



563 Trabert Avenue, NW
 Atlanta, GA 30309-2299
 Office: 404-351-8255
 Fax: 404-351-1937
 Dispatch: 404-351-1111
www.atlantacheckercab.com

| | |
|----------------------------|-------|
| DO NOT WRITE IN THIS SPACE | |
| Position | _____ |
| Full Time | _____ |
| Part Time | _____ |
| Date Hired | _____ |
| Employee No. | _____ |

Employment Application

Please print or type the following information:

Name _____ Date of Birth _____
Last First Middle Month/Day/Year

Address _____ Marital Status: Married Single
Street No. Street Name Apt. #

City _____ State _____ Zip _____ Phone (____) _____ - _____ (____) _____ - _____
Home # Cell #

Length at current residence _____ Length lived in Metro Atlanta area _____

Social Security Number _____ - _____ - _____ Birthplace _____
County/State/Country

Type of driver's license Regular Operator Chauffeur Public Passenger

State of issuance _____ Expiration date _____ License # _____

List traffic violations incurred in the past 3 years: _____

Have you ever been convicted of a crime? If yes, explain: _____

Have you ever worked for Checker Cab? If yes, give date(s): _____

Are you currently employed? If yes, where? _____

Please provide the name, address, and phone number of two living relatives:

| Name | Address | Phone Number | Relationship |
|-------|---------|--------------|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

| Name | Address | Phone Number | Relationship |
|-------|---------|--------------|--------------|
| _____ | _____ | _____ | _____ |

Health Background

Do you have any physical, mental, sensory handicapped, or alcohol/drug related behaviors that may impair your judgment or affect your job performance? If yes, please explain. _____

Emergency Contact(s): Person(s) to be notified in the event of an emergency, please give name, address, and phone number.

| Name | Address | Phone Number | Relationship |
|------|---------|--------------|--------------|
| | | | |

Employment or Business Association Record

Please provide the following information for your last three places of employment.

Company/Business Name: _____

Address: _____

Phone: _____ From: _____ to _____
Month and Year Month and Year

Company/Business Name: _____

Address: _____

Phone: _____ From: _____ to _____
Month and Year Month and Year

Company/Business Name: _____

Address: _____

Phone: _____ From: _____ to _____
Month and Year Month and Year

References

Please list the name, address, and telephone number of three character references (other than relatives or former employers).

Name _____ Address _____

Phone _____ How long individual has known you _____

Name _____ Address _____

Phone _____ How long individual has known you _____

Name _____ Address _____

Phone _____ How long individual has known you _____

I do hereby affirm the information I have given on this application is true and I give Checker Cab Company authorization to investigate the information.

Name (Please print) _____ Signature _____ Date _____

Management Use Only

Remarks: _____

Interviewed by _____ Signature _____ Date _____