1501 Staley Avenue
Savannah, GA 31405

Office: 912-236-1133
Fax: 912-236-1951
Dispatch: 1-877-251-1133

www.yellowCabOfSavannah.com

Yellow Cab Company
Vehicle Operator Application

Driver #_____

Vehicle leased from:
CCC DC H MBH ATL
Lease type: 12 hour 24 hour

Lease date:_____

Please print or type the following information.

Name_____Date of Birth_____
Last *First* *Middle* *Month/Day/Year*

Address_____
Street # *Street Name* *Apt. #*

City _____ State_____ Zip_____Phone(___)____-_____(___)____-_____
Home # *Cell #*

Length at current residence_____Length lived in Metro Atlanta area_____

Social Security number_____-____-_____ Birthplace _____
County/State/Country

Type of driver's license: Regular Operator___Chauffeur_____ Public Passenger____

State of issue_____ Expiration date_____ License #_____

List traffic violations incurred in the past 3 years. _____

_____

_____

Have you ever been convicted of a crime? _____If yes, explain._____

_____

Have you ever worked for Checker Cab? _____ If yes, give date(s)_____

Are you currently employed? _____If yes, where? _____

Please provide the name, address, and phone number of two living relatives:

_____
Name *Address* *Phone #* *Relationship*

_____
Name *Address* *Phone #* *Relationship*

Health Background

Do you have any physical, mental, sensory handicapped, or alcohol/drug related behaviors that may impair your judgment or affect your ability to safely operate a vehicle? ____If yes, explain._____

_____

Emergency Contact(s):

_____

Person(s) to be notified in the event of an emergency, please give name, address, and phone number.

Employment or Business Association Record

Please provide the following information for your last three places of business.

Company/Business Name:_____

Address_____

Phone _____ From:_____ to _____
Month and Year *Month and Year*

Company/Business Name:_____

Address_____

Phone _____ From:_____ to _____
Month and Year *Month and Year*

Company/Business Name:_____

Address_____

Phone _____ From:_____ to _____
Month and Year *Month and Year*

References

Please list the name, address, and telephone number of three character references (other than relatives or former employers).

Name_____Address_____

Phone_____ How long individual has known you_____

Name_____Address_____

Phone_____ How long individual has known you_____

Name_____Address_____

Phone_____ How long individual has known you_____

I do hereby affirm the information I have given on this application is true and I give Yellow Cab Company authorization to investigate the information.

_____ _____ _____
Name (Please print) *Signature* *Date*

Management Use Only

Remarks:_____

_____

_____

_____

Interviewed by_____
Signature Date