



EMPLOYMENT APPLICATION

Non-Driving Positions

JACOB TRANSPORTATION SERVICES, LLC DBA EXECUTIVE LAS VEGAS CPCN 1062/2127
 3950 W. TOMPKINS AVE., LAS VEGAS, NV 89103
 P [702] 646-4661 F [702] 702-588-7913

An equal opportunity employer

Date of Application: _____ Position Applying for: _____

Please complete application and submit with clear copy of your drivers license, social security card, and INS card (if applicable).

BACKGROUND INFORMATION

PLEASE PRINT

Name: _____ Email: _____

Social Security No.: _____ Date of Birth: _____

Telephone No.: _____ Cell Phone No.: _____

Present Address: _____ ZIP: _____
(ADDRESS HISTORY MUST GO BACK 3-YEARS)

How Long? _____

Previous Address: _____ ZIP: _____

How Long? _____

Previous Address: _____ ZIP: _____

How Long? _____

GENERAL INFORMATION

IF YOU ARE NOT A CITIZEN of the United States, do you have the legal right to remain and work in the U.S.? YES NO ALIEN or VISA REGISTRATION NUMBER: _____

Have you ever worked for us before? YES NO

If YES, when? _____

List any relatives working for us, including relationship: _____

If referred: Name: _____

PREVIOUS EMPLOYMENT

5 Years Previous Employment History Required. Start with most recent. Any gaps in employment/unemployment must be explained. Below left blank or See Attached will NOT be acceptable.

Company Name: _____ Start Date: _____

Street Address: _____ End Date: _____

City/State/ZIP: _____ Job Title: _____

Name of Supervisor: _____ Title: _____

May we contact your supervisor? YES NO Phone: _____

Description of work: _____

Reason for leaving: _____

Company Name: _____ Start Date: _____

Street Address: _____ End Date: _____

City/State/ZIP: _____ Job Title: _____

Name of Supervisor: _____ Title: _____

May we contact your supervisor? YES NO Phone: _____

Description of work: _____

Reason for leaving: _____

Company Name: _____ Start Date: _____

Street Address: _____ End Date: _____

City/State/ZIP: _____ Job Title: _____

Name of Supervisor: _____ Title: _____

May we contact your supervisor? YES NO Phone: _____

Description of work: _____

Reason for leaving: _____

MILITARY

Branch of U.S. Military Service: _____

Rank at discharge: _____

Dates served: from _____ to _____

Brief description of military duties: _____

Special Training or Awards: _____

EMPLOYMENT REFERENCES

Name: _____ Relationship: _____

Address: _____ Phone No.: _____

Name: _____ Relationship: _____

Address: _____ Phone No.: _____

Name: _____ Relationship: _____

Address: _____ Phone No.: _____

CONVICTION INFORMATION

Have you been convicted, paid a fine, or forfeited bail for any violation 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
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_____	_____	_____	_____
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_____	_____	_____	_____
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SPECIAL SKILLS

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

APPLICATION ACKNOWLEDGEMENT

Please initial each statement below.

_____ I hereby understand and authorize Executive to thoroughly investigate work records, education, driver records, credit history, criminal background, and other matters related to my suitability for employment.

_____ Further, I authorize and understand that Executive may do periodic checks of the above mentioned items.

_____ I understand that nothing in this application or conveyed during an interview is intended to create an employment contract other than one that is "at will". I understand and agree that if I am employed with Executive; my employment will be of an "at will" nature, whereby either the employer or the employee may terminate the employment at any time with or without cause or notice.

_____ I understand that I must pass a pre-employment drug test, and understand that I may be required to undergo drug testing at anytime while employed, and my refusal to submit to a drug test may lead to termination of employment. All cost of these items are solely the responsibility of the applicant.

_____ If offered a position with the Company, I hereby agree to conform to the terms of the Employee Handbook and any other policies and procedures that are reasonable of the Company when requested.

APPLICATION CERTIFICATION

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Applicant Signature: _____ Date: _____

Print Name: _____

ARBITRATION

It is understood that Executive and Employee agree to use binding arbitration, instead of going to court or resort to court process for any “Covered Claims” that arise or have arisen between Employee and Executive, Executive’s related and affiliated companies, all Executive’s owners, managers, and/or any current or former Executive Employee or a related or affiliated company. Employee understands that if Employee continues to work at Executive, Employee will be deemed to have accepted this Arbitration Agreement.

Employee acknowledges and understands that arbitration is the only litigation forum for resolving “Covered Claims”, and that both Executive and Employee are waiving the right to a trial before a judge or jury in federal or state court in favor of arbitration.

“Covered Claims” are any statutory or common law legal claims, asserted or unasserted, alleging that underpayment or overpayment of wages, expenses, loans, reimbursements, bonuses, commissions, gas or fuel expenses, advances, or any element of compensation, based on claims of eligibility for minimum wage, overtime, on the clock, off the clock or other uncompensated hours’ work claims, timing or amount of pay at separation, improper deductions of pay or paid time off, fee disputes, travel time claims, gas or fuel claims, meal or rest period claims, overpayment claims, claims for failure to reimburse or repay loans or advances, claims over improper or inaccurate pay statements, or any other claimed violation of wage-and-hour practices or procedures under local, state or federal statutory or common law.

“Covered Claims” under this Agreement do not include claims alleging discrimination, harassment, or retaliation. Also excluded from this Agreement are any claims that cannot be required to be arbitrated as a matter of law. I also understand that I am not barred from filing a claim or charge with a governmental administrative agency, such as the National Labor Relations Board or Equal Employment Opportunity Commission, or from filing a worker’s compensation or unemployment compensation claim with respect to “Covered Claims”. Though Employee is giving up the opportunity to recover monetary amounts from any such governmental agency related claim (e.g. NLRB or EEOC) and would instead be able to pursue a claim for monetary amounts through arbitration, Employee also understands that if a third party seeks to have Executive garnish Employee’s wages, Employee may be subject to third-party garnishment proceedings in court, even though such a dispute concerns Employee’s wages.

Employee agrees that any “Covered Claims” will be arbitrated only on an individual basis, and that both Executive and Employee waive the right to participate in or receive money or any other relief from any class, collective, or representative proceeding. *See Epic Sys. Corp. v. Lewis*, No. 16-285, 2018 WL 2292444 (U.S. May 21, 2018) (The United States Supreme Court held that Congress has instructed in the Federal Arbitration Act that arbitration agreements providing for individualized proceedings [instead of class or collective proceedings] must be enforced, and neither the Federal Arbitration Act’s saving clause nor the National Labor Relations Act suggests otherwise). No party may bring a claim on behalf of other individuals, and any arbitrator hearing Employee’s claim may not: (i) combine more than one individual’s claim or claims into a single case; (ii) participate in or facilitate notification of others of potential claims; or (iii) arbitrate any form of a class, collective, or representative proceeding.

Employee acknowledges the United States Supreme Court’s decision in *Epic Sys. Corp. v. Lewis*, No. 16-285, 2018 WL 2292444 (U.S. May 21, 2018) and further acknowledges that he or she has been given the opportunity to read the decision.

Nothing in this Agreement changes or in any manner modifies Employee’s relationship with Executive of employment-at-will.

In the event of a dispute, controversy or claim arising out of or relating in any way to the “Covered Claims, the complaining party shall notify the other party in writing on the nature of the dispute and the remedy sought.

An Employee shall be given thirty (30) days in which the Employee may “opt-out” of this arbitration agreement by advising Executive in writing. If the Employee fails to “opt-out” within the thirty-day period, the Employee waives his or her ability to “opt-out”, and this arbitration agreement shall be final and binding on the Employee.

Both Executive and the Employee shall have the right to be represented by an attorney in arbitration. Neither side is entitled to its attorney's fees except as provided for by applicable law.

To file a demand for arbitration:

1. The party desiring to pursue a legal dispute must prepare a written demand setting for a claim. Executive will pay its own filing fee. If Employee initiates the arbitration, Employee agrees to pay the then-current filing fee.
2. A demand for arbitration must be in writing and delivered by hand or first-class mail to the other party. Any demand for arbitration made to Executive shall be provided to Executive Las Vegas, 3950 West Tompkins Avenue, Las Vegas, Nevada 89103 with a copy to The Jimmerson Law Firm, P.C., 415 South Sixth Street, Suite 100, Las Vegas, Nevada 89101.
3. The Judicial Arbitration and Mediation Services, Inc. ("JAMS") Streamlined Arbitration Rules and Procedures effective at the time of Employee's filing will apply. These rules and procedures are modified by the terms of this Agreement, including the following: (a) Executive will pay the Arbitrator's fees and administrative fees, less my initial payment for the applicable filing fee; (b) The Arbitrator shall have the authority to issue an award or partial award without conducting a hearing on the grounds that there is no claim on which relief can be granted or that there is no genuine issue of material fact to resolve at a hearing, consistent with Rules 12 and 56 of the Federal Rules of Civil Procedure ("FRCP"); (c) Each party shall be entitled to only one interrogatory limited to the identification of potential witnesses, in a form consistent with Rule 33 of the FRCP; (d) Each party shall be entitled to only 25 requests for production of documents in a form consistent with Rule 34 of the FRCP; (e) Each party shall be entitled to a maximum of two (2) eight-hour days of depositions of witnesses in a form consistent with Rule 30 of the FRCP; (f) The Arbitrator shall decide all disputes related to discovery and to the agreed limits on discovery and may allow additional discovery upon the showing of substantial need by either party or upon a showing of an inability to pursue or defend certain claims without such additional discovery; (g) The Arbitrator must issue a decision in writing, setting forth in summary form the reasons for the Arbitrator's determination and the legal basis therefore; and (h) The Arbitrator's authority shall be limited to deciding the case submitted by the parties to the arbitration. Therefore, no decision by any arbitrator shall serve as precedent in other arbitrations except in a dispute between the same parties, in which case it could be used to preclude the claim from being re-arbitrated.

Employee may settle the dispute with Executive at any time without the involvement of the Arbitrator.

Employee understands and agrees that Executive may change or terminate this Agreement. Any change or termination will not apply to a pending claim.

If any provision of this Agreement is determined to be unenforceable or in conflict with a mandatory provision of applicable law, it shall be construed to incorporate any mandatory provision, and/or the unenforceable or conflicting provision shall be automatically severed, and the remainder of the Agreement shall not be affected.

Employee agrees that this Agreement is made pursuant to and shall be governed by and under the Federal Arbitration Act.

Employee acknowledges that he or she has been advised to seek counsel of his or her choice to review this Agreement and has had plenty of opportunity in which to do so, has done so, or has voluntarily chosen not to do so, and waives the same.

Employee and Executive each represent and warrant to the other that they are executing this Agreement voluntarily, knowingly, and free of duress, coercion or undue influence.

PRINT 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

Date of Application _____ Position Applying for _____

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 _____

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 _____

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

Form **8850** (Rev. 3-2016)

REQUEST FOR INFORMATION

From Previous Employer

(Non-Driving Position)

I hereby authorized you to release the following information to Executive Las Vegas (Prospective Employer). You are released from any and all liability which may result from furnishing such information.

Date: _____ Applicant's Signature: _____

STOP!!! Information below to be completed by Executive and Previous Employer ONLY!

NAME AND ADDRESS OF
PREVIOUS EMPLOYER:

THIS FORM WAS (check appropriate box)

Mailed, Date: _____

Faxed, Date: _____

Received by Phone, Date: _____

Name of Person Contacted: _____

Dear Sir/Madam:

The below named individual made application to this company and was hired on _____ for a position as _____ and states that he/she was employed by you as _____ from (m/y) _____ to (m/y) _____.

We appreciate your time in completing, in confidence, the information requested below. Enclosed is a business reply envelope (if mailed) for your convenience, or you may sent to our confidential fax (702) 588-7913. Thank you for your courtesy.

Sincerely,

Human Resources Department, Executive Las Vegas

Name of Applicant: _____ Social Security No.: _____

1. Employed from (m/y) _____ to (m/y) _____ as _____ at wage or salary of _____.
2. Reason for leaving your employ: discharged _____; resignation _____; lay off _____; military duty _____; other _____
3. Was his/her general conduct satisfactory? _____

CONFIDENTIAL REPORT OF PERSONAL REFERENCE – to be completed by previous employer.

Please indicate your opinion by placing a check (✓) in the appropriate column.

CHARACTERISTICS	EXCELLENT	GOOD	FAIR	POOR
Disposition, Tact, Ability to get along with others				
Initiative, Resourcefulness				
Attendance				
Reliability				
Attitude				
Loyalty				

Any other remarks: _____

Signature: _____

Title: _____

Date: _____

FOR EXECUTIVE LAS VEGAS RECORD
MAINTAIN THIS INFORMATION IN THE EMPLOYEE'S FILE

JACOB TRANSPORTATION SERVICES, LLC DBA EXECUTIVE LAS VEGAS CPCN 1062/2127
3950 W. TOMPKINS AVE., LAS VEGAS, NV 89103
P [702] 646-4661 F [702] 702-588-7913

Request/Consent form for information from previous employer(s). Alcohol and controlled substances testing records.

I understand that in accordance with Jacob Transportation Services, LLC (Executive) Drug and Alcohol Substance Abuse Policy, Executive will be requesting information from my previous employer(s) concerning my drug and alcohol testing results. I authorize any company contacted by this employer to release and forward any Alcohol and Controlled Substance abuse records.

Applicant's Signature: _____ Date: _____

STOP!!! Information below to be completed by Executive and Previous Employer ONLY!

SECTION 1: TO BE COMPLETED BY EXECUTIVE LAS VEGAS

Print Name: _____ SS#: _____

Previous Employer: _____

Address: _____

City: _____ State: _____ ZIP: _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

1. Has this person ever tested positive for a controlled substance abuse test in the last two years?
YES NO
2. Has this person ever had an alcohol test with a Breath Alcohol Concentration of 0.04% or greater?
YES NO
3. Has this person ever refused a required drug test for drugs and alcohol in the last two years?
YES NO

If YES to any of the above questions, please provide the name, address, and telephone number below of the Substance Abuse professional for further reference.

Name: _____ Phone: _____

Address: _____ ZIP: _____

Information Provided By (Print Name): _____

Title: _____ Phone: _____



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

Please detach this letter and retain for your records.

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