

AAA FULL TRANSPORTATION

Independent Contractor Application To Purchase Taxicab Small Business Services

Name: First-Middle-Last (Must Be Exactly As Appears On Social Security Card)				Social Security Number	
Former Name:			Do you have a legal right to permanently remain <input type="checkbox"/> Yes in the United States? <input type="checkbox"/> No		
List below all addresses where you have lived in the last three (3) years Begin with present address					Dates
Street Address	City	State	Zip Code	From	To
Present Address (house or apartment)					
Previous Address :					
Previous Address :					
Previous Address :					
Previous Address :					
How long have you lived in Arizona?			E-mail Address :		
Home Telephone () -		Mobile Telephone () -		<input type="checkbox"/> Yes <input type="checkbox"/> In Service? <input type="checkbox"/> No	
Emergency Telephone Contact: () -			Relationship To You?		

List all personal & commercial Motor Vehicle Operator's licenses or permits issued or surrendered in the last 5-years. (any omissions or inaccuracies may result in your disqualification).

STATE	AZ	LICENSE NUMBER	EXP. DATE	
STATE		LICENSE NUMBER	EXP. DATE	
STATE		LICENSE NUMBER	EXP. DATE	
STATE		LICENSE NUMBER	EXP. DATE	

Have you been charged with DUI or DWI or Admin per se in the last five years? Yes
Do not complete the remainder of this application if you answered "Yes" to this question No

Have you had any motor vehicle accidents in the last five (5) years, whether or not you were issued a citation in conjunction with the accident? If you answered "yes", please explain: Yes
 No

Have you been without an active driver license or had your license revoked or suspended in the last five (5) years? If you answered "yes", please explain: Yes
 No

List all moving violations for the last five (5) years. Write "NONE" in the space provided if you do not have any moving violations.

DATE	LOCATION	VIOLATION	PENALTY

AAA FULL TRANSPORTATION

Indicate any awards you have received for Safe Driving and from whom:

Date of last DOT Physical:	Did you qualify? <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Care Professional Name and Address
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Have you ever received Worker's Compensation? Yes No When?

Do you have any of the following conditions / symptoms that would prevent you from safely operating a moter vehicle?

Epilepsy	Diabetes	Dizziness	Fainting	Vision	Spells	Defects	Hearing	Defects	Heart	Trouble	Hypertension
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

Are you currently being treated for any physical or mental disorders and / or taking any prescribed medications? Yes No

Since reaching the age of eighteen (18), have you ever been arrested or had adjudication withheld for illegal drug use, possession or sales, or been convicted of any other crime: or have any criminal matters pending under your present name or any other name? (Other than a routine traffic violation.)

Yes No How many times? _____ Other Name (a.k.a) - First, Middle, Last: _____

Offense	Date	Penalty
Offense	Date	Penalty
Offense	Date	Penalty

Are you presently on probation or parole? Yes No Name of Probation Supervisor / Parole Officer: _____ Business Telephone: _____

Release for Information on Alcohol and Controlled Substance Testing

I, _____ hereby consent to "Alcohol and Controlled Substance Testing." This testing may be required at the discretion of AAA Full Transportation for determining whether or not a contractor is operating a motor vehicle while impaired by alcohol or a controlled substance. This information is confidential and will only be released by written request, and with the permission of the person tested.

Signature: _____ Date: _____

Have you ever contracted with any Taxicab, Sedan, Limousine, Medical Transport or delivery vehicle in Arizona?	<input type="checkbox"/> Yes	From what date:
	<input type="checkbox"/> No	To what date:
Have you ever operated a Taxicab, Sedan, Limousine, Medical Transport or deliver vehicle in the U.S or foreign country?	<input type="checkbox"/> Yes	From what date:
	<input type="checkbox"/> No	To what date:

Company Name: _____ City / State: _____
 Company Name: _____ City / State: _____

AUTHORIZATION Must be signed by Applicant / Independent Contractor of AAA Full Transportation

I am aware that consumer and motor vehicle reports may be obtained as part of your evaluation of my application and / or contractual agreement. The reports may be procured by you or your insurance company representative(s), and may include personal information obtained from state motor vehicle departments, my driving record, an assessment of my insurability for the insurance program, or other consumer reports. By signing below, I hereby provide my authorization for you or your insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time as deemed appropriate to evaluate my insurability or for other permissible purposes.

Today's Date: _____ Signature: _____
 Name as it appears on Driver License: _____ Date of Birth: _____
 Driver License Number: _____ State: ARIZONA

AAA FULL TRANSPORTATION

Highest Level of Education Completed: _____ Where? _____

All company communications require English language competency. Can you fluently...
 Speak Yes No Read Yes No Write Yes No
 English? No English? No English? No

Please give a complete record of all employment and reasons for unemployment in the last three (3) years. Start with your current occupation and then proceed backward.

Employer / Occupation	City / State	Telephone Contact	Dates	Reason for Departure

If we contact your employers, would you expect them to say they would rehire you for the position you last held there? Yes No

If "No", explain: _____

List three (3) current references. If you are unable or unwilling to fulfill this request, stop here.

NOTE: References may be either personal or professional. References may not share the same household with you or the same telephone number. References must live apart from each other and may not share the same physical address or telephone number. All references must have a physical address in Arizona.

NAME	CURRENT PHYSICAL ADDRESS (NO P.O. BOX)	TELEPHONE NUMBER

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance. I certify that all answers given above are true to the best of my knowledge. I agree to comply with all AAA Full Transportation company policy and procedures if contracted with the company. I acknowledge that as an independent Contractor, I will provide at my own expense, Worker's Compensation Insurance Coverage for any personal injuries sustained while operating a vehicle under this contract.

APPLICANT'S SIGNATURE _____ DATE _____

Accepted by AAA FULL TRANSPORTATION _____ DATE _____

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DISCLOSURE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from USIS Commercial Services ("USIS"). These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, Accidents, academic history, professional credentials, and drugs / alcohol use. Such reports may contain public record information concerning your driving record, worker's compensation claims, credit, bankruptcy proceedings, criminal records, etc... from federal, state and other agencies which maintain such records; as well as information from USIS concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to USIS upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that USIS has previously furnished within the two-year period preceding your request. USIS may be contacted by mail at P.O. Box 33181, Tulsa, Oklahoma, 74153 or by phone at (800) 381-0645.

RELEASE

I AUTHORIZE, WITHOUT RESERVATION, USIS, AND ANY PARTY OR AGENCY CONTACTED BY USIS TO FURNISH THE ABOVE.

USIS is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which USIS has or obtains, and my employment history if I am hired, may be supplied by USIS to other companies that subscribe to USIS. If hired or contracted, this authorization shall remain on file and shall serve as on going authorization for the procurement of consumer reports at any time during my employment or contract period. By signing below, I certify that I have read and fully understand this release, that prior to signing, I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

PRINT NAME

SOCIAL SECURITY NUMBER

APPLICANT SIGNATURE

DATE

RELEASE FOR CONFIDENTIAL INFORMATION

I, _____ hereby authorize you to provide AAA FULL TRANSPORTATION with all information requested concerning my past employment with your firm. This information is necessary to verify the authenticity of statements made by me.

I further acknowledge that you are relieved from any and all liability concerning the release of this information.

APPLICANTS SIGNATURE

DATE

The original form of this release will be retained in the applicant's file and will be made available upon request.

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DATE

AAA FULL TRANSPORTATION
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