

Willamette Valley Yellow Cab Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

DOB: _____ (MUST BE AT LEAST 23 TO DRIVE FOR INSURANCE) Veteran: CHECK BOX FOR YES

Address: _____ APT/UNIT # _____
Street

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Position Applied for: _____

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No If yes, when? _____

Education

High School: _____ City, State: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

College: _____ City, State: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

Other: _____ City, State: _____

From: _____ To: _____ Did you graduate? Yes No Diploma: _____

References

Please list three professional references.

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: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

Disclaimer and Signature

I certify my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____

Date: _____