

# TAXI/LIMOUSINE/MEDICAL TRANSPORT DRIVER APPLICATION



Please fill out this application completely. Incomplete applications will not be accepted. If necessary, use additional sheets of paper to fully answer the questions and attach to this application.

**Name:** \_\_\_\_\_  
First Middle Last

**Company you plan to work for:** \_\_\_\_\_

**Are you currently driving a taxi/shuttle?** \_\_\_\_\_  
**Have you driven for another company in the past year:** \_\_\_\_\_

**Check One:**                      **EMPLOYEE:**                       **OWNER:**

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
**Height:** \_\_\_\_\_ **Oregon Driver's License #:** \_\_\_\_\_ **Expiration:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_ **Alternate Telephone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street Address/PO Box Apt/Suite  
\_\_\_\_\_  
City State Zip Code

**Home Address:** \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

**Employment History-Last 10 Years (Business names only)**


**Driving History – Traffic Tickets and Traffic Crime Convictions**

Please provide information below for any traffic crimes you have been convicted of **in the last 10 years, even if you believe they will no longer appear on your record.** This includes any traffic tickets you’ve paid/found guilty of for violations **including but not limited to:** Speeding, careless driving, DUII, Running a Red Light. If none, please write “None” below.

I have read and understand

Initial

**Traffic Crime/Violation Description**

**Approximate Date and location**


**Driving History – Restrictions and Suspensions**

Please list details for any suspensions or restrictions (i.e. only able to drive to and from work) to your driver’s license **within the last 10 years, even if you believe they will no longer appear on your record.** Reasons for suspensions **include but are not limited to:** DUII, Unreported Accident, Diversion, and Driver Improvement (excessive citations). If none, please write “None” below.

I have read and understand

Initial

**Restrictions/Suspension Reason**

**Dates of Restrictions/Suspension**


**Criminal History**

Please list details for **all criminal convictions within the last 10 years, even if you believe they will no longer appear on your record.** List **any Felony Convictions** you have ever received, **regardless of when they occurred.** This includes being issued a citation and released. Criminal convictions include, but are not limited to: Theft, Assault, Possession of a Controlled Substance, and Menacing. If none, please write “None” below.

I have read and understand

Initial

**Crime Description**

**Date of Conviction**


I certify that the information provided is correct. I understand that knowingly providing false information on this application may result in a denied application.

Signature

Date

**Under Penalty of Perjury, I hereby swear, the information set forth in this application is true.**

Applicant's Signature \_\_\_\_\_

STATE OF OREGON ) ss.

County of Josephine )

This application was acknowledged before me on the

date of \_\_\_\_\_ by \_\_\_\_\_

as an applicant.

IN WITNESS WHEREOF I hereunto set my hand and seal on this same date.

Notary Public for Oregon

Notary's Signature \_\_\_\_\_

**For Office Use Only:**

**Public Safety Director Recommendation:**

No Position \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Denial \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**City Manager Recommendation:**

Approval \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Denial \_\_\_\_\_ Date \_\_\_\_\_  
Signature

**For Office Use Only:**

**Check list – New/Renew Driver**

Complete Application

Photos Taken

Driver's License Copy

Notarized

Fingerprints (new)

Funds Receipted

To State(new)      Date Sent \_\_\_\_\_ Date Received \_\_\_\_\_

To PS      Date Sent \_\_\_\_\_ Date Received \_\_\_\_\_

To City Manager      Date Sent \_\_\_\_\_ Date Received \_\_\_\_\_

Make license

Notify Driver