

Pegasus Transport Service, Inc.

CHAUFFER EMPLOYMENT APPLICATION

800 Central Blvd. Suite 2D , Carlstadt, NJ 07072 ~ Tel: 201-867-1677 ~ Fax: 201-867-1623 ~ pegasus@blackcarservice.com

Please print clearly, complete and fax it to (201) 867-1623

| | | | | | | | | | | |
|-----------------------------|----------------------|----------------------------|----------------------|----------------------|-----------------|----------------------|---------------------------------|----------------------|----------------------|----------------------|
| Position Applied For | <input type="text"/> | Date of Application | M | <input type="text"/> | D | <input type="text"/> | Y | <input type="text"/> | | |
| Name | <input type="text"/> | | | | | | | | | |
| Doing Business As | <input type="text"/> | | | | | | | | | |
| Address | Street | <input type="text"/> | | | | | | | | |
| | City | <input type="text"/> | State | <input type="text"/> | Zip Code | <input type="text"/> | | <input type="text"/> | | |
| Email | <input type="text"/> | | | | | | | | | |
| Home Phone | <input type="text"/> | Cell Phone | <input type="text"/> | | | | | | | |
| Office Phone | <input type="text"/> | Office Fax | <input type="text"/> | | | | | | | |
| Date of Birth | M | <input type="text"/> | D | <input type="text"/> | Y | <input type="text"/> | Social Security/Tax ID # | | <input type="text"/> | |
| Driver's License # | <input type="text"/> | Issuing State | <input type="text"/> | Expiry | M | <input type="text"/> | D | <input type="text"/> | Y | <input type="text"/> |

List any accidents and/or moving violations in the past 7 years:

| | | | | | | | | |
|--------------------------|----------------------|---------------|---|----------------------|---|----------------------|---|----------------------|
| NYC TLC License # | <input type="text"/> | Expiry | M | <input type="text"/> | D | <input type="text"/> | Y | <input type="text"/> |
|--------------------------|----------------------|---------------|---|----------------------|---|----------------------|---|----------------------|

| | | | |
|--|------------------------------------|------------------------------------|-----------------------------------|
| Type of Employment Applying For | <input type="checkbox"/> Full-Time | <input type="checkbox"/> Part-Time | <input type="checkbox"/> Weekends |
|--|------------------------------------|------------------------------------|-----------------------------------|

| | | | | | | | | |
|--------------------------------|---|----------------------|---|----------------------|---|----------------------|-----------------------|----------------------|
| Date Available to Start | M | <input type="text"/> | D | <input type="text"/> | Y | <input type="text"/> | Desired Salary | <input type="text"/> |
|--------------------------------|---|----------------------|---|----------------------|---|----------------------|-----------------------|----------------------|

| | | |
|--|------------------------------|-----------------------------|
| Are you willing to work overtime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | | |
|--|------------------------------|-----------------------------|
| Are you willing to get drug-tested? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

| | |
|------------------------------|----------------------|
| Applicant's Signature | <input type="text"/> |
|------------------------------|----------------------|

| | | | | | | |
|-------------|---|----------------------|---|----------------------|---|----------------------|
| Date | M | <input type="text"/> | D | <input type="text"/> | Y | <input type="text"/> |
|-------------|---|----------------------|---|----------------------|---|----------------------|

