



563 Trabert Avenue, NW  
Atlanta, GA 30309-2299

Office: 404-351-8255  
Fax: 404-351-1937  
Dispatch: 404-351-1111

[www.atlantacheckercab.com](http://www.atlantacheckercab.com)

**Checker Cab Company  
Vehicle Operator Application  
ALL DRIVERS ARE INDEPENDENT CONTRACTORS**

Please print or type the following information:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle Social Security Number \_\_\_\_\_

Address \_\_\_\_\_ Martial Status: \_\_\_\_\_  
Street # Street Name Apt# Married/Single

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Email address: \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Length at current residence \_\_\_\_\_ Length lived in Metro Atlanta Area \_\_\_\_\_

Type of driver's license: Regular Operator \_\_\_\_\_ CDL \_\_\_\_\_ For Hire Endorsement (C) \_\_\_\_\_

State of issuance \_\_\_\_\_ Expiration date \_\_\_\_\_ License # \_\_\_\_\_

List traffic violation 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? \_\_\_\_\_

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

\_\_\_\_\_  
Name Address Phone Number Relationship

\_\_\_\_\_  
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

**I do hereby affirm the information I have given on this application is true, and Checker Cab Company may contact my previous employers**

\_\_\_\_\_  
**Name (Please print)** **Signature** **Date**

**Management Use Only**

**Remarks:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_