

Date _____

Name _____

DRIVERS APPLICATION

To be considered, you must be over 25, and have had a valid driver's license, without interruption or suspensions for at least the last three years. Any lapse of your license for any reason for a period of over 90-days might also disqualify you.

If you have had more than one accident or moving violation in the last three years, let us know prior to filling out application.

You cannot currently be on Parole, Probation, or any other court supervision, or have come off of Parole, Probation, or any other court supervision, or a felony conviction within the last 5-years.

This position requires working 5 ½ - 6 days a week, with shifts approximately 10 - 12 hours in length. On average, after expenses you should be able to make \$400.00 to \$600.00. The possibility to earn more is possible.

The position that you are applying for is as an independent contractor, as such there is no workman's compensation. Also, you would be responsible for all of your own taxes.

There is a \$10.00 charge to run your motor vehicles report. We only hire for full time drivers. If you have had an out of state license, you must be able to provide your license number for that state.

If you had a license in any other state in the past 3 years, you must provide a copy of the report before interview.

The cost of the check in most states is \$10.00, (some states are higher), for each MVR that is ran payable before the check is done.

You will also need to submit to a drug test; the cost is \$50.00.

Any misrepresentations or falsification of any information will be grounds for your application to be rejected.

Thank you

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to Bucks County Services INC., Executive Transportation Co. INC, and/or A & G Taxi, for the purpose of investigation as requires by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. Your release from any and all liability which may result from furnishing such information.

X _____ (Applicant's Signature) _____ (Date)

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended in the Consumer Credit Reporting Act of 1996 (title II, subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

- 1. The consumer (applicant) has authorized in writing the procurement of this report;
- 2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
- 3. The information requested below will be used for "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
- 4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
- 5. Before taking any adverse action biased in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer-reporting agency.

I also hereby certify that this report and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provision of the Driver's Privacy Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

X _____ (Signature of Requestor) _____ (date)

Dear Sir or Madam:

The following person has made application with our company(s) for the position of *Independent Contractor*. In accordance with Section 391.23, Federal Department Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of driver/applicant _____

Address _____
(number and street) (city) (State) (zip)

Former Address _____
(number and street) (city) (State) (zip)

Date of birth _____ SSN _____ License No. _____

Requested By

Executive Transportation / Bucks County Services / A&G Taxi

8125 Frankford Ave

Phila., PA 19136

(Typed Name)

(title)

(signature)

Executive Transportation / Bucks County Services / A & G Taxi

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604 (b)(2)(a) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's signature

Date

Print Name

Social Security Number

Motor Vehicle Driver's

Certification of Compliance With Driver License Requirements

Motor Carrier Instructions: The requirements in Part 383 apply to every driver who operates intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transport hazardous placarding.

Driver Requirements: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from the state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the **NEXT BUSINESS DAY** of any revocation or suspension of your driver's license. In addition, Section 383.31 require that any time you violate a state or local traffic law (other than parking), you must report it within 30 days: 1) your employing motor carrier, and 2) the state that issued your license (if violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing,

The following license is the only one I will possess:

Driver's License No _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's name (Printed) _____

Driver's Signature _____ Date _____

Notes _____

Independent Contractor Application
Executive Transportation /Bucks County Services/ A&G Taxi
8125 Frankford Ave
Phila., PA 19136

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disabilities.

Date of application _____

Name _____
Last First Middle

Social Security No _____

List your addresses for the last 3 years.

Current Address _____
Street City

Phone _____ Cell _____ How Long? _____
State Zip

Previous Address _____
Street City

How Long? _____
State Zip

Street City

How Long? _____
State Zip

Do you have the legal right to work in the United States? YES _____ NO _____ YOU MUST HAVE A CURRENT SOCIAL SECURITY CARD, WHICH YOU CAN PRODUCE.

Date of Birth _____/_____/_____ Can you provide proof of age? YES NO
(Required for commercial drivers)

Have you worked for one of these companies before? YES NO If yes, when _____

Reason for leaving? _____

Are you employed currently? _____ If ,not, how long since leaving last employment? _____

Who referred you? _____

Do you currently have a Philadelphia Parking Authority, driver's certificate? Yes _____ No _____

If yes, License number _____ Expiration Date _____

Employment History

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 10 years. List complete mailing address, street number, city, state, and zip code.

(list employers in reverse order, newest to oldest).

Employer	Date	
Name	From	To
Address	Position	
City State Zip	Salary	
Contact Person Phone	Reason for leaving	

Employer	Date	
Name	From	To
Address	Position	
City State Zip	Salary	
Contact Person Phone	Reason for leaving	

Employer	Date	
Name	From	To
Address	Position	
City State Zip	Salary	
Contact Person Phone	Reason for leaving	

Employer	Date	
Name	From	To
Address	Position	
City State Zip	Salary	
Contact Person Phone	Reason for leaving	

Employer	Date	
Name	From	To
Address	Position	
City State Zip	Salary	
Contact Person Phone	Reason for leaving	

Employer	Date	
Name	From	To
Address	Position	
City State Zip	Salary	
Contact Person Phone	Reason for leaving	

Employer	Date	
Name	From	To
Address	Position	
City State Zip	Salary	
Contact Person Phone	Reason for leaving	

Please be honest when filling out this section! We will run MVR's on all drivers prior to them starting. If information is false it will cost you the \$10.00 to check it!

Accidents

If additional space is needed, please use rear of paper. If none, write none.

Dates	Nature of accident	Fatalities	Injuries
Last Accident _____			
Next Previous _____			
Next Previous _____			

Traffic convictions and forfeitures for the last three years (other then parking tickets). If none, write none.

Location	Date	Charge	Penalty

Experience and Qualifications - Driver

Drivers License	State	License No.	Type	Expiration

A. Has any license, permit or privilege ever been suspended or revoked? YES NO

If yes please explain. _____

CRIMINAL HISTORY / BACKGROUND

Due to regulatory guidelines and requirements this section must be filed out accurately.

Have you ever been arrested for any reason, at anytime, even if the charges were overturned or you were found not guilty? Yes _____ No _____

If yes, please explain _____

Were you ever convicted of a homicide or crime of a moral turpitude (sex crime)? Yes _____ No _____
 If Yes, please explain _____

Are you currently under any type of court supervision, probation, parole, or staying at a half way house?
 Yes _____ No _____ If yes, please explain _____

Any misrepresentation or inaccuracy above will cause your application to be rejected immediately. All applicants will be subject to a background check. If already being trained, training will immediately terminate.

Do you own a car? YES NO If yes, please provide the following information.

Year _____ Make _____ Model _____ Tag Number _____

Anyone at your house own a car? YES NO If yes, please provide the following information.

Year _____ Make _____ Model _____ Tag Number _____

Year _____ Make _____ Model _____ Tag Number _____

To be read and signed by the applicant

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge, I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.)I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

_____ X _____
DATE Application Signature

do not write below this line

Date interviewed _____ By _____

Notes _____

REFERENCES

THIS SECTION MUST BE FILLED OUT COMPLETELY FOR APPLICATION TO BE CONSIDERED. Friends and family are okay to use.

NAME _____

ADDRESS _____

CITY _____ STATE _____

PHONE NUMBER _____

NAME _____

ADDRESS _____

CITY _____ STATE _____

PHONE NUMBER _____

NAME _____

ADDRESS _____

CITY _____ STATE _____

PHONE NUMBER _____

NAME _____

ADDRESS _____

CITY _____ STATE _____

PHONE NUMBER _____

In case of an emergency, please contact _____

PHONE _____ RELATIONSHIP _____

Address _____ City _____ State _____

Friends and family are fine to use, however all references must have different phone numbers and address!