

Application

Hire Date _____

Reno Sparks Cab Company
475 Gentry Way
Reno, NV 89502
333-3322 Ext. 322 Fax 829-4699
CPCN# 1025

Date of Application _____

Phone Number _____

Position Applied for			
Name of Applicant			
	Last	First	Middle

Date of Birth		Social Security Number	
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Current Address					
	Street	City	State	Zip	How Long?
List your addresses of residency for the past 3 years					
Previous Address					
	Street	City	State	Zip	How Long?
Previous Address					
	Street	City	State	Zip	How Long?
Previous Address					
	Street	City	State	Zip	How Long?

Employment History

(Non-CDL-3 years of history & CDL 10 years of history)

All driver applicants to drive in interstate or intrastate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information, (for a total of 10 years), on those employers for whom the applicant operated such vehicles. Start with the most recent employer. Add another sheet if necessary.

Employer Name		Dates Employed	From:	To:	
Employer Address				Phone #	
Reason for Leaving		Contact Person			
Position Held 1		Wage/Salary			
Were you subject to FMCSR's while employed by this employer:				Yes	No
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40				Yes	No
Employer Name		Dates Employed	From:	To:	
Employer Address				Phone #	
Reason for Leaving		Contact Person			
Position Held		Wage/Salary			
Were you subject to FMCSR's while employed by this employer:				Yes	No
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40				Yes	No

Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	
Reason for Leaving		Contact Person		
Position Held		Wage/Salary		
Were you subject to FMCSR's while employed by this employer:			Yes	No
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40			Yes	No

Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	
Reason for Leaving		Contact Person		
Position Held		Wage/Salary		
Were you subject to FMCSR's while employed by this employer:			Yes	No
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40			Yes	No

Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	
Reason for Leaving		Contact Person		
Position Held		Wage/Salary		
Were you subject to FMCSR's while employed by this employer:			Yes	No
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40			Yes	No

Employer Name		Dates Employed	From:	To:
Employer Address			Phone#	
Reason for Leaving		Contact Person		
Position Held		Wage/Salary		
Were you subject to FMCSR's while employed by this employer:			Yes	No
Was job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirement as required by 49 CFR part 40			Yes	No

Unexpired commercial motor vehicle operator's license or permit information

Issuing State		License No. & Class		Expiration Date
Issuing State		License No. & Class		Expiration Date
Issuing State		License No. & Class		Expiration Date

Nature and extent of your experience in the operation of commercial motor vehicles

Class of Equipment	Type of Equipment	Dates		Approximate No. of Miles (Total)
		From	To	
Limousine/Sedan				
Bus				
Taxi				
Truck				
Tow Car				
Other				

If no experience, write 'None': _____

List all motor vehicle accidents you were involved in within the past 3 years

Dates	Nature of Accident (Head-on, Rear-end, Upset, etc)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

EXPERIENCE AND DRIVER QUALIFICATION-DRIVER LICENSES

State	License No.	Type	Expiration Date

EDUCATION

Circle the highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 5 6

Last School attended: _____
Name City State

TO BE READ AND SIGNED BY APPLICANT

Please note that you have due process rights as specified in CFR 391.23(i) regarding information received as a result of these investigations.

I understand that I have the following rights:

- The right to review the information provided by previous employers;
- The right to have errors in the information corrected by the previous employer and for that previous employer to re-send the corrected information to the prospective employer;
- The right to have a rebuttal statement attached to the alleged erroneous information, if myself and the previous employer cannot agree on the accuracy of the information

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

Date

Applicant's Signature

Reno Sparks Cab Company 475 Gentry Way Reno, NV CPCN 1025
Executive Limousine Service 475 Gentry Way Reno, NV CPCN 1016
Yellow Cab OF Reno 475 Gentry Way Reno, NV CPCN 1014

Pre-Employment Notification & Acknowledgement

I understand and acknowledge that I will be required to undergo a urine drug test under the authority of the U.S. Department of Transportation (DOT), Federal Transit Administration (FTA) prior to being hired or transferred into a safety-sensitive position as defined in CFR Part 655¹. I understand and acknowledge that I will not be assigned to perform a safety-sensitive function unless my urine drug test has a verified negative result.

(Print Name)

(Signature)

(Date)

Have you tested positive, or refused to test, on any DOT pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, a safety-sensitive position in the past two years? Please circle your response below:

YES

NO

If you answered YES, can you provide documentation that you successfully completed the DOT return-to-duty requirements described in 49 CFR Part 40, Subpart O? Please circle your response below:

YES

NO

(Print Name)

(Signature)

(Date)

¹ A safety-sensitive function, as described in 49 CFR Part 655 Section 655.4, includes: (1) operating a revenue service vehicle; (2) operating a non-revenue service vehicle, when required to be operated by a CDL holder; (3) controlling dispatch or movement of a revenue service vehicle; (4) maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service; or (5) carrying a firearm for security purposes.

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Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing

Section I: To be completed by the new employer and signed by the employee, and transmitted to the previous employer.

Name: _____ SS/ID Number: _____

I hereby authorize release of information from my DOT-regulated drug and alcohol testing records by my previous employer, listed in Section I-B to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, section 40.25.

Signature _____

Date _____

I-A:

New Employer Name: RENO SPARKS CAB & YELLOW CAB & EXECUTIVE LIMOUSINE

Designated Employer Representative: _____

Address: 475 Gentry Way Reno, NV 89502

Phone #: 775 333-3322 Ext 322 Fax #: 775 829-4699

I-B:

Previous Employer Name: _____

Designated Employer Representative: _____

Address: _____

Phone #: _____ Fax #: _____

Section II: To be completed by the previous employer and transmitted to the new employer.

II-A:

In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing:

1. Did the employee have alcohol tests with a result of 0.04 or higher? Yes ___ No ___
2. Did the employee have verified positive drug tests? Yes ___ No ___
3. Did the employee refuse to be tested? Yes ___ No ___
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes ___ No ___
5. Did a previous employer report a drug and alcohol rule violation to you? Yes ___ No ___
6. If you answered "Yes" to any of the above items, did the employee complete the return to duty process? Yes ___ No ___

II-B:

Person providing information in Section II-A:

Name: _____ Title: _____

Phone #: _____ Date: _____

SAFETY PERFORMANCE HISTORY

This information is being requested in compliance with 49 CFR §391.23(a)(2)

The applicant named above was under my company's employ as (position) _____ from
(m/y) _____ to (m/y) _____ earning a salary of \$ _____.

1. Did he/she drive a motor vehicle for you? YES NO
If yes, what type? Straight Truck Tractor-Semitrailer Cargo Tank OTHER(Specify) _____
2. Reason for leaving your employ: Discharged Resignation Lay-Off Military Duty
3. Is this person eligible for rehire? YES NO If not, please comment: _____
4. Has the driver been involved in an accident, as defined by §390.5, within the past three years? YES NO
If yes, please include the following information for each accident:

DATE OF ACCIDENT	CITY OR TOWN	NUMBER OF INJURIES	NUMBER OF FATALITIES	HAZARDOUS MATERIALS SPILLED

5. Include information on any other minor (non-DOT) accidents that you may wish below:

PERSON COMPLETING THIS FORM:

NAME: _____ TITLE: _____
SIGNATURE: _____
COMPANY: _____
ADDRESS: _____

PHONE # _____ Fax # _____

New Employer Name: RENO SPARKS CAB & YELLOW CAB & EXECUTIVE LIMOUSINE
Designated Employer Representative: _____
Address: 475 Gentry Way Reno, NV 89502
Phone #: 775 333-3322 Ext 322 Fax #: 775 829-4699

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**MOTOR VEHICLE
DRIVER'S CERTIFICATION OF VIOLATION
391.27**

I certify that the following is a true and complete list of traffic violations (other than parking violation) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of Certification)

(Driver's Signature)

(Motor Carrier's Name)

(Motor Carrier's Address)

(Reviewed by: Signature)

(Title)

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