLOR, NATIONAL ORIGIN, SEX**

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, prohibits employment discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of the employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

### **INDIVIDUALS WITH DISABILITIES**

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

INITIAL\_\_\_\_\_

DATE\_\_\_\_\_

*EEOC 9/02 and OFCCP 8/08 Versions Useable With 11/09 Supplement  
EEOC-P/E-1 (Revised 11/09)*



## FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Sections 604(b) (2) (a) of the Fair Credit Reporting Act, Public Law 91-508 as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208) you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Section 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

Print full name: \_\_\_\_\_ Date: \_\_\_\_\_

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

SUPPLEMENT FORM

Company Name Executive Las Vegas CPCN 1062/2127

**Administrative Regulation NRS616B.578(4)**

Reimbursement of Association or Self-Insured Public or Private Employers for cost of additional compensation resulting from subsequent injury.

Applicant Name \_\_\_\_\_  
Last First MI

Application Date \_\_\_\_\_ Job Title DRIVER

Current or Prior Military Yes \_\_\_\_\_ No \_\_\_\_\_ Service Date(s) \_\_\_\_\_

Are you currently taking any medication prescribed by a physician, or otherwise, which might impair or limit your ability to perform your job? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a condition that may require assistance to perform your job? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently under treatment with a physician for any medical condition? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been off from work due to a medical condition, illness or injury? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever filed a workers compensation claim? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involved in a motor vehicle accident? Yes \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_

Have you ever been convicted of driving under the influence in any state (Nevada or Other)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Please complete the following:

Drivers License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on License \_\_\_\_\_ State Issued \_\_\_\_\_

***I certify that the answers given herein are true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for is cause for dismissal.***

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

Employer Representative \_\_\_\_\_ Date \_\_\_\_\_

# APPLICATION FOR EMPLOYMENT

COMPANY NAME Executive Las Vegas CPCN 1062 CPCN 2127

COMPANY ADDRESS 3950 W. Tompkins Avenue, Las Vegas, Nevada 89103

NAME \_\_\_\_\_  
First Middle Maiden (if any) Last

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

### Previous Three Years Residency (attach sheet if more space is needed)

Street	City	State	Zip	Number of Years
Street	City	State	Zip	Number of Years
Street	City	State	Zip	Number of Years

### License Information

Section 383.212 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State \_\_\_\_\_ License Number \_\_\_\_\_ Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

A. Have you ever been denied license, permit, or privilege to operate a motor vehicle? [ ]Yes [ ]No  
 If yes, give details \_\_\_\_\_

B. Has any license, permit, or privilege ever been suspended or revoked? [ ]Yes [ ]No  
 If yes, give details \_\_\_\_\_

### Driving Experience

If no driving experience – check here [ ]

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Circle all that apply)	DATES		APPROXIMATE NUMBER OF MILES
		FROM	TO	
Straight Truck	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor & Semi-Trailer	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Two Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Tractor – Three Trailers	Van, Reefer, Tank, Flat	_____	_____	_____
Motorcoach – School Bus (greater than 8 passengers)	N/A	_____	_____	_____
Motorcoach – School Bus (greater than 15 passengers)	N/A	_____	_____	_____
Other: _____	Van, Reefer, Tank, Flat	_____	_____	_____

**OR**

### Accident History (past 3 years or more)

(attach sheet if more space is needed)  
 If no accidents – check here [ ]

DATE (month/year)	NATURE OF ACCIDENT (head-on, rear-end, upset, etc.)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIALS SPILL?
_____	_____	_____	_____	[ ]YES [ ]NO
_____	_____	_____	_____	[ ]YES [ ]NO



**Traffic Convictions and Forfeitures (past 3 years) – (other than parking violations)**

(attach sheet if more space is needed)

If no traffic convictions and/or forfeitures – check here [ ]

DATE CONVICTED (month/year)	VIOLATION (other than violations involving parking only)	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT RECORD**

(attach sheet if more space is needed)

All applicants wishing to drive intrastate/interstate commerce must provide the following information on all employers during the preceding three (3) years. You must give the same information for all employers for whom you have driven a commercial vehicle seven (7) years prior to the initial three (3) years (total of ten (10) year employment record). **You are required to list the complete mailing address: street number and name, city, state and zip code.**

CURRENT OR LAST EMPLOYER: Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)  
Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? [ ]Yes [ ]No

Was your job designated as a safety-sensitive function in an DOT-regulated made subject to the drug and alcohol testing requirements of 49 CFR Part 40? [ ]Yes [ ]No

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

SECOND LAST EMPLOYER: Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)  
Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? [ ]Yes [ ]No

Was your job designated as a safety-sensitive function in an DOT-regulated made subject to the drug and alcohol testing requirements of 49 CFR Part 40? [ ]Yes [ ]No

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

THIRD LAST EMPLOYER: Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
(month/year) (month/year)  
Reasons for Leaving \_\_\_\_\_

Were you subject to the Federal Motor Carrier Safety Regulations\*\* while employed? [ ]Yes [ ]No

Was your job designated as a safety-sensitive function in an DOT-regulated made subject to the drug and alcohol testing requirements of 49 CFR Part 40? [ ]Yes [ ]No

\*ACCOUNT FOR PERIOD BETWEEN JOBS – Include dates (month/year) and reason \_\_\_\_\_

\*Any gaps in employment and/or unemployment **must be explained**. Include dates (month/year) and reason.

\*\*The Federal Motor Carrier Safety Regulations 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 or 10,001 pounds or more; (2) is designed or used to transport more than 8 passengers (including the driver) for compensation; or (3) is designed or used to transport more than 15 passengers (including the driver) and is not used to transport passengers for compensation; or (4) is of an size and is used to transport hazardous materials in a quantity requiring placarding.

**TO BE READ AND SIGNED BY APPLICANT**

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history 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.

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 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(d) and (e). I understand that I have the right to:

- Review information provided by current/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; and
- 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."

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

**Conviction Information**

Have you been convicted, paid a fine or forfeited bail for any violation or been assigned to an alcohol education program in the past 36 months? [ ]Yes [ ]No

If yes, complete the following:

Date of Fine	City, State of Fine	Reason for Fine

Have you ever been convicted of a felony, any crime or been arrested for any reason? [ ]Yes [ ]No  
If yes; please describe:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Educational Background**

Name of School:	City and State:	Course or Major:	Highest Level Completed:
Name of School:	City and State:	Course or Major:	Highest Level Completed:
Name of School:	City and State:	Course or Major:	Highest Level Completed:

**Special Skills**

List all special skills/qualifications you possess. If you speak a language other than English, please indicated what language and how fluently.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



Jacob Transportation Services, LLC  
dba Executive Las Vegas CPCN 1062/2127  
3950 W. Tompkins Avenue

Las Vegas, NV 89103

### PREVIOUS EMPLOYMENT VERIFICATION

I have applied for a Driver position with Executive Las Vegas and have authorized the Company or its designated representative to request any written or oral information from current and previous employers, supervisors, professional, and character references. I have also agreed to not hold Executive Las Vegas and its employees, as well as previous employers, supervisors, professional, and character references harmless as to any information provided. I have also waived any right to inspect and review the Confidential Reference form and all other materials requested and/or submitted on a confidential basis in regards to the application submitted as stipulated in Chapter 613 of the Nevada Revised Statutes (NRS 613.075)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Hereby Authorize*

**STOP!! DO NOT complete any information beyond this point.  
The rest of the information is to be completed by Executive and Previous Employer ONLY!**

---

APPLICANT NAME (PRINT) \_\_\_\_\_

POSITION APPLYING FOR: \_\_\_\_\_

REFERENCE ADDRESS AND COMPANY NAME: \_\_\_\_\_

ATTN: Human Resources Dept.

Chapter 42 of the Nevada Revised Statutes (NRS 41.755) states, in part, an employer who at the request of present or past employee, discloses employment history to a prospective employer is immune from civil liability for such disclosure and its consequences. This immunity **does not** apply to an employer who (a) acted with malice or ill will; (b) disclosed information believed inaccurate information; (c) disclosed information known to be wrong; (d) recklessly or intentionally disclosed inaccurate information; (e) deliberately disclosed misleading information; or (f) disclosed information in violation of law or in violation of an agreement with the employee.

References are required for this candidate to be further considered. For this reason, we respectfully request that references be returned to Executive Las Vegas as soon as possible. Again, to expedite processing, **you may fax this form to (702) 588-7913.** Thank you.

Executive Las Vegas HR Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**The pages that follow are to be completed by Executive and Previous Employer ONLY!**

**Section I TO BE COMPLETED BY EXECUTIVE LAS VEGAS (PROSPECTIVE EMPLOYER)**  
**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

Print Name: \_\_\_\_\_ Social Security: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Email: \_\_\_\_\_  
Street: \_\_\_\_\_ Phone: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_

To release and forward the information requested by section 3 of this document concerning any Alcohol and Controlled Substances Testing records within the previous 3 years from employment application date.

Hire Date \_\_\_\_\_ OR Anticipated Hire Date \_\_\_\_\_

Prospective Employer: Executive Las Vegas  
Attention: HR Department Phone: 702-646-4661  
Street: 3950 W Tompkins Avenue  
City, State, ZIP: Las Vegas, NV 89103

In compliance with §40.25 (g) and 391.23 (h), release of this information must be made in a written form that ensures confidentiality, such as a fax, email, or letter.

Prospective employer's confidential fax number: 702-588-7913  
Prospective employer's confidential email address: HR@executivelasvegas.com

This information is being requested in compliance with §40.25 (g) and 391.23.

**Section 2 TO BE COMPLETED BY PREVIOUS EMPLOYER**

**ACCIDENT HISTORY**

The applicant named above was employed by us: Yes \_\_\_\_\_ No \_\_\_\_\_

Employed as: \_\_\_\_\_ from (m/y) \_\_\_\_\_ to (m/y) \_\_\_\_\_

Did he/she drive a motor vehicle for you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes what type? **Please Specify.** \_\_\_\_\_

Indicate separation reason: Resignation \_\_\_\_\_ Termination \_\_\_\_\_ Lay Off \_\_\_\_\_ Military Duty \_\_\_\_\_

**If there is no safety performance history to report, check here and sign below.** \_\_\_\_\_

**ACCIDENTS:** Complete the following for any accidents included on your accident register (FMCSR) 390.15(b) that involved the applicant in the last **3 years** prior to the application date shown above, or check here \_\_\_\_ if there is no register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that was reported to the government agencies, insurers or retained under internal company policies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other remarks: \_\_\_\_\_

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

**Section 3 TO BE COMPLETED BY PREVIOUS EMPLOYER**

**DRUG AND ALCOHOL HISTORY**

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here \_\_\_\_\_, fill in the dates of employment from \_\_\_\_\_ to \_\_\_\_\_, complete bottom of section 3, sign and return.

Driver was subject to Department of Transportation testing requirements from (M/Y) \_\_\_\_\_ to (M/Y)\_\_\_\_\_

\*Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?\_\_\_\_\_

\*Has this person tested positive or adulterated or substituted a test specimen for controlled substances?\_\_\_\_\_

\*Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or Controlled Substance Test?\_\_\_\_\_

\*If this person has violated a **DOT** drug and alcohol regulation, did this person complete a **SAP** prescribed rehabilitation program in you employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.\_\_\_\_\_

\*For the driver who successfully completed a **SAP** rehabilitation referral and remained in your employ did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?\_\_\_\_\_

In answering these questions, include any **DOT** drug or alcohol testing information obtained from previous employers in the previous 3 years to the application date shown on section 1.

Section 3 completed by:

Print Name:\_\_\_\_\_

Company:\_\_\_\_\_

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

City:\_\_\_\_\_ State:\_\_\_\_\_ ZIP:\_\_\_\_\_

Telephone:\_\_\_\_\_ Fax:\_\_\_\_\_

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

**Section 4 TO BE COMPLETED BY EXECUTIVE LAS VEGAS (PROSPECTIVE EMPLOYER)**

This form was: [ ]Faxed [ ]Mailed [ ]Emailed [ ]Other\_\_\_\_\_ to previous employer.

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

**Section 5 TO BE COMPLETED BY EXECUTIVE LAS VEGAS (PROSPECTIVE EMPLOYER)**

Complete below when information is obtained.

Method of which information was received: [ ]Faxed [ ]Mailed [ ]Emailed [ ]Other

Recorded by:\_\_\_\_\_ Date:\_\_\_\_\_