



563 Trabert Avenue, NW
Atlanta, GA 30309-2299

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Fax: 404-351-1937
Dispatch: 404-351-1111

Employment Application

Please print or type the following information:

Name _____ Date of Birth _____
Last First Middle Social Security Number _____

Address _____ Martial Status: _____
Street # Street Name Apt# Married/Single

City: _____ State _____ Zip _____ Phone () _____

Email address: _____ Cell () _____

Length at current residence _____ Length lived in Metro Atlanta Area _____

Type of driver's license: Regular Operator _____ CDL _____ For Hire Endorsement (C) _____

State of issuance _____ Expiration date _____ License # _____

List traffic violation incurred in the past 3 years: _____

Have you ever been convicted of a crime? _____ If yes, explain: _____

Have you ever worked for Checker Cab? _____ If yes, give date(s): _____

Are you currently employed? _____ If yes, where? _____

Emergency Contact(s): Person(s) to be notified in the event of an emergency, please give name, address, and phone.

Name Address Phone Number Relationship

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Employment or Business Association Record

Please provide the following information for your last three places of employment

Company/Business Name: _____

Address: _____

Phone: _____ **From:** _____ **to** _____
Month and Year Month and Year

Company/Business Name: _____

Address: _____

Phone: _____ **From:** _____ **to** _____
Month and Year Month and Year

Company/Business Name: _____

Address: _____

Phone: _____ **From:** _____ **to** _____
Month and Year Month and Year

I do hereby affirm the information I have given on this application is true, and Checker Cab Company may contact my previous employers

Name (Please print) **Signature** **Date**

Management Use Only

Remarks: _____
