

High Mountain Taxi

111-C Aspen Airport Business Center, Aspen, CO. 81611 Phone: (970) 925-8294 Fax: (970) 925-9409
57 Edwards Access Rd. Ste 12, Edwards, CO 81632 Phone: (970) 524-5555 Fax: (970) 845-8094

DRIVER APPLICATION

Date: _____

Name: _____ Social Security Number: _____
Last First Initial

Local Phone Number: (____) _____ Permanent Phone Number: (____) _____

Local Mailing Address: _____

Local Physical Address: _____

Permanent Address: _____

Position(s) Applying For: _____

Type of Driver: _____ Full Time _____ Part Time _____ Day _____ Night

How Did You Hear About This Position? Referred By: _____

Name of Newspaper or Publication: _____

Name of Any Relative(s) That Have Driven For This Company: _____

Have You Driven For This Company Before? ___ Yes ___ No If Yes, When? From: _____ To: _____
Month /Year Month/Year

Education:

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Post Graduate

Last School Attended: _____
Name of School Address

Please Give Any Other Educational or Former Job Related Experience Which You Feel Would Be Helpful in Considering Your Application: _____

_____ Please Initial I understand that an offer to drive, and my continued ability to drive for High Mountain Taxi is contingent upon satisfactory proof of my authorization to work in the United States as well as maintaining a current Colorado Drivers License in good standing with the State of Colorado.

Have you ever been convicted of a felony? ___ No ___ Yes If yes, please explain. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered. _____

DRIVER EXPERIENCE & QUALIFICATION - Complete This Page if Applying For a Driver Position.

Are you 23 years of age or older? ___Yes ___No How long have you had a drivers license? ____ Years

Date of Birth:_____ The U.S. Department of Transportation requires that driver applicants state their birth date (§ 3912.21(b)(2))

Drivers Licenses held in the Past 3 Years:

State	License Number	Class	Endorsement(s)	Expiration Date

In the last 5 years, have you ever had any permit or privilege or license to operate a motor vehicle denied, suspended or revoked? ___ No ___ Yes If yes, please explain:

Have you had any drug or alcohol related driving offenses within the past 5 years? ___ No ___ Yes If Yes, please explain: _____

In the last 5 years, have you been employed or have your employment responsibilities included the operation of any of the following vehicles?

1. PRIVATE CARS ___Yes ___ No If Yes, please indicate dates: From_____ To_____
2. CABS ___Yes ___ No If Yes, please indicate dates: From_____ To_____
3. VANS ___Yes ___ No If Yes, please indicate dates: From_____ To_____
4. BUSES ___Yes ___ No If Yes, please indicate dates: From_____ To_____
5. STRAIGHT TRUCK ___Yes ___ No If Yes, please indicate dates: From_____ To_____
6. TRACTOR TRAILER ___Yes ___ No If Yes, please indicate dates: From_____ To_____

ACCIDENT REVIEW FOR PAST 3 YEARS: (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, etc.)	Fatalities	Injuries
Last Accident			
Next Previous			

Next Previous			
---------------	--	--	--

Traffic Convictions and Forfeitures for the past 3 years other than parking violations:

Location	Date	Charge	Penalty

Employment Record

The U.S. Department of Transportation requires that driver applications show all employment for the past three years. Effective July, 1987 they must also show commercial driver employment for the seven years immediately preceding this year period. § 391.21 (B) (10), (11)

Start with most recent or current position, including military experience, and work back. (Attach a separate sheet of paper if necessary).

Current Employer: _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From: _____ To _____ Salary _____
Month /Year Month /Year

Reason for leaving _____

Company: _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From: _____ To _____ Salary _____
Month /Year Month /Year

Reason for leaving _____

Company: _____ Supervisors Name: _____

Address: _____ Phone: (_____) _____

Position Held: _____ From: _____ To _____ Salary _____
Month /Year Month /Year

Reason for leaving _____

Applicant Must Read And Sign

I certify that I have read and understood all of this driver’s application. It is agreed and understood that High Mountain Taxi or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for an independent contractor position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a contract, it may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant as an independent contractor and this application is being submitted solely for the purpose of seeking said status with High Mountain Taxi and for no other reason.

I agree to furnish such additional information and complete such examinations as may be required to complete my acceptance as an independent contractor with High Mountain Taxi.

I understand that misrepresentation or omission of information or facts may result in my rejection or termination of contract.

If contracted, I agree to abide by all the rules and policies of the High Mountain Taxi.

This certifies that this application was completed by me, and that all entries on it are true and complete to the best of my knowledge.

_____ Date _____ Applicant Signature

For Office Use-Please Do Not Write In This Space

Applicant Approved? ____ Yes ____ No Date Of Employment: _____ Date Of Birth: _____

Position: _____ Department: _____

IN EMERGENCY NOTIFY: _____ Phone:(____) _____

Address: _____

Termination Information

Date Terminated: _____ Eligible For Reinstatement: _____ Supervisor: _____

Voluntary: _____ Reason: _____

Involuntary: _____ Reason: _____

Additional Comments: _____

