

REFERENCES

Give below the names of three persons not related to you. Whom have known you atleast one year.

NAME	ADDRESS	BUSINESS	Years Known
1			
2			
3			
4			

AUTHORIZATION

I certify that the facts contained in this applicaton are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from the utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date: _____ Signature _____

Interview By: _____ Date: _____

REMARKS:

Neatness: _____ Character: _____

Personality: _____ Ability _____

Hired: _____ Department: _____ Position: _____

Report Date: _____ Salary/Wages: _____

Approved: _____

Employment Manager Department Head General Manager

Executive Fleet, Inc.
EMPLOYMENT MVR REQUEST AUTHORIZATION

I authorize Executive Fleet, Inc. to obtain my motor vehicle report for the purpose of employment and insurance company requirements. I understand the information contained in my motor vehicle report is confidential to Executive Fleet, Inc. and the insurance company requiring the information. I authorize Robert J. Hanafin, Inc. to obtain this information for Executive Fleet, Inc. for the purpose of employment and to secure commercial automobile liability insurance.

SIGNATURE: _____
PRINTED NAME: _____
DATE: _____
FULL NAME: _____
DATE OF BIRTH: _____
NYS DRIVERS' LICENSE #: _____

ATTACH COPY OF LICENSE HERE: