

# Olympic Limousine, LLC.

PO Box 14292

Tumwater, WA 98511

☎ Reservations: (360) 456-8054, Option 1

☎ Employment: (360) 456-8054, Option 4

Fax: (360) 464-2342

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

## EMPLOYMENT APPLICATION

**APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS, INCLUDING MARIJUANA**

**PLEASE COMPLETE PAGES 1-5.**

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Present address \_\_\_\_\_  
Number                      Street                      City                      State                      Zip

How long at present address \_\_\_\_\_                      Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_                      Email \_\_\_\_\_

Birthdate \_\_\_\_\_                      Tobacco and/or E-Cig Use \_\_\_\_\_

Position applied for (1) \_\_\_\_\_  
 and salary desired (2) \_\_\_\_\_  
 (Be specific)

Days/Hours available to work:  
 Open / As Needed                       Thur \_\_\_\_\_  
 Mon \_\_\_\_\_                      Fri \_\_\_\_\_  
 Tue \_\_\_\_\_                      Sat \_\_\_\_\_  
 Wed \_\_\_\_\_                      Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_                      When available to start work? \_\_\_\_\_

Can you work early mornings?    Yes / No                      Can you work nights?    Yes / No

Can you sit/stand still for long periods of time?    Yes / No                      Can you lift up to 50 lbs?    Yes / No

Employment desired     FULL-TIME ONLY                       PART-TIME ONLY                       FULL- OR PART-TIME

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	# YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME?     No                       Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

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DO YOU HAVE A DRIVER'S LICENSE?     Yes     No

What is your means of transportation to work? \_\_\_\_\_

Driver's license  
number \_\_\_\_\_ State of issue \_\_\_\_\_     Operator     Commercial (CDL)     Chauffeur  
Expiration date \_\_\_\_\_

Have you had any accidents during the past five years?    Yes / No    How many? \_\_\_\_\_

Have you had any moving violations during the past five years?    Yes / No    How Many? \_\_\_\_\_

Please list at least three references other than relatives, room-mates, significant others, or previous employers/supervisors.  
You may list only one previous co-worker from each company (if applicable). You must **complete all fields** for each reference.

Name _____	Name _____
Relationship _____	Relationship _____
Company (if applicable) _____	Company (if applicable) _____
Address _____	Address _____
_____	_____
Telephone (    ) _____	Telephone (    ) _____

Name _____	Name _____
Relationship _____	Relationship _____
Company (if applicable) _____	Company (if applicable) _____
Address _____	Address _____
_____	_____
Telephone (    ) _____	Telephone (    ) _____

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?  Yes  No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD OR MILITARY RESERVE?  Yes  No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

**Work Experience** Please list your work experience for the **past three years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.** You must list all employers within this time frame; please explain any gaps in employment.

Name of employer Address City, State, Zip Phone Number Fax Number	Name of last supervisor	Employment dates	Pay or salary (optional)
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Phone Number Fax Number	Name of last supervisor	Employment dates	Pay or salary (optional)
		From To	Start Final
	Your Last Job Title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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**Work experience (continued)** Please list your work experience for the **past three years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.** You must list all employers within this time frame; please explain any gaps in employment.

Name of employer Address City, State, Zip Phone Number Fax Number	Name of last supervisor	Employment dates	Pay or salary (optional)
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address City, State, Zip Phone Number Fax Number	Name of last supervisor	Employment dates	Pay or salary (optional)
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

May we contact your present employer?  Yes  No

Are you fluent in, and able to clearly speak, read, write, and understand the English language?  Yes  No

Did you complete this application yourself?  Yes  No

If not, who did? \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**EMPLOYMENT APPLICATION FORM WAIVER**

In exchange for the consideration of my application by Olympic Limousine, LLC., (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or engagement of services, or to confer any right to remain an employee of Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Company may end the working relationship at any time, according to the terms of the Employment Agreement. If my services are retained, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers, references, and others (hereinafter called "Releasing Entities"), and hereby release the Company and Releasing Entities from any liability as a result of such contact. Furthermore, I authorize previous employers to release any and any all information regarding my employment to Company.

I also understand that (1) the Company has a drug (including marijuana) and alcohol policy that provides for pre-employment testing as well as testing after employment or retention of services; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of this application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I authorize the Company to conduct a criminal record search, as deemed necessary in determining eligibility for employment. I understand that the information set out in the application form may be used for purposes of complying with legal requirements.

**Name** \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity with this Company depends solely on your qualifications.

Thank you for completing this application and for your interest in Olympic Limousine.