

TAXI/LIMOUSINE/MEDICAL TRANSPORT DRIVER APPLICATION



Please fill out this application completely. Incomplete applications will not be accepted. If necessary, use additional sheets of paper to fully answer the questions and attach to this application.

Name: _____
First Middle Last

Company you plan to work for: _____

Are you currently driving a taxi/shuttle? _____

Have you driven for another company in the past year: _____

Check One: **EMPLOYEE:** **OWNER:**

SSN: _____ **Date of Birth:** _____ **Weight:** _____

Height: _____ **Oregon Driver's License #:** _____ **Expiration:** _____

Telephone Number: _____ **Alternate Telephone Number:** _____

Mailing Address: _____
Street Address/PO Box Apt/Suite

_____ City State Zip Code

Home Address: _____
Street Address Apt/Suite

_____ City State Zip Code

Employment History-Last 10 Years (Business names only)

Driving History – Traffic Tickets and Traffic Crime Convictions

Please provide information below for any traffic crimes you have been convicted of **in the last 10 years, even if you believe they will no longer appear on your record.** This includes any traffic tickets you’ve paid/found guilty of for violations **including but not limited to:** Speeding, careless driving, DUII, Running a Red Light. If none, please write “None” below.

I have read and understand

Initial

Traffic Crime/Violation Description

Approximate Date and location

Driving History – Restrictions and Suspensions

Please list details for any suspensions or restrictions (i.e. only able to drive to and from work) to your driver’s license **within the last 10 years, even if you believe they will no longer appear on your record.** Reasons for suspensions **include but are not limited to:** DUII, Unreported Accident, Diversion, and Driver Improvement (excessive citations). If none, please write “None” below.

I have read and understand

Initial

Restrictions/Suspension Reason

Dates of Restrictions/Suspension

Criminal History

Please list details for **all criminal convictions within the last 10 years, even if you believe they will no longer appear on your record.** List **any Felony Convictions** you have ever received, **regardless of when they occurred.** This includes being issued a citation and released. Criminal convictions include, but are not limited to: Theft, Assault, Possession of a Controlled Substance, and Menacing. If none, please write “None” below.

I have read and understand

Initial

Crime Description

Date of Conviction

I certify that the information provided is correct. I understand that knowingly providing false information on this application may result in a denied application.

Signature

Date

Under Penalty of Perjury, I hereby swear, the information set forth in this application is true.

Applicant's Signature _____

STATE OF OREGON) ss.

County of Josephine)

This application was acknowledged before me on the

date of _____ by _____

as an applicant.

IN WITNESS WHEREOF I hereunto set my hand and seal on this same date.

Notary Public for Oregon

Notary's Signature _____

For Office Use Only:

Public Safety Director Recommendation:

No Position _____ Date _____
Signature

Denial _____ Date _____
Signature

City Manager Recommendation:

Approval _____ Date _____
Signature

Denial _____ Date _____
Signature

For Office Use Only:

Check list – New/Renew Driver

Complete Application

Photos Taken

Driver's License Copy

Notarized

Fingerprints (new)

Funds Receipted

To State(new) Date Sent _____ Date Received _____

To PS Date Sent _____ Date Received _____

To City Manager Date Sent _____ Date Received _____

Make license

Notify Driver