

# Desert Cab LLC Operations Series

**CIRCLE TYPE OF APPLICATION:**

**LEASE      EMPLOYMENT      WHATEVER IS AVAILABLE**

**HOW DID YOU FIND OUT ABOUT US? \_\_\_\_\_**

**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**

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✓ YOU MUST BE 25 YEARS OF AGE OR OLDER TO WORK AS A CAB DRIVER

## HAVE YOU EVER DRIVEN 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: \_\_\_\_\_

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2. Company\_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Reason for leaving: \_\_\_\_\_

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3. Company\_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Reason for leaving: \_\_\_\_\_

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4. Company\_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Reason for leaving: \_\_\_\_\_

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## 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# ( ) \_\_\_\_\_  
 \_\_\_\_\_

APPLYING FOR  
 Cab Driver  Dispatcher / Receptionist  Shop / Garage

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES  NO  ARE YOU AT LEAST 25 YEARS OF AGE? 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 # ( ) \_\_\_\_\_

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FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PHONE # ( ) \_\_\_\_\_

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FULL NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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OCCUPATION: \_\_\_\_\_ PHONE # \_\_\_\_\_ ( ) \_\_\_\_\_

**YOUR PREVIOUS 3 EMPLOYERS (START WITH THE MOST RECENT)**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ ( ) \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to work full time? YES  NO

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

When and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you lift and carry 70 pounds? YES  NO

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Are you capable of using GPS? 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: \_\_\_\_\_

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**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 any/or all claims may be investigated through the references provided. 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 approved for employment or lease, any false statements 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 LLC Operations Series to continue to employ me in the future.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All prospective applicants 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_