

The CITY YELLOW CAB Company

APPLICATION for INDEPENDENT CONTRACTOR

PLEASE PRINT OR CIRCLE

APPLICANT INFORMATION, incomplete applications will not be accepted.

Last Name		First Name	
Address			Apt
City		State	Zip
Home Phone	Cell Phone	Other Phone	
Social Security Number		City of Akron Taxi License #	

DRIVER INFORMATION: May not have more than four (4) points for insurance purposes.

Ohio Drivers License Number		Expires	
Is your license valid and current in the State of Ohio?		Yes	No
Explain			
Number of Years Driving Experience Is		In Ohio	Other State
Total			
List all traffic violations in the past three years, including violations in other states			
Year	State	Type of Ticket	Points
Have any of these traffic violations resulted in arrest or suspension of license? No Yes, explain			

CRIMINAL RECORD INFORMATION: Must pass Federal databases and fingerprinting criminal background.

Have you ever been convicted of a crime?		Yes, complete information below		No
Date	State	Charge	Disposition	Explain

EDUCATION

Are you a graduate or did you obtain a GED?	Yes	No
Additional education?	Yes	No
Explain		

MILITARY

Were you in the military?	Yes	No	Currently active	Yes	No
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REASONABLE ACCOMMODATIONS

Do you have any physical limitations that would prevent you from performing the essential functions of driving a motor vehicle as an independent contractor for our company, with or without a reasonable accomodation? Yes No

REFERENCE INFORMATION

List two professional references. May we contact? Yes No Signature:

Name of Professional Reference	Relationship	Phone
1		
2		

List two personal references. May we contact? Yes No Signature:

Name of Emergency Contact	Relationship	Phone
1		
2		

Signature: _____ Date: _____

Name of Employer				
Contact			Phone	
Address				
City			State	Zip
Dates of Employment	From	To	Position	
Reason for Leaving:				
Was this a DOT (Department of Transportation) regulated employer?			Yes	No
May we contact this employer? Yes No Signature:				
Explain Gap in Employment:				

Name of Employer				
Contact			Phone	
Address				
City			State	Zip
Dates of Employment	From	To	Position	
Reason for Leaving:				
Was this a DOT (Department of Transportation) regulated employer?			Yes	No
May we contact this employer? Yes No Signature:				
Explain Gap in Employment:				

Name of Employer				
Contact			Phone	
Address				
City			State	Zip
Dates of Employment	From	To	Position	
Reason for Leaving:				
Was this a DOT (Department of Transportation) regulated employer?			Yes	No
May we contact this employer? Yes No Signature:				
Explain Gap in Employment:				

Name of Employer				
Contact			Phone	
Address				
City			State	Zip
Dates of Employment	From	To	Position	
Reason for Leaving:				
Was this a DOT (Department of Transportation) regulated employer?			Yes	No
May we contact this employer? Yes No Signature:				

Address Verification: List addresses for last five years. Use additional paper if needed.

Address	City	From	To

Signature:	Date:
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In the last two years have you had a position that was with a DOT (Department of Transportation) regulated employer? Yes No

Signature	Date
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Have you tested positive or refused to be tested for drugs and/or alcohol in the last two years? Yes No

Signature	Date
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Do you give permission for The City Yellow Cab Company to contact each employer you listed within the past two years to verify Alcohol test results ≥ 0.04 ? Yes No

Signature	Date
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Do you give permission for The City Yellow Cab Company to contact each employer you listed within the past two years to verify positive drug tests? Yes No

Signature	Date
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Do you give permission for The City Yellow Cab Company to contact each employer you listed within the past two years to verify test refusals? Yes No

Signature	Date
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Do you give permission for The City Yellow Cab Company to contact each employer you listed within the past two years to verify all other violations of the DOT regulations? Yes No

Signature	Date
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Do you give permission for The City Yellow Cab Company to contact each employer you listed within the past two years to verify, where appropriate, documentation of successful completion of return-to-duty process? Yes No

Signature	Date
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READ AND SIGN EACH ITEM

The Ohio Administrative Code allows The City Yellow Cab Company, an entity providing care to individuals in the transportation of passengers, to conditionally hire the applicant but only if (1) the responsible entity reviews the free Federal and State databases and the databases do not disqualify the applicant, (2) the responsible entity hires the applicant on a conditional basis, (3) the responsible entity initiates the criminal records check to begin employment as an independent contractor, and (4) the applicant provides the responsible entity with a completed fingerprint impression for the criminal records check. I understand these requirements.

Signature	Date
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I understand that the Company can only offer me a position as an independent contractor if I am eligible for coverage under their current motor vehicle insurance provider.

Signature	Date
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Print Name:

Signature:

Date:

An individual may not perform a safety sensitive function, such as the operation of a motor vehicle in the transportation of the public, unless the individual is drug-free. Should the Company offer me a position as an independent contractor/driver, I agree to submit to testing for marijuana, cocaine, opiates, PCP, and alcohol prior to beginning any work as an independent contractor for the Company. If the testing is positive, I understand the offer will be revoked and I will not be permitted to work as an independent contractor for the Company.

Signature	Date
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CYC requires checks and testing to become an independent contractor. I agree to make full reimbursement for charges incurred for the purpose of drug and alcohol testing, ODOT physical, criminal background testing, and CPR/First Aid. I also agree to perform each of these at the locations specified by CYC. I also understand these checks and tests will be performed annually. I agree to reimburse CYC for all future checks and testing.

Signature	Date
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I agree to make full payment for charges incurred for the purpose of a criminal records background check.

Signature	Date
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I authorize and request any previous employer, reference, and any private, city, county, state, or federal agency, department, or bureau to furnish the City Yellow Cab Company with information in their files under the above name. I declare all of the information contained within this application to be true to the best of my knowledge.

Signature	Date
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I understand that I must obtain a taxicab license with the City of Akron before I can perform a safety sensitive position. I understand that City Yellow Cab will not accept my application without copies of the City of Akron license attached to this application.

Signature	Date
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How did you hear about this position? If a current driver suggested, who is that driver?

Use this area to explain why you are interested in being an independent contractor with CYC.

Print Name:

Signature:

Date: