



563 Trabert Ave. NW  
Atlanta, GA 30309-2299

Dispatch: 404-351-1111  
Office: 404-351-8255  
Fax: 404-351-1937

### Checker Cab Company Vehicle Operator Application

Driver # \_\_\_\_\_

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

www.atlantacheckercab.com

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 Checker Cab Company authorization to investigate the information.**

\_\_\_\_\_  
Name (Please print) Signature Date

**Management Use Only**

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interviewed by \_\_\_\_\_ Signature Date