

INDEPENDENT CONTRACTOR DRIVER APPLICATION

All questions are to be completely answered. Put "no" or "none" if something does not apply.

Date: _____ Social Security Number: _____ / _____ / _____

Please Print:

Name: Last _____ First _____ Middle _____

List all previous names/aliases _____

Current Phone Number: _____ Alt. Phone Number: _____

List all addresses of where you have lived for the past five (5) years. Start with current address first.

	From	To	Address	City	State	Zip Code
a:	_____	_____	_____	_____	_____	_____
b:	_____	_____	_____	_____	_____	_____
c:	_____	_____	_____	_____	_____	_____
d:	_____	_____	_____	_____	_____	_____
e:	_____	_____	_____	_____	_____	_____

Have you ever driven for or been employed by Yellow Cab, American Cab, Terminal Cab, Embassy Cab, KCI Cab, Metro Cab, or USA Cab? Yes No

Physical Description:

Sex: ___ Age: ___ Weight: _____ Height: ___ foot ___ inch Hair color: ___ Eye Color: ___

Date of birth: ___ / ___ / _____ Can you read and write the English language? Yes No

Place of birth (City & State): _____

Country of birth: _____ Are you a U. S. citizen? Yes No

If a citizen and if not born in the United States present citizenship papers. If NOT a citizen, you must present 'Permission To Work Document' issued by the United States Department of Justice Immigration and Naturalization Service.

EMPLOYMENT HISTORY:

All driver applicants must provide the following information on all employers during the previous (5) five years.

LIST COMPLETE MAILING ADDRESS: STEET NUMBER, CITY, STATE, ZIP CODE, & TELEPHONE NUMBER.

Account for all gaps in employment as well.

(NOTE: List employers in reverse order starting with the most recent and working backwards. Add a sheet if necessary.)

EMPLOYER			DATE	
NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY STATE ZIP	SALARY/WAGE			
CONTACT PERSON PHONE	REASON FOR LEAVING			

EMPLOYER			DATE	
NAME	FROM MO. YR.	TO MO. YR.		
ADDRESS	POSITION HELD			
CITY STATE ZIP	SALARY/WAGE			
CONTACT PERSON PHONE	REASON FOR LEAVING			

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS	POSITION HELD			
CITY	STATE	ZIP		SALARY/WAGE
CONTACT PERSON	PHONE		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS	POSITION HELD			
CITY	STATE	ZIP		SALARY/WAGE
CONTACT PERSON	PHONE		REASON FOR LEAVING	

EMPLOYER			DATE	
NAME	FROM MO. YR.		TO MO. YR.	
ADDRESS	POSITION HELD			
CITY	STATE	ZIP		SALARY/WAGE
CONTACT PERSON	PHONE		REASON FOR LEAVING	

Date of last physical examination: _____ (must be within the last 3 yrs & conducted by an MD; DO; or DC)

Copy attached, Name of Physician: _____

Address: _____ City: _____ State: _____ Zip: _____

Military? _____ Branch: _____ Type of Discharge: _____ Date: _____

Are you a Veteran of Foreign War? _____ Yes _____ No

Missouri Chauffeur's or CDL Number: _____ expiration date: _____

Kansas A, B, or C Driver's License Number: _____ expiration date: _____

Has your Driver's/Chauffeur's license ever been suspended or revoked by any state? _____ Yes _____ No

When? _____ Where? City: _____ State: _____

Have you ever applied for a Certificate before? _____ Yes _____ No

Where? City: _____ State: _____ Date: _____ Certificate # _____

Was this Certificate ever denied, revoked or suspended? _____ Yes _____ No

Where? City: _____ State: _____ Date: _____ Certificate # _____

List the reason _____

List all traffic violations/convictions for the last five (5) years

Date	Violations/Conviction Charge	Where: City & State
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is needed for any of the questions, ask for additional paper.

(Attach a current copy of Missouri/Kansas or former state driving record)

REGARDLESS OF HOW OLD List whether you have ever been found guilty of, pled guilty to, been convicted of or received a Suspended Imposition of Sentence (SIS) of any violation (federal, any state or any city) for murder, arson, assault, forcible rape, forcible sodomy, kidnapping, robbery, voluntary manslaughter, assault of a law enforcement officer, sexual offenses (including child molestation, sexual misconduct, and sexual abuse) possession of controlled substances or illegal drugs or narcotics, burglary, stealing, extortion, bribery, prostitution, weapons offense, crime of violence, indecent exposure, violations of state or city traffic laws and regulations involving injury or death leaving the scene of a motor vehicle accident, driving under the influence of alcohol or drugs and operating a motor vehicle with defective equipment.

Specify (C) for City or County 'General Ordinance', (S) for State and (F) for Federal, Circle (M) for Misdemeanor or (F) for Felony

Date	Conviction Charge	Where: City & State	C-S-F	Circle
_____	_____	_____	_____	M or F
_____	_____	_____	_____	M or F
_____	_____	_____	_____	M or F
_____	_____	_____	_____	M or F
_____	_____	_____	_____	M or F

Are you currently or have you ever been registered as a sexual offender anywhere? Yes No

Have you ever been sentenced to a penal institution? Yes No

Date: To & From _____ Offense _____ Where: City & State _____

Are you presently on Probation? Yes No or Parole? Yes No

If Yes, list all the names of your Probation Officer, agency, address, city, state and telephone number:

When does your Probation/Parole Expire: _____ Attach letter from your Probation/Parole Officer.

REGARDLESS OF HOW OLD THE CONVICTION, list if you have ever been found guilty, pled guilty to or been convicted of any violation (Federal, any state or any city) while driving any vehicle, including a taxicab or any other vehicle defined in the Taxicab Code.

Date	Conviction charge	Where: City & State
_____	_____	_____

Regardless of how old the conviction, list all alcohol or drug related conviction. Specify (A) alcohol or (D) drug related

Date	Conviction charge	Where: City & State	Circle
_____	_____	_____	A or D
_____	_____	_____	A or D

Have you ever been treated or directed to be treated for (A)alcohol or (D)drug abuse? If Yes, specify the following:

Date	Where: City & State	By Who	Circle
A. _____	_____	_____	A or D
B. _____	_____	_____	A or D

Describe Treatment for A. _____

Describe Treatment for B. _____

Are you under medical treatment, which requires prescription drugs, including barbiturates, tranquilizers, narcotics or any other drug? Explain in full, list type, quantity, dosage, and frequency: _____

Your consent is mandatory for the processing of this application. Your total driving and criminal conviction record will be considered. "I hereby authorize law enforcement, probation and parole agencies, and any other government agencies to release all information pertaining to any traffic or criminal record, and also any information concerning my operation of a Taxi/Livery vehicle from any such agency and any holder of Taxi/Livery permits to KCTG. I understand by filling out this application I am expressing a desire to become an Independent Contractor Driver and would be considered self employed. I would not be an employee of KCTG, and would not be eligible for benefits associated with employment."

Note: "I have read and understand this section, and by evidence of my signature below, I understand that furnishing false or incomplete information on this application is grounds for denial of employment. I also understand that a valid livery license and drivers license must be maintained while under contract with KCTG and that suspension, revocation or denial for renewal would void the contract."

Applicant's signature _____ Date: _____