



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
fax: 702-588-7913

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



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
- Must be able to lift up to 50 lbs (e.g. luggage)
- Able to obtain a DOT Medical Examiners Certificate, pursuant to 49 CFR 391.41
- Have a valid Nevada drivers license
- Able to obtain a NTA Driver Permit, pursuant to NRS 706.462
- Able to pass road/obstacle course test (no cost)
- Able to pass a pre-employment DOT drug test
- Able to pass random drug testing throughout employment

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 (from DMV, kiosk, or we will accept from online)
- *A current, original Police Scope (must obtain at 400 S. MLK Blvd, Building C, 1st Floor)
- *A clear copy of your valid Social Security Card or similar to show proof of eligibility to work
- *A clear copy of your valid INS card or similar (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: _____

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.



Equal Opportunity
Employer



EXECUTIVE
LAS ♦ VEGAS

Quite Simply the Best

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: _____



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: _____

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 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*

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 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.

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, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.

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 amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits 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 Educations 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)

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 _____

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)



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>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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>
_____	_____	_____
_____	_____	_____

Print Name: _____

Date: _____

Signature: _____

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: _____

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 _____



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 regard 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 1 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 your 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:_____