

YELLOW CAB OF TAMPA

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
How Long at Current Address?			
Old Address		Apartment/Unit #	
City	State	ZIP	
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are You Over 18 Years of Age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for Yellow Cab company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>			
Names of Friends or Relatives Who Presently Work For This Company:			

POSITION DESIRED	
Position Applying For:	Date You Can Start:

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please List Three Persons You Are Not Related to, Whom You Have Know At Least One Year.</i>	
Full Name	Relationship
Company	Phone ()

Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

SPECIALIZED SKILLS
Please List Any Specialized Skills Below:

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GENERAL

List Any Foreign Languages You Speak and Check Level of Familiarity:

Speak Some Speak Fluently Read Write

Speak Some Speak Fluently Read Write

Speak Some Speak Fluently Read Write

SECURITY

Have You Ever Been Bonded? Yes No

Please Explain:

Have You Been Convicted of A Felony In The Last Five Years? Yes No

If Yes, Explain (This Will Not Necessarily Exclude You From Consideration):

AUTHORIZATION AND SIGNATURE

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that if employed falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, unless it is in writing and signed by and authorized company representative

Signature

Date

Yellow Cab

New Hire Check List

Employee Name _____

Current Address:

• Street _____

• City _____

• Zip _____

Home Phone _____

Date of Birth _____

(Office Use Only - Do Not Write Below)

Department _____

Position Hired For _____

Hire Date _____

Application _____

W-4 _____ (Original To Accounting)

I-9 _____ (Includes Copies of 2 Forms of ID)

Rate Of Pay _____

Yellow Cab

New Hire Check List

(For Accounting Use Only)

SS# _____

Exemptions _____

Single _____

Married _____

Return to Accounting Department

Position(s) Applied Is Open _____ Yes _____ No

Position(s) Considered For: _____

Date: _____

Notes: