

# ACE CAB TRANSPORTATION

403 DROSTE RD  
SAINT CHARLES MO 63301  
636.925.1838

## Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

First

Middle

Last

**Current Address** \_\_\_\_\_  
Until when? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Permanent Address**

**Current Phone** \_\_\_\_\_ cell \_\_\_\_\_ home \_\_\_\_\_

**E-Mail Address**

Position Desired \_\_\_\_\_ What are your dates of availability?  
\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Please Circle: Male / Female

Do you possess a valid driver's license? Yes[ ] No[ ] Which state? \_\_\_\_\_

Drivers license # \_\_\_\_\_ Are you legally authorized to be employed in the USA? Yes[ ] No[ ]

Have you ever been convicted of a criminal offense? Yes[ ] No[ ] If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Education Information**

Circle your present year in school: High School 3 4 College 1 2 3 4 Graduate 1 2 3

	<b>School Name, City, and State</b>	<b>Course of Study/Major</b>	<b>Graduated</b>	<b>Degree Received</b>
<b>High School</b>			Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
<b>College</b>			Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	
<b>Other</b>			Yes [ <input type="checkbox"/> ] No [ <input type="checkbox"/> ]	

## Employment History

List all work experience beginning with your **current or most recent position**.

Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address(Street, Address City, State,  
Zip) \_\_\_\_\_

Name & Title of Immediate Supervisor \_\_\_\_\_

Telephone \_\_\_\_\_

Your Title \_\_\_\_\_ Reason for  
leaving \_\_\_\_\_

Description of  
Responsibilities \_\_\_\_\_

Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address(Street, Address City, State,  
Zip) \_\_\_\_\_

Name & Title of Immediate Supervisor \_\_\_\_\_

Telephone \_\_\_\_\_

Your Title \_\_\_\_\_ Reason for  
leaving \_\_\_\_\_

Description of  
Responsibilities \_\_\_\_\_

Company Name \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Address(Street, Address City, State,  
Zip) \_\_\_\_\_

Name & Title of Immediate Supervisor \_\_\_\_\_

Telephone \_\_\_\_\_

Your Title \_\_\_\_\_ Reason for  
leaving \_\_\_\_\_

Description of  
Responsibilities \_\_\_\_\_

May we contact the employers listed above? If not, indicate the one(s) you do not wish us to contact.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**personal References p**

List three individuals able to give character references. You should include former employers or school administrators, but not your relatives. A reference form has been included with this application to make copies of. They may be returned separately by the individuals filling them out, but must be received by the Bryant Pond 4-H Camp in order to process this application.

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home  
Phone \_\_\_\_\_

Address (Street, City, State,  
Zip) \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home  
Phone \_\_\_\_\_

Address (Street, City, State,  
Zip) \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Home  
Phone \_\_\_\_\_

Address (Street, City, State,  
Zip) \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YOU ARE WELCOME TO ATTACH A RESUME OR OTHER INFORMATION IF YOU FEEL IT WILL  
GIVE US FURTHER INSIGHT INTO YOUR QUALIFICATIONS.

PLEASE MAKE COPIES OF THE INCLUDED REFERENCE FORM

