

**APPLICATION TO PURCHASE TAXICAB
OPERATION SERVICES
IRA C. INC. T/A YELLOW CAB
C&C TRANSPORTATION INC.
T/A DALE CITY TAXI
CORKY'S EQUIPMENT INC
TAMMY'S INC**

This Application to Purchase services as an independent taxicab driver will be given every consideration, but its receipt does not imply that the applicant will be allowed to enter a "SERVICE AGREEMENT" to purchase such services

STOP!! DO NOT CONTINUE WITH THIS APPLICATION UNTIL YOU HAVE ANSWERED THE Following QUESTIONS!!!
Have you ever been arrested, convicted or had adjudication withheld for DWI, illegal drug use, possession or sales, or any other crime designated as a felony?

YES or NO (Please circle one)

If your answer is yes, you probably will be prohibited by Prince William County, The City of Manassas, and the City of Manassas Park from obtaining a driver's permit to operate a taxicab for hire and therefore will be ineligible to enter into a "Service Agreement" with any taxicab company licensed by the jurisdictions mentioned above.

SPECIAL NOTICES

I understand that if allowed to enter into a "Service Agreement" to purchase taxicab operation services, I will be an independent contractor, and as such, not entitled to any benefits offered to employees: nor will I be covered under the Federal Fair Labor Standards Act or the Virginia Workers Compensation law.

My signature below indicates that I have read and understand these notices

Applicant Name (Please Print Full Name)	Applicant Signature	Date
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PERSONAL

Please answer all questions completely and accurately as no action can be taken until all questions have been answered

Name: _____ Telephone () _____

Address: _____

Social Security Number:: _____ Date of Birth _____

Emergency Contact Person: _____ Telephone () _____

Height: _____ Weight: _____ Hair Color: _____ Color of Eyes _____

How long have you lived in this area? _____

Have you ever been employed or held a contract with this company before?

Yes No

If YES, please answer the following:

What name did you use at that time? _____

If employed what position did you hold? _____

If contracted whom did you drive for? _____

When did you work or contract here? From: _____ To: _____

Reason for leaving? _____

Do you owe any Money here? Yes No Amount? _____

Last place of employment: _____

Address: _____ From: _____ To _____

Will you grant permission for us to contact this employer? Yes No

DRIVING INFORMATION

DRIVER'S LICENSE

State: _____ Number _____

Type: _____ Expiration Date: _____

PLEASE CIRCLE YOUR ANSWERS TO THE FOLLOWING QUESTIONS

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
If yes give details _____

Any suspensions or revocations in the last Seven years? Yes No
If yes, list dates and reasons

1 _____

2 _____

3 _____

Any speeding tickets in the last Three years? Yes No
If yes, list Dates, locations and speeds below:

1 _____

2 _____

3 _____

Any Moving violations in the last Three years Yes No
If yes, list dates and the nature of each below:

1 _____

2 _____

3 _____

Any accidents, DWIs or reckless driving charges in the last Five years? Yes No
If yes, list Dates, locations and types below :

1 _____

2 _____

3 _____

WORK INFORMATION

Our dispatch system is based on the English language.

Can you read English?	YES	NO
Can you write English?	YES	NO
Can you speak fluent English?	YES	NO
Can you read a Map	YES	NO

Is there any reason you would not be able to lift luggage, grocery bags, packages, etc. YES NO

if YES, please explain: _____

Do you have any of the following conditions/symptoms that would prevent you from safely operating a motor vehicle? Please circle your answer

Epilepsy	Yes	No	Vision defects	Yes	No
Diabetes	Yes	No	Hearing Defects	Yes	No
Dizziness	Yes	No	Heart Trouble	Yes	No
Fainting Spells	Yes	No	Hypertension	Yes	No

If Yes, Please explain: _____

AFFIDAVIT

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance. I certify that the answers given by me to the foregoing questions are true and accurate without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this Application to Purchase Taxicab Services void and, if under an active Service Agreement, would be cause for immediate cancellation of said Service Contract.

Signature: _____

Date: _____

Interviewer's Signature: _____

Date: _____