

Independent Contractor Vehicle Operator Application Form

Please type or print the following information:

Name: _____ Date of birth: _____
Last, First Middle Month / Day / Year

Address: _____
Street # Street Name Apt. #

City: _____ State: _____ Zip: _____ Phone/Cell: _____

Social Security Number: _____ - _____ - _____ Birthplace: _____
County State Country

Type of Driver's License: Regular Operator C.D.L. Public Service

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: _____

I do hereby affirm the information I have given on this form is true and I give Metro Taxi authorization to investigate the information.

Name (please print) Signature Date

Management Use Only

Remarks: _____

Interviewed by: _____
Name (please print) Signature Date

- Physical Examination
- Two Fingerprint cards
- Copy of Motor Vehicle Record
- DMV Physical Examination Form
- DMV Public Service License Application Form
- DMV License Endorsement