

CAB DRIVER ENROLLMENT FORM

DATE _____

FIRST NAME _____ MIDDLE INITIAL _____ LAST _____

DATE OF BIRTH _____ AGE _____ SS# _____

DRIVERS LICENSE # _____ STATE _____ EXPIRES _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

ALTERNATE NUMBER (_____) _____ EMAIL _____

NUMBER OF YEARS IN UNITED STATES _____ NUMBER OF YEARS IN THIS CITY _____

DO YOU CURRENTLY HAVE A TAXI LICENSE? YES _____ NO _____

HAVE YOU EVER BEEN AN INDEPENDENT CONTRACTOR WITH THIS COMPANY?

YES _____ NO _____ IF YES, WHEN _____

WAS YOUR CONTRACT OR AGREEMENT CANCELLED? _____

HAVE YOU DRIVEN A CAB FOR ANOTHER COMPANY? IF YES, GIVE COMPANY AND DATES.

COMPANY _____ DATES _____

COMPANY _____ DATES _____

WAS YOUR CONTRACT CANCELLED? YES _____ NO _____

REASON FOR LEAVING _____

DO YOU USE ILLEGAL DRUGS? _____ ALCOHOL EXCESSIVELY? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR SPENT TIME IN JAIL OR PRISON?

IF YES, PLEASE DESCRIBE IN DETAIL BELOW:

CONVICTION _____ DATE _____

CONVICTION _____ DATE _____

CONVICTION _____ DATE _____

HAVE YOU EVER BEEN CONVICTED OF DWI / OWI? YES _____ NO _____

HOW MANY TRAFFIC TICKETS OR MOVING VIOLATIONS IN THE PAST 3 YEARS? _____

HAVE YOU HAD ANY TRAFFIC ACCIDENTS IN THE PAST 5 YEARS? IF YES, PLEASE EXPLAIN BELOW:

HAS YOUR DRIVERS LICENSE EVER BEEN SUSPENDED OR REVOKED? YES _____ NO _____

IF YES, PLEASE EXPAIN: _____

HOW DID YOU HEAR ABOUT THIS OPPORTUNITY? _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: NAME _____

RELATIONSHIP _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____

Acknowledgements:

I acknowledge I desire to become and independent contractor cab driver affiliated with Indianapolis Yellow Cab. I understand that I will not be considered an employee of this cab company. I understand as an independent contractor diver that the agreement with this company is considered “At Will” and can be canceled at any time by either party. I understand this company makes no guarantees of income, future or present. I understand that I choose when, where, and at what times I will work, or if I will work at all.

Name

Date