



**BROADWAY
CAB**

Driver Application

Please Print Clearly

Name: _____		
FIRST	MIDDLE	LAST
Other Names Used: _____		
Birth Date ____/____/____ Birth Place _____ Sex: M / F		
Driver's License # _____ State _____		
Home Address: _____		
STREET ADDRESS	APT/ UNIT NUMBER	

CITY	STATE	ZIP CODE
Mailing Address: _____		
IF DIFFERENT _____		

Cell Phone # _____ - _____ - _____ Home Phone # _____ - _____ - _____		
Email Address: _____		
Social Security Number		
-		
-		
-		

PLEASE LIST TEN YEARS OF RESIDENTIAL HISORTY INCLUDING STATE, CITY AND ZIP CODE, LIST MOST CURRENT FIRST

PLEASE NOTE IF A DRIVER'S LICENSE WAS ISSUED, YOU NEED TO PROVIDE THE LICENSE NUMBER

STATE	CITY	ZIP CODE	YEARS IN RESIDENCE	LICENSE # IF ISSUED
			-CURRENT	
			-	
			-	
			-	



Driver Application

Please Answer the Following Questions

	YES	NO
1) Have you had a valid license for 12 months?	_____	_____
2) Has your driver's license been revoked or suspended in the last 3 years	_____	_____
3) Do you have 5 or more traffic violations In the last 3 years?	_____	_____
4) Broadway Cab is a drug testing company. Will you submit to drug test?	_____	_____
5) In the past 2 years have you been employed in any safety sensitive position	_____	_____

******IF YOU ANSWERED YES TO THE LAST QUESTION, PLEASE SEE THE BROADWAY CAB ADMINISTRATOR TO FILL OUT THE REQUEST FOR TESTING INFORMATION FROM PREVIOUS EMPLOYERS******

As an FTA regulated transportation company, Broadway Cab must ask all applicants the following question:

Have you tested positive, or refused a test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT drug and alcohol testing rules during the past two (2) years? **YES**____ **NO**_____

IF you answered yes, can you provide proof that you have successfully completed the DOT **Return to Duty** requirements? **YES**____ **NO**_____

Signature_____

Date_____