

AAA FULL TRANSPORTATION SYSTEM
DBA YELLOW CAB, AAA CAB, COURIER CAB, CHECKER CAB, AQUILA, AAA
SEDAN

DRIVER/INDEPENDENT CONTRACTOR APPLICATION
(REQUIREMENTS)

1. MUST BE AT LEAST (25) YEARS OF AGE.
2. IF YOU ARE OVER (62) YOU MUST HAVE A DOT PHYSICAL BEFORE YOU CAN DRIVE.
3. YOU MUST HAVE A VALID ARIZONA DRIVERS LICENSE WITH NO SUSPENSIONS, EXPIRATION, OR LAPSES FOR THE PAST 39 MONTHS.
4. MUST HAVE A VALID ARIZONA DRIVERS LICENSE AND SOCIAL SECURITY CARD.
5. YOU WILL NEED \$9.00 FOR US TO PULL YOUR AZ MOTOR VEHICLE RECORD AND BACKGROUND CHECK. (IF YOU HAVE HAD AN OUT OF STATE LICENSE, YOU MUST HAVE AN MVR, IN SOME CASES WE CAN RUN THEM FOR YOU, PRICES DO VARY PER STATE). IF NOT YOU WILL BE RESPONSIBLE FOR GETTING YOUR OWN.
6. ON YOUR MVR WE CANNOT HAVE NO DUI'S, DWI'S OR ANY CHARGABLE ACCIDENTS, YOU CAN HAVE NO MORE THAN 2 MOVING VIOLATIONS, NO MORE THAN 1 EXCESSIVE SPEED VIOLATIONS AND/OR CRIMINAL VIOLATIONS. SR-22'S NEED TO BE CLEARED BEFORE APPLING.
7. OUR INSURANCE CARRIER WILL NOT ALLOW US TO CONTRACT ANYONE THAT HAS BEEN CHARGED FOR DRUGS, ALCOHOL, OR ASSUALTS AND CANNOT BE IDENTIFIED AS A SEX OFFENDER
8. YOU MUST HAVE A FAIR KNOWLEDGE OF THE PHOENIX METROPOLITAN AREA AS WELL AS PASS A MAP SKILLS TEST OR HAVE A GPS OR MAP BOOK.
9. YOU MUST ATTENED A INDEPENDENT CONTRACTORS (8)-HOUR ORIENTATION COURSE AND DEFENSIVE DRIVING AND PASS A (6)-HOUR MINIMUM ROAD TEST.

AIRPORT/INDEPENDENT CONTRACTOR APPLICATION

1. YOU MUST OBTAIN A CURRENT D.O.T. MEDICAL CERTIFICATE
2. YOU MUST OBTAIN A CURRENT NATIONAL SAFETY COUNCIL DDC-4 CERTIFICATE. (FOR FURTHER INFO ON THIS MATTER CONTACT JAMES PRESTON IN THE TRAINING ROOM)
3. YOU MUST COMPLETE TRAINING WITH THE AIRPORT SUPERVISOR AND PASS THE AIRPORT GROUND TRANSPORTATION TEST.

**IF YOU HAVE MET THE ABOVE REQUIREMENTS, WE WOULD LIKE TO
WELCOME YOU TO YELLOW CAB Co!!**

Request For Information

From Previous Employer

I hereby authorize you to release the following information to:

_____ for purposes
of investigations required by section 391.23 of Federal Motor Carrier Safety
Regulations. You are released from any and all liability that may result from
furnishing such information.

/_____
/_____
(Date)

(Applicant's Signature)

Dear Sir/Madam:

The below named individual has filed an application with this company
for a purpose as an _____ and
states that he/she was employed by your company as an _____
from _____/_____/_____ to _____/_____/_____

Enclosed you will find a business reply envelope for your convenience.
We thank you and appreciate your time in completing in confidence the
information requested below.

Sincerely,

Name of Applicant: _____ SS# _____

Employed from _____/_____/_____ to _____/_____/_____

as an _____ is the wage or salary of: _____ What type
of motor vehicle did he/she drive for your company? Straight Truck? _____
Tractor-Semitrailer? _____ Other (Specify) _____

Was he/she a safe and effective driver? Yes _____ No _____

Reason for leaving your company: Discharged _____ Resignation _____

Lay Off _____ Military Duty _____

(continued on next page)

Continued.....

Was he/her general conduct satisfactory? Yes_____ No_____ if you checked (No) please specify the reason and situation:

Please advise history of past driving record if available for the past three years:

CONFIDENTIAL REPORT OF PERSONAL REFERENCE

(Please indicate your opinion by placing a check mark in the appropriate column.)

CHARACTERISTI	EXCELLENT	GOOD	FAIR	POOR
Disposition, fact, ability to get along with others				
Resourcefulness, Initiative				
Driving Skills				
Attitude/ Personality				
Loyalty/ Honesty				

Any other remarks or comments:

Signature:_____ Date:_____/_____/_____

Title/ Position:_____

RELEASE OF LIABILITY

I _____, ID# _____

understand that I am the only driver allowed to drive the vehicle that is being leased to me by AAA/ Yellow Cab without specific consent from management.

I also understand that:

- 1) Failure to abide by this rule will result in immediate termination of my contract
- 2) If I do allow someone, not authorized by AAA/ Yellow Cab management, to drive the vehicle leased to me, I will be held responsible and liable for any and all damages or accidents that may occur and agree to pay for same.
- 3) I agree to pay any and all costs may be accrued, due to efforts to collect damages caused by allowing an unauthorized driver to operate said leased vehicle.

Contractor's Signature

Date

Moving Violations and/ or Parking Citations
Statement of Liability

I, _____, ID# _____ understand that I am responsible for any and all moving violations and / or parking citations I receive while under contract. This includes and is not limited to Photo Radar Reports sent to the company AAA Full Transportation and its affiliates. I also understand that if I leave a vehicle and a photo radar ticket and / or parking citation is issued to the vehicle I am leasing, I will be responsible for it.

I understand that company policy for any photo radar tickets and or moving violations is as follows

- I am responsible for all fees issued by City or the State
- I must attend the company Defensive Driving Course again.
- I must pay a fee to attend the Defensive Driving Course.
- If there is more than one photo radar ticked issued to me it can and will result in my contact being suspended or terminated.
- Any refusal of attending the Defensive Driving Course is automatic termination of my contract.

Contractor's Signature

Date

WORKER'S COMPENSATION AND ADDITIONAL
INSURANCE WAIVER INCLUDING

(Medical Payments and Underinsured Motorist)

(This document, when signed, will eliminate you as a potential claimant, under workman's compensation insurance, unemployment insurance, medical, and underinsured motorist .)

I _____, acknowledge that I am an independent

I further, specifically reject any and all benefits from the State Workmen's Compensation Fund and State Unemployment Insurance Fund. I recognize that AAA Cab Service, shall not, at my direction, claim me as an employee, for any purposes whatsoever. Additionally, I recognize that in making this selection, I shall not be entitled to any workmen's compensation, unemployment insurance or any type of compensation or insurance benefits, and that I have an absolute right to protect myself, as an independent contractor.

I further am fully advised that the only insurance afforded to me pursuant to the contract with AAA Cab Service is for "Liability". I understand that I have the right to purchase medical and/or underinsured coverage at my own expense from any company. The failure by me to obtain medical and/or underinsured coverage would be; that should I be involved in an accident with an underinsured motorist,

There will be no insurance coverage available for my injuries.

(Liability is insurance for third parties and will not benefit me in any fashion.)

Contractor's Signature

Date

RELEASE OF LIABILITY

I, _____, ID# _____

Understand that if an unauthorized driver drives my car or one that I have leased from AAA Full Transportation, that there will be no insurance coverage. An unauthorized driver is one that is not currently contracted with AAA Full Transportation, is not in good standing, and filed by me with AAA Full Transportation as one that I have out on lease with AAA Full Transportation, that I will be fully responsible for his/her actions including any liability claims.

Print Name

Signature

Date

Witness

To: All Drivers

From: AAA Full Transportation
Management

Subject: Reporting All Accidents And/ Or Incidents
(An incident is ANYTHING involving a passenger, vehicle, or someone's property)

It is the company's policy that ALL accidents and/or incidents MUST be reported immediately no matter how minor you may think it is. Even if there is no damage and no injuries, it is your responsibility to report the facts to the dispatcher or road supervisor on duty. If you are not in a safe spot, move your vehicle out of harm's way. Never leave the scene until you have spoken with the dispatcher and road supervisor has finished his investigation (unless you have been instructed otherwise). If you are involved in an accident or incident, and you fail to report immediately, you may be fined \$250.00 and your contract with AAA/ Yellow Transportation Services may be terminated.

Within your first 30 paid leases if you are involved in an **At-Fault** accident your contract maybe terminating pending investigation.

THERE WILL BE NO EXCEPTIONS TO THIS RULE!

Drivers Name

ID#

Drivers Signature

Date

Background Screen Disclosure, Consent And Release For
Sedan And Taxi Contractor

I understand that in connection with my application for potential assignment as a contractor a background screen may be conducted through a consumer-reporting agency to determine my eligibility for contracting. That in addition, background screens may be conducted to determine by continued eligibility.

The background screen may include investigation and review of information about my personal characteristics, character and personal reputation, and that parties such as corporations, companies, credit agencies, financial institutions, educational institutions. Persons, law enforcement agencies, former employers, and the military services may be contacted to furnish information about my background, mode of living, personal characteristics, character and personal reputation, employment history, criminal history, military records, credit history and department of motor vehicles records, whichever may be applicable.

I hereby agree and consent to such a background screen and authorize all such parties who are contacted for information about me to release written or verbal information about me to the consumer-reporting agency conducting the background screen. I understand I have the right to make a written request for a complete and accurate description of the nature and scope of the background screen.

Further, I authorize consumer-reporting agencies used to conduct the background screen to share the background screen results with AAA Full Transportation System and each other. I also release and hold harmless AAA Full Transportation, DAC Services, and Arizona Sex Offender.com and their assigns from liability resulting from the use or disclosure of background screen information.

I understand that I may be denied contracting or that may be removed from an assignment or discharged form contract if AAA Full Transportation System considers the background screen information unfavorable. I also understand that should AAA Full Transportation System take any adverse action based in whole or in part on information contained in the background screen, that I have the right to request, in writing, a copy of the background screen and a description of my rights under the law at no cost to myself prior to AAA Full Transportation System taking the adverse action.

This Background Screen Disclosure, Consent and Release, in the original or copy form, shall be valid for this and any future reports or updates that may be required in connection with my employment.

I have read this Background Screen Disclosure, Consent and Release and understand all of its terms. I sign it voluntarily and with full understanding of its significance.

Applicants/Contractor Name (Signature)

Date

Applicant/Contractor Name (Printed)

PRIVATE VEHICLE PARKING:

Drivers are not allowed to park their personal vehicle anywhere on the property for more than 24 hours. If you are on a weekly pay daily or weekly pay in advance lease, you **MUST** remove your personal vehicle from the property, otherwise it will be towed.

Driver's Signature

Print Name

TO: ALL DRIVERS
SUBJECT: TRAFFIC VIOLATIONS
FROM: JACK GILMET

Any driver getting a radar violation whether speeding or running a red light and AAA receives the ticket, you will have to go through the defensive driving class for (4) four hours as well a pay to the company \$50.00 for the first violation and \$100.00 for the second violation. Even if you fight the ticket and win you will not get reimbursed for the class. If you receive a traffic violation within the first 30 days of your contract you may be terminated.

Drivers Signature

Printed Name

AAA FULL TRANSPORTATION SYSTEM

**ALL INDEPENDENT CONTRACTORS WITH AAA FULL
TRANSPORTATION SYSTEM MUST SIGN THIS CONFIRMATION
REGARDING DRUG AND ALCOHOL TESTING**

CONFIRMATION OF RECEIPT

I hereby acknowledge that I have read the regulations regarding the implementation of the Drug and Alcohol Testing Program; I understand this program will commence immediately.

I further understand that this program is in the best interest of the Public and that my voluntary participation in this program serves to demonstrate my commitment to the Public's safety.

Independent Contractor's Signature

Date

Independent Contractor's Printed Name

AAA FULL TRANSPORTATION SYSTEM

December 1, 2001

The Federal Transit Administration (FTA) has issued two regulations entitled Prevention of Prohibited Drug Use in Transit Operations (49 CFR part 653) and Prevention of Alcohol Misuse in Transit Operations (49 CFR part 654). For the public's safety, AAA Full Transportation System (dba) AAA Cab Company, is pledged to comply with these regulations. Under these regulations, we must issue a policy banning use of prohibited drugs at all times. In addition, alcohol consumption by public transportation providers who perform safety sensitive functions (public transportation) is prohibited while performing, and four (4) hours prior to performing safety sensitive functions. Alcohol use for eight (8) hours after an accident or until tested is also prohibited. We must also conduct tests to determine in four specific situations whether safety sensitive providers have used alcohol or drugs. The procedures and technology we will use in this testing are specified in a Department of Transportation regulation: Procedures for Transportation Workplace Drug and Alcohol Testing Programs 49 CFR part 40).

The regulations are very specific regarding what you, as a safety sensitive public transportation provider must do to comply. We are in the process of developing a policy and procedures that will apply to you based on job functions you perform for the public.

The program will start immediately. AAA Cab Company will provide you with information on the FTA drug and alcohol testing program in the near future. Compliance with this program for all safety sensitive public transportation providers who wish to utilize AAA Cab Company's vehicles to transport the public is voluntary and is implemented solely for the protection of the public.

Thank you for your cooperation in implementing these important safety regulations. Please sign and return the attached Confirmation of Receipt for acknowledging your receipt of this notification.