

# JOB APPLICATION

**LET'S GO TRANSPORTATION SERVICE LLC**  
1816 Ground Pine Dr, Charleston, South Carolina 29414  
843-327-2011

LET'S GO TRANSPORTATION SERVICE, LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

## Applicant Information

**Applicant Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State and Zip Code:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
  
**Date of Application:** \_\_\_\_\_

## Employment Position

**Position(s) applying for:** DRIVER (full-time)

How did you hear about this position? \_\_\_\_\_  
Do you have reliable transportation to and from work? \_\_\_\_\_  
What days are you available for work? \_\_\_\_\_  
What hours or shift are you available for work? \_\_\_\_\_  
If needed, are you available to work overtime? \_\_\_\_\_  
If hired, on what date can you start? \_\_\_\_\_  
Desired Salary \_\_\_\_\_

## Personal Information

Do you have any friends, relatives, or acquaintances that working for  
Let's Go Transportation Service, LLC? Yes No

If yes, state name & relationship:  
\_\_\_\_\_

Are you 18 years of age or older? Yes No

Are you a U.S. citizen or approved to work in the United States? Yes No

What document can you provide as proof of citizenship or legal status?  
\_\_\_\_\_  
\_\_\_\_\_

Will you consent to a mandatory controlled substance test? Yes No  
Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:

\_\_\_\_\_  
\_\_\_\_\_  
(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

### **Job Skills/Qualifications**

Please list below the skills and qualifications you possess for the position for which you are applying:

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

(Note: LET'S GO TRANSPORTATION SERVICE LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

### **Education and Training**

#### **High School**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

#### **Military:**

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position?

\_\_\_\_\_

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**Previous Employment****Employer Name:**

Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer Name:**

Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer Name:**

Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**References**

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

**AT-WILL EMPLOYMENT**

The relationship between you and the LET'S GO TRANSPORTATION SERVICE LLC is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the LET'S GO TRANSPORTATION SERVICE LLC. No representative of LET'S GO TRANSPORTATION SERVICE LLC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your

employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**\*\*Email completed application to: [letsgotransport@letsgonemt.com](mailto:letsgotransport@letsgonemt.com)**