



APPLICATION TO PURCHASE TAXICAB SUPPORT SERVICES

Crown Cab Company, Inc.
1541 Saint George Street, Charlotte, Nc 28205

PH# 704-334-6666 | FAX# 704-334-8171
www.crowncabinc.com | crown@crowncabinc.com

Crown Cab Company, Inc. (Crown) is a company engaged in the business of providing transportation services etc. This application to purchase support services as an independent Taxicab driver will be given every consideration, but its receipt does not imply that the application will be allowed to enter into a "Service Agreement" to purchase such services.

Special Notes For Applicant

I understand that if allowed to enter into a "Service Agreement" to purchase Taxicab Operation Services, I will be an independent Contractor, not be entitled to any benefits that offered to employees, nor be covered under Workman's Compensation of Crown. I also understand that due to the Crown's insurance standards and regulations, I must have a satisfactory MVR (Motor Vehicle Report) and pass a criminal background investigation. I further understand that the company may verify my driving record and criminal background. I accept that should my MVR or Criminal background investigation fail to meet company standards, I will not be allowed to enter into a "Service Agreement", to purchase Taxicab Operation Services. My signature below indicates that I have read and understand these notices.

NameSignatureDate

Applicant's Information

Name			
Address			
City	State:	Zip:	
Telephone	Email:		

Personal Information and Physical Description

Age:		Date of Birth:	
Sex:		Social Security No.:	
Race:		Driver Licence No.:	
Height:		Residence States:	
Weight:		Color of Eyes:	
Marital States:		Color of Hair:	
		Serve Military:	

In Case of Emergency, Contact Information

Name	Address	Telephone	Relation

Other Notes:

Others Information

How long you have lived in this area? _____

Have you been employed or held a contract with Crown Cab Company before? YES NO

If YES, please answer the followings:

What name did you use at the time? _____

If employed, what position did you hold? _____

If contracting, what fleet did you drive in? Crown Taxicab Crown Transportation

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

Reason of Leaving? _____

Last Two Place of Employment

Company Name		
Address		
Phone Number		
Years		
Supervisor Name		
Reason of Leaving		

Will you grant permission for us to contact above companies for reference check? YES NO

Previous Residence in Last 7 Years

From Year - To Year	City	State	Zip Code	Notes

Driving Information

Driver License Information:

State: _____

Number: _____

Class: _____

Expiration Date: _____

How long you are driving? _____

Any DUIs or reckless driving cases in last seven years? YES NO

Any Suspensions or revocations in the last seven years? YES NO

If YES, lists dates and reason below:

- 1.
- 2.
- 3.

Any moving violations or speeding tickets in last seven years? YES NO

If YES, list dates and the nature of each below:

- 1.
- 2.
- 3.

Any Traffic Accidents in the last seven years? YES NO

If YES, list details below:

- 1.
- 2.
- 3.

Have you ever driven professionally before? YES NO

If YES, list places and dates below:

- 1.
- 2.
- 3.

Crown Driving Information

Crown Dispatch system is based on the English Language.

- Can you read English? YES NO
- Can you write English? YES NO
- Can you speak English? 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 medical conditions / symptoms that would prevent you from safely operating a motor vehicle?

If YES, please explain: YES

NO

- - - - **Affidavit** - - - -

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

Signature:

Date:

Interviewer's Signature:

Date: