T F	
Reno Sparks Cab Company	
475 Gentry Way	

Reno, NV 89502 333-3322 Ext. 322 Fax 829-4699

Street

Street

Street

Street

CPCN# 1025

Previous Address

Previous Address

Previous Address

Application

Date of Application		Phone Number	
Position Applied for Name of Applicant			
	Last	First	Middle
Date of Birth	Soci Nun	al Security iber	
Current Address			

City

City

City

City

List your addresses of residency for the past 3 years

State

State

State

State

Zip

Zip

Zip

Zip

How Long?

How Long?

How Long?

How Long?

Hire Date

Employment History

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

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

Employer Name						Dates Employed	From:	To:	
Employer Addre							Phone	#	
Reason for Leav	ing					Contact Person			·
Position Held						Wage/Salary			
Were you subjec	t to	FMCSR's v	while employed by this	employer:			Yes	No	
Was job designa	ited :	as a safety	sensitive function in a	ny DOT regul		bject to alcohol an	d Yes	No	
controlled substa	nces	testing red	quirement as required	by 49 CFR pa	rt 40			-]	
Employer Name				and de come and a classification and the control of the complete of the comple		Dates Employed	From:	To:	
Employer Addre	ess			and the state of t		-	Phone	#	
Reason for Leav	ing					Contact Person			
Position Held						Wage/Salary	ş		
Were you subject	t to	FMCSR's v	while employed by this	employer:			Yes	No	
Was job designa	ated	as a safety	sensitive function in a	ny DOT regul	lated mode su	bject to alcohol an	d Yes	No	
controlled substa	ances	testing re	quirement as required	by 49 CFR pa	ırt 40	atanan kanan tarah sarah s		\	
Employer Name			унграмент россий доставитель фаторизант факторурова об до фант доб бугу сто уси быту стого россий со туроване до фанта	al Edicapaga ay ina sara-dig dia casa fan Capacian e ar ami to de que e endo calha e colo mitor cast	andered Arabi edicio hamourduse va Burdon es distribute de Alabab ede edificaci	Dates Employed	From:	To:	
Employer Addre	- Contractor Contracto						Phone	#	
Reason for Leav						Contact Person			
Position Held						Wage/Salary			
Were you subject	et to	FMCSR's	while employed by this	employer:			Yes	No	
			sensitive function in a		lated mode su	biect to alcohol an		No	
			quirement as required			J			
Employer Name	Т		daga karang paman kara panan saman karan karan karan pangan karan karan karan karan sa sa karan pada dan sa ka			Dates Employed	From:	To:	
Employer Addre	unummente de la constante de l			1	Property of the second		Phone		
Reason for Leav						Contact Person	Inone	or I	
Position Held	ing					Wage/Salary			
	t to	FMCSR's	while employed by this	employer:		viago/Salary	Yes	No	
					lated mode su	biect to alcohol an		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				100					
			red commercial mot			ense or nermit ir	formatio	nn	dan marana da marana
Issuing State	***	Опохр	License No. & Class	Tor vemore e	perator s ne	chise of permit in		iration Date	T
Issuing State			License No. & Class	+				Expiration Date	
Issuing State			License No. & Class	 		,	Expiration Date		
200423			Litetise Ivo. & Class						
	4	Nature an	d extent of your exp	erience in th	ne operation				
Class of	1		Type of Equipment			Dates	Ap ₁	proximate N	
Equipment					From	То	(Total))
Limousine/Seda	n								
Bus									
Taxi									
Truck									
Tow Car		Ann secondo a another productive secondarios	more a front for the post AM port of the explore and explored in the post of the post of the post of the explored in the explo						the defending the self-train and red to the self-train the self-train the self-training from the self-training
Other									
If no experience, write 'None': List all motor vehicle accidents you were involved in within the past 3 years									
Dates Nature of Accident Fatalities Injuries					es				
			(Head-on, Rear-end					J	
Last Accident				,					
Next Previous									
Next Previous				***************************************					
					L.				

EXPERIENCE AND DRIVER QUALIFICATION-DRIVER LICENSES

License No. Type Ex

Date

State	License No.	Туре	Expiration Date
	EDUC	ATION	
Circle the highest grade com	pleted: 1 2 3 4 5 6 7 8	High School: 1 2 3 4 Co	llege: 1 2 3 4 5 6
Last School attended:	Name	0.4	Q ₁ 1
	Name	City	State
	TO BE READ AN SIG	NED BY APPLICANT	
D1	. 1.	CED 201 20() 1: ' C	
these investigations.	ie process rights as specified in	n CFR 391.23(i) regarding infor	mation received as a result of
I understand that I have the f	ollowing rights:		
	ne information provided by pre-		
		l by the previous employer and	for that previous employer to
	information to the prospective	4 .	on if marrialf and the marrians
employer cannot agre	e on the accuracy of the inform	he alleged erroneous information	on, if myself and the previous
1 7	, , , , , , , , , , , , , , , , , , , ,		
This	1. 11	1.1	
complete to the best of my kr	nion was completed by me, and	d that all entries on it and inform	mation in it are true and
Tompleto to the bost of my M	~~ · · · · · · · · · · · · · · · · · ·		

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)	(S	ignature)	NOTION AND AND AND AND AND AND AND AND AND AN	(Date)
Have you tested positive, or administered by an employe position in the past two year	r to which y	ou applied for, but	did not obtain,	
	YES		NO	
If you answered YES, can y return-to-duty requirements below:			-	-
	YES		NO	
(Print Name)	(S	ignature)		(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.

listed in 40.25.

Name:	SS/ID Number:			
	v authorize release of information from my DOT-regulated drug and alcohol. I-B to the employer listed in Section I-A. This release is in accordance with			
Signa	ture Date			-
<i>I-A:</i> New Er	nployer Name: RENO SPARKS CAB & YELLOW CAB & EXECUTIVE	LIMOUSINE		
Designa	ated Employer Representative:			
Address	s: 475 Gentry Way Reno, NV 89502			
Phone #	#:	ax #: <u>775 829</u>	9-4699	
I-B: Previou	is Employer Name:			
Designa	ated Employer Representative:			
Address	St			
Phone #	#: Fax #:			
II-A:	n II: To be completed by the previous employer and transmitted to	-		
	wo years prior to the date of the employee's signature (in Section I), for DC	-	<u>-</u>	
1.	Did the employee have alcohol tests with a result of 0.04 or higher?		_ No	
2.	Did the employee have verified positive drug tests?		No	
3. 4.	Did the employee refuse to be tested? Did the employee have other violations of DOT agency drug and alcohol		No	
۳.	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:			-
	#: Date:			

SAFETY PERFORMANCE HISTORY

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

	amed above was under my					fre	om
(m/y)	to (m/y) ear	ning a salar	ry of \$		······•		
1. Did he/she	drive a motor vehicle for y	ou?	YES [NO]		
If yes, what	t type? Straight Truck	Tracto	or-Semitrailer [Car	go Tank 🗀	OTHER(Specify)	
2. Reason for l	eaving your employ:	Discharg	ged Resig	nation	Lay-Off	Military Duty	
3. Is this perso	on eligible for rehire?	YES 🗌	№ □	If not,	please con	nment:	
	ver been involved in an accee include the following in				ı the past tl	nree years? YES	NO
DATE OF ACCIDENT	CITY OR TOW	N	NUMBER OF INJURIES		MBER OF ALITIES	HAZARDOUS MATERIALS SPIL	
A							
5. Include info	ormation on any other min	nor (non-D	OT) accidents	that you	may wish	below:	
PERSON COM	PLETING THIS FORM:	Marandari Amerika da Sanda ka da Marandari ana aran aran da a da san	value have been blanched the the the the think and an income the standard				Number Section The The Property
NAME:			TI	TLE :			
PHONE #		-	Fax #				
New Employer	Name: <u>RENO SPARKS C.</u>	AB & YEL	LOW CAB &	EXECUT	IVE LIMO	DUSINE	
Designated Emp	oloyer Representative:						
Address:	475 Gentry Way Reno, 1	VV 89502					J-1,
Phone #:	775 333-3322 Ext 322				Fax #: _	775 829-4699	******

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

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
			C-0444-6-04-04-04-04-04-04-04-04-04-04-04-04-04-

-Nac-184-de-the-184-049-64-45-46-46-46-46-46-46-46-46-46-46-46-46-46-		man manufactura de la compacta del la compacta de l	the section of the contract of
enterent establishen en entre et en			
Té no violatione que tiebe	and a bassa. To a set 50 a block 7 bassa see to be		
	ed above, I certify that I have not b to be listed during the past 12 mon		collateral on account or
(Date of Certification)		(Driver's Signature)	
(Motor Carrier's Name)	***************************************	(Motor Carrier's Address	
	MARKARAN BARAN AND AND AND AND AND AND AND AND AND A	No. of the contract of the con	AND PROPERTY OF THE PROPERTY O
(Reviewed by: Signature	9)	(Title)	

Reno Sparks Cab Company 475 Gentry Way Reno, NV 89502 CPCN 1025