
CAB 54

EMPLOYMENT APPLICATION

MIMS, FLORIDA

An application must be completed and submitted with applicable testing fees or evaluation and testing. No evaluation shall be given to an applicant whose license has been revoked or suspended in this or any other state. Such an individual shall not pass their evaluation until the period of revocation or suspension has been completed and their license has been reinstated.

The requirements listed below are for general information purposes only. Please read all application questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request the documentation be submitted directly to CAB 54 at the above address. If the documentation is unobtainable, you must submit a written explanation. All requested information and application fee must be provided prior to testing.

THE FOLLOWING REQUIREMENTS MUST BE MET FOR EMPLOYMENT AS A TAXI DRIVER WITH CAB 54

1. Hold a valid, current class A, B, C or E drivers' license.
2. Be a citizen of The United States of America or a legal resident alien.
3. Meet all physical qualifications to drive for lengthy periods of time and to assist passengers, including, but not limited to: being free of neck and back injuries that may limit the ability to turn your head over your shoulder to check oncoming traffic, the ability to safely exit the vehicle to check blind intersections, the ability to safely assist passengers into and of the vehicle.
4. Successful completion of driving skills test administered by CAB 54 [along with payment of an application fee in the amount of \$_____].

This information sheet is to be considered as part of the application process and the applicants signature below indicates that they have read this information sheet and fully understand its' contents.

APPLICANT SIGNATURE: _____ DATE: ____ / ____ / ____

AGREEMENT FOR EVALUATION

DATE OF APPLICATION: ____ / ____ / ____

I, _____, hereby make application for evaluation as a taxi driver for CAB 54, Mims FL and provide the following.

GENERAL INFORMATION

APPLICANT NAME: _____

CURRENT ADDRESS: _____

DATE OF BIRTH: ____ / ____ / ____

PHONE: CELL: _____ OTHER: _____

LICENSE INFORMATION

FLORIDA LICENSE NO: _____

LICENSE EXPIRATION: ____ / ____ / ____ CLASS: A ____ B ____ C ____ D ____

Have you ever had a license suspended, revoked or otherwise sanctioned? YES: ____ NO: ____

IF YES - Provide details of the reasons along with the date(s) and final resolution

Has your license been reinstated?

IF YES; provide a photocopy of your driving record showing reinstatement! YES: ____ NO: ____

Have you ever been convicted of a felony or offense involving moral turpitude? YES: ____ NO: ____

IF YES; provide a summary of the charges, along with the final resolution. Also please provide us with a copy of the final order showing completion of sanctions.

ALL APPLICANTS MUST PROVIDE A PHOTOCOPY OF THEIR CURRENT FLORIDA DRIVERS LICENSE WITH THE APPLICATION OR IT WILL BE REJECTED!

AFFIDAVIT: I hereby certify that the responses provided on and attached hereto are true and accurate to the best of my knowledge and belief, and that I may be required to provide additional information. I further certify that I am of good moral character and that I have reviewed and will comply with all pertinent laws of the State of Florida and the county of Brevard. I hereby authorize CAB 54 to administer the driver evaluation and authorize them to release any information, communication, report, record, stamen, recommendation, or disclosure that may have a bearing on my eligibility for the position for which I am applying. I understand by signing this I am authorizing the release of information about me that may otherwise be protected or confidential, and that I may be required to submit additional information in order for my application to be considered. I acknowledge that there are certain risks involved in driving and I hereby assume those risks. In consideration of CAB 54 performing the evaluation of me as a taxi driver, I hereby agree to indemnify and I hereby agree to indemnify and hold harmless CAB54, its employees, officers or assigns, of any and all damage and injury that may occur to me, to CAB 54 or to any third party as a result of any action that occurs during the driving test.

APPLICANT SIGNATURE: _____ **DATE:** _____ / _____ / _____

EMPLOYMENT HISTORY

1ST EMPLOYER: **NAME:** _____ **PHONE:** _____
ADDRESS: _____

2ND EMPLOYER: **NAME:** _____ **PHONE:** _____
ADDRESS: _____

3RD EMPLOYER: **NAME:** _____ **PHONE:** _____
ADDRESS: _____

REFERENCES

1ST REFERENCE: **NAME:** _____ **PHONE:** _____
ADDRESS: _____

2ND REFERENCE: **NAME:** _____ **PHONE:** _____
ADDRESS: _____

3RD REFERENCE: **NAME:** _____ **PHONE:** _____
ADDRESS: _____

APPLICANT SIGNATURE: _____ **DATE:** _____ / _____ / _____