



**APPLICATION TO PURCHASE TAXICAB SERVICES**

IRA C. INC. T/A YELLOW CAB  
C&C TRANSPORTATION INC.  
T/A DALE CITY TAXI  
CORKY'S EQUIPMENT INC.  
TAMMY'S INC.

This Application to Purchase services as an independent contractor taxicab driver will be given every consideration, but its receipt does not imply that the applicant will be allowed to enter a "SERVICE AGREEMENT" to purchase such services.

**STOP!! DO NOT CONTINUE WITH THIS APPLICATION UNTIL YOU HAVE ANSWERED THE FOLLOWING QUESTIONS!!!**

*Have you ever been arrested, and or convicted of any crime of moral turpitude, including any sex offense or crime against children?*

**YES OR NO (PLEASE CIRCLE ONE)**

*Have you ever been arrested, convicted or had adjudication withheld for DWI, illegal drug use, possession or sales, or any other crime designated as a felony?*

**YES or NO (Please Circle One)**

**IF YOUR ANSWER IS YES, YOU MAYL BE PROHIBITED BY PRINCE WILLIAM COUNTY FROM OBTAINING A DRIVER'S PERMIT TO OPERATE A TAXICAB FOR HIRE AND THEREFORE WILL BE INELIGIBLE TO ENTER INTO A "SERVICE AGREEMENT" WITH ANY TAXICAB COMPANY LICENSED BY THE JURISDICTION MENTIONED ABOVE. PLEASE TAKE YOUR APPLICATION TO THE OFFICE TO DISCUSS YOUR SITUATION.**

I understand that if allowed to enter into a "Service Agreement" to purchase taxicab operation services, I will be an independent contractor and as such, not entitled to any benefits offered to employees: nor will I be covered under the Federal Fair Labor Standards Act or the Virginia Workers Compensation law.

My signature below indicates that I have read and understand these notices.

Applicant Name(Please Print Full Name):

APPLICANT SIGNATURE:

DATE:



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### APPLICANT INFORMATION

|                                    |                            |             |
|------------------------------------|----------------------------|-------------|
| Name:                              |                            |             |
| Date of birth:                     | SSN:                       | Phone:      |
| Current address:                   |                            |             |
| City:                              | State:                     | ZIP Code:   |
| Citizen: YES NO (please circle)    | Work Authorization: YES NO | Email:      |
| Driver's License State and Number: |                            |             |
| Height:                            | Weight:                    | Hair Color: |
| Eye Color:                         | Race:                      |             |

### EMPLOYMENT INFORMATION

|   |                        |           |
|---|------------------------|-----------|
| Current Employer or Contractor:   |                        |           |
| Address:  |                        | How long? |
| Phone:  | E-mail:                | Fax:      |
| City:   | State:                 | ZIP Code: |
| May we contact this company?  | YES NO (please circle) |           |
| Previous Employer or Contractor:  |                        |           |
| Address:  |                        | How long? |
| Phone:  | E-mail:                | Fax:      |
| City:   | State:                 | ZIP Code: |
| May we contact this company? YES NO (please circle)   |                        |           |
| Have you ever been employee or held a contract with this company before? YES NO (please circle) |                        |           |
| If yes, what name did you use?  |                        | Position: |
| Dates of Work:  | to                     |           |
| Reason for Leaving:   |                        |           |

### WORK INFORMATION

|  |                |                      |
|--|----------------|----------------------|
| Please answer YES or NO to the following:  |                |                      |
| Read English   | Write English  | Speak Fluent English |
| Do you have any of the following conditions/symptoms that would prevent you from safely operating a motor vehicle? If yes, please explain. |                |                      |
| Epilepsy   | Diabetes       | Dizziness            |
| Fainting Spells  | Vision Defects | Heart Trouble        |
| Glasses or Contacts  | Hearing Aids   | Hypertension         |

Is there any reason you would not be able to lift luggage, wheel chairs, grocery bags, packages, (up to 50 lbs)etc.?  
If Yes, Please Explain.



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DRIVING INFORMATION

Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes No (Please Circle)

If yes give details:

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|  |
|  |

Any suspensions or revocations in the last Seven years?

Yes No (Please Circle)

If yes, list dates and reasons:

|  |
|--|
|  |
|  |
|  |
|  |

Any speeding tickets in the last Three years?

Yes No (Please Circle)

If yes, list Dates, locations and speeds below:

|  |
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|  |
|  |
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|  |

Any other Moving violations in the last Three years?

Yes No (Please Circle)

If yes, list dates and the nature of each below:

|  |
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|  |
|  |
|  |
|  |
|  |

Any accidents, DWI's, DUI's or reckless driving charges in the last TEN years?

Yes No (Please Circle)

If yes, list Dates, locations and types below :

|  |
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## APPLICATION TO PURCHASE TAXICAB SERVICES

### EMERGENCY CONTACT INFORMATION

|               |        |           |
|---------------|--------|-----------|
| Name:         |        |           |
| Address:      |        | Phone:    |
| City:         | State: | ZIP Code: |
| Relationship: |        |           |

### DRIVING EXPERIENCE

| STATE OF LICENSE | DATES LICENSED |
|------------------|----------------|
|                  |                |
|                  |                |
|                  |                |
|                  |                |

### PREVIOUS TAXI OR PROFESSIONAL EXPERIENCE

| COMPANY NAME | CITY / STATE | CONTACT PERSON | PHONE NUMBER |
|--------------|--------------|----------------|--------------|
|              |              |                |              |
|              |              |                |              |
|              |              |                |              |
|              |              |                |              |

***Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.***

***I certify that the answers given by me to the foregoing questions are true and accurate without any consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this Application to Purchase Taxicab Services void and, if under an active Service Agreement, would be cause for immediate cancellation of said Service Contract.***

|   |      |
|---|------|
| Signature of applicant                          | Date |
| Signature of co-applicant, if for joint account | Date |