



Business Partner Chauffeur Application

Complete the form in your own handwriting (please do not type or use a computer) and return to Shuttle Express either by mail or deliver directly to our front office receptionist.

Personal Information

Date: ____/____/____ Email: _____

Name: _____

Last Name

First Name

Full Middle Name

Address: _____

Street

City

State

Zip code

Primary Phone: (____) _____

Cell Phone: (____) _____

Text messaging capability of cell phone? Yes or No

Cell Phone Service Provider: _____

Social Security #: ____-____-____

Date of Birth: ____/____/____

Do you have a current DOT card? Yes or No

If so, Expiration Date ____/____/____

Do you have a Washington State UBI #? Yes or No

UBI #: _____

Are you currently working? Yes or No

If so, do you intend on leaving? _____

How did you hear about Shuttle Express? _____

Commercial Driving Experience

Do you have at least two years of commercial (for pay) driving experience? If so, indicate the years below:

Vans: _____

Bus / School Bus: _____

Other: _____

Trucks: _____

Taxi: _____

Limousine: _____

Combination: _____

As an independent contractor? Yes or No

Vehicle Information

Do you currently own a black luxury van, town car, limousine, SUV, or other vehicle which qualifies as an executive sedan or limousine?

If so, describe the vehicle: _____

Continued on next page

Training / Education

High School _____

University _____

Trade School _____

Business _____

Other Transportation Training _____

References

List people you have known for at least one year; do not list relatives.

Name	Address / City	Phone	Relationship
_____	_____	-(_____)_____	_____
_____	_____	-(_____)_____	_____
_____	_____	-(_____)_____	_____
_____	_____	-(_____)_____	_____