



Application Check List

Phone Number: _____

Applicant Name: _____

Date of Birth: _____

Are You At Least 25 Years Old?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If You Checked <u>No</u> , Then At This Point We Are Not Able To Contract With You Until You Turn 25.
Are You Over The Age Of 62?	Yes <input type="checkbox"/>	No → <input type="checkbox"/>	If You Checked <u>Yes</u> , You Must Obtain A DOT Physical. If Needed We Have A Doctor That We Use That Can Perform The Physical.
Have you ever been charged with a DUI, felony, misdemeanor, or other criminal activity in the past 10 years?	Yes → <input type="checkbox"/>	No <input type="checkbox"/>	If You Checked <u>Yes</u> , Then At This Point We Will Not Be Able To Contract With You until The Disposition Has Been <u>Over for 10 Years</u> or more.
Have You Ever Driven A Cab Before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If <u>Yes</u> , With Whom?
Training Lasts 2 Days? Are You Able to Commit?	Yes → <input type="checkbox"/>	No <input type="checkbox"/>	If You Checked <u>Yes</u> , You Need To Speak To One Of The Trainers Or Fleet Manager To Continue.
Have You Had Any At-Fault Accidents, Multiple Speeding Tickets, Or DUI's?	Yes <input type="checkbox"/>	No → <input type="checkbox"/>	If You Have Checked <u>Yes</u> , You Need to Speak to the Instructor or Recruiter to Review Your MVR.
Are you able to pass a mandatory drug test?	Yes <input type="checkbox"/>	No → <input type="checkbox"/>	If <u>No</u> , we are sorry but we would NOT be able to offer you a contract.

Applicant Signature: _____

Date:

Approved by: _____

Date: