



TODAY'S DATE _____ / _____ / _____

LAST NAME _____

FIRST NAME _____

**BEFORE YOU BEGIN FILLING OUT THIS APPLICATION
YOU SHOULD KNOW THIS:**

- ✓ ALL PARTS OF THIS APPLICATION MUST BE COMPLETED
(IF INCOMPLETE OR FALSIFIED, IT WILL NOT BE CONSIDERED)
- ✓ YOU MUST HAVE A CURRENT D.M.V. PRINT OUT
(THE PRINT OUT WILL NOT BE RETURNED, MAKE YOUR OWN COPIES)
- ✓ YOU MUST BE ABLE TO SPEAK, READ AND WRITE ENGLISH
- ✓ YOU MUST HAVE PROOF OF LEGAL STATUS IN THE U.S.
(S.S. CARD, I.N.S CARD, PASSPORT, ETC.)
- ✓ NO FELONY CONVICTIONS IN THE LAST 5 YEARS
(THE APPLICATION WILL NOT BE CONSIDERED)
- ✓ NO D.U.I. CONVICTIONS IN THE LAST 3 YEARS
(THE APPLICATION WILL NOT BE CONSIDERED)
- ✓ YOU MUST PASS A URINE DRUG AND ALCOHOL TEST
(YOU ARE RESPONSIBLE FOR THE COST)
- ✓ T.A. CARD HOLDERS MUST GET A COPY OF THE COVER SHEET FROM THE
TAXICAB AUTHORITY
- ✓ YOU MUST BE 25 YEARS OF AGE OR OLDER TO WORK AS A CAB DRIVER



Desert Cab, Inc.
Las Vegas, Nevada

**HAVE YOU EVER WORKED FOR A
CAB COMPANY IN LAS VEGAS?**

YES___ NO___

**IF YOU ANSWERED YES, FILL THE INFO BELOW
(DON'T LEAVE ANYTHING OUT)**

1. Company_____

From _____ / _____ To _____ / _____
Month Year Month Year

Reason for leaving: _____

2. Company_____

From _____ / _____ To _____ / _____
Month Year Month Year

Reason for leaving: _____

3. Company_____

From _____ / _____ To _____ / _____
Month Year Month Year

Reason for leaving: _____

4. Company_____

From _____ / _____ To _____ / _____
Month Year Month Year

Reason for leaving: _____

5. Company_____

From _____ / _____ To _____ / _____
Month Year Month Year

Reason for leaving: _____



YOUR INFORMATION

FULL NAME _____ DATE _____
 LAST NAME FIRST NAME M.I. MO / DAY / YEAR

ADDRESS _____
 FULL ADDRESS APARTMENT OR UNIT #

CITY STATE ZIP CODE

PHONE# () ALTERNATE PHONE# ()
 DATE OF BIRTH / / HOW OLD ARE YOU? SOCIAL SECURITY# - -

APPLYING FOR
 Cab Driver Dispatcher / phone person Shop

ARE YOU A U.S. CITIZEN? YES NO If no, are you authorized to work in the U.S.? YES NO

HAVE YOU EVER WORKED FOR DESERT CAB? YES NO If so, when? _____

DO YOU HAVE A VALID NV DRIVER LICENSE? YES NO D.L. # _____

DO YOU HAVE A VALID T.A. CARD? YES NO Permit # _____

YOUR EDUCATION BACKGROUND

ELEMENTARY: _____ CITY & STATE: _____

FROM: _____ TO: _____ HIGH SCHOOL: _____ CITY & STATE: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES NO DEGREE: _____

COLLEGE: _____ CITY & STATE: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES NO DEGREE: _____

PEOPLE WHO KNOW YOU

LIST 3 REFERENCES (OUT OF TOWN O.K.)

FULL NAME: _____ RELATIONSHIP: _____

OCCUPATION: _____ PHONE # ()

FULL NAME: _____ RELATIONSHIP: _____

OCCUPATION: _____ PHONE # ()

FULL NAME: _____ RELATIONSHIP: _____

OCCUPATION: _____ PHONE # ()

YOUR PREVIOUS 3 EMPLOYERS (START WITH THE MOST RECENT)

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: () _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

YOU ARE ALMOST DONE

**ANSWER THE FOLLOWING QUESTIONS
(DO NOT LEAVE ANYTHING OUT)**

Has your driver license ever been suspended or revoked? YES NO

When and why? _____

Have you ever received a citation from the Taxicab Authority? YES No

When and why? _____

Are you able to work full time? YES NO

Can you lift and carry 70 pounds? YES NO



Are you capable of understanding street guides? YES NO

Have you ever been convicted of a felony? YES NO If yes, please explain _____

Have you ever been convicted of a D.U.I.? YES NO If yes, please explain _____

ACCIDENT HISTORY

**WHETHER AT FAULT OR NOT, HAVE YOU EVER BEEN INVOLVED IN AN AUTOMOBILE ACCIDENT? YES ___ NO ___
IF YES EXPLAIN (LIST ALL ACCIDENTS, AT FAULT OR NOT AND DON'T LEAVE ANYTHING OUT)**

1. **WHEN** ____ / ____
Month Year

DETAILS: _____

2. **WHEN** ____ / ____
Month Year

DETAILS: _____

3. **WHEN** ____ / ____
Month Year

DETAILS: _____

4. **WHEN** ____ / ____
Month Year

DETAILS: _____

5. **WHEN** ____ / ____
Month Year

DETAILS: _____



DISCLAIMER AND SIGNATURE

In making this application, I understand that my character, reputation for honesty, habits, ability, records of convictions if any, financial responsibility and reasons for leaving employment may be investigated and the persons who know me may be contacted and questioned about me which I hereby give my consent.

The information provided in this application is true, correct and complete. If employed, any misstatements or omissions may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon Desert Cab to continue to employ me in the future.

Signature: _____ Date: _____

All prospective employees will receive equal consideration without regard to race, creed, color, sex, sexual preference, age, national origin, handicap or veteran status.

FOR OFFICE USE ONLY

NOTES _____

