



City Transportation of Jax, LLC
 5669 West Beaver Street, Jacksonville, FL 32254
 Website: citytransportjax.com Tel: 904-323-3333

Transportation Application

Any individual wishing to conduct business with City Transportation of Jax, LLC must meet DOT standards. Information solicited will be used to determine eligibility and will not be used for any purposes prohibited by law.

SSN: _____ Date of Birth: _____ Current Age: _____

First Name: _____ Middle _____ Last Name: _____

Home #: _____ Cell#: _____

Email: _____ Fax#: _____

Previous Address: _____ City _____ St _____ Zipcode _____

How long at this address? _____ Do you know how to use a GPS? Yes / No

Are you legally authorized or permitted to work in the United States? Yes / No

Have you ever had an agreement with City Transportation of Jax, LLC as an Owner Operator? Yes / No

If yes, indicate dates: _____ Reason for leaving _____

Are you now under contract of employment? Yes / No

How long since termination of your last Owner-Operator agreement or last employment? _____

How did you hear about this opportunity? _____

Referral: Did someone refer you? Yes / No If yes, who referred _____

Date you can start: _____ Type of vehicle: _____

In the past 3 years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed by the physician? If yes, explain: _____

Have you ever been convicted of a criminal offence including either a felony or misdemeanor charge? Yes / No

If yes, please provide the following information for each charge on separate:

Charge: _____ County _____ City _____ State _____

Court where case was handled _____

Date and description of final disposition _____



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Owner Operator contracts require flexibility in scheduling. Please list the days and hours, you are generally available for service: _____

Education: Write name of school

Grade School: _____ High School: _____ College: _____

Do you have a high school diploma or its equivalence? Yes / No **Year graduated:** _____

Name of last school attended: _____ City/State: _____

Previous Employment or Owner Operator History

Are you currently employed? Yes / No **May we contact your present employer** Yes / No

Please list your work experience for the past five years beginning with your most recent job held.
 If you were self-employed, give firm name. Use Attach additional sheets

1. Name of Employer _____ Supervisor _____

City _____ State _____ Zip _____ Phone number _____

Employment dates: From _____ To _____ Pay or salary\$ _____

List the jobs you held, duties performed, skills used or learned _____

Reason for leaving (be specific) _____

2. Name of Employer _____ Supervisor _____

City _____ State _____ Zip _____ Phone number _____

Employment dates: From _____ To _____ Pay or salary\$ _____

List the jobs you held, duties performed, skills used or learned _____

Reason for leaving (be specific) _____

3. Name of Employer _____ Supervisor _____

City _____ State _____ Zip _____ Phone number _____

Employment dates: From _____ To _____ Pay or salary\$ _____

List the jobs you held, duties performed, skills used or learned _____

Reason for leaving (be specific) _____



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Experience and Qualifications

Driver License Number: _____ Type: _____

State of Issue: _____ Issue Date: _____ Expiration Date: _____

Name as it appears on License: _____

Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes / No

How long have you had your Florida driver’s license? _____ We need a copy of your MVR.

Has any license, permit or privilege ever been suspended or revoked? Yes / No

If you answered yes to either 1 or 2, please explain: _____

To Be Read and Signed by Applicant

By affixing my signature below, I understand and agree that as part of the procedure for processing this application, City Transportation of Jax, LLC may investigate all facts and statements presented here. This inquiry may include information as to my character, general reputation, and prior work habits, whichever may be applicable. My signature below releases from liability all persons and/or organizations supplying or collecting such information. I hereby authorize a representative of City Transportation of Jax, LLC to inquire as to my record with any and all of my former employers or companies I have previously contracted with. I further understand and agree that any false statements or answers made by me on this application or supplement thereto, will be grounds for City Transportation of Jax, LLC to dissolve any agreements. I understand and agree that my contract and compensation can be dissolved, with or without cause, and with or without notice, at any time, at my option or the option of City Transportation of Jax, LLC, and that no manager or supervisor other than the President of City Transportation of Jax, LLC or his duly authorized representative has any authority to enter into any other agreement for any specified period of time, or to make any agreement contrary to the foregoing.

Signature _____ Date: _____

Health Conditions:

Circle any of the conditions listed that you currently have or have had in the past:

High blood pressure

Visually impaired

Fainting spells

Hearing impaired

Epilepsy

If you check yes for any box, please explain how this condition(s) is (are) being treated, controlled, or resolved in order to resolve any driving safety for yourself or the passengers or the public at large



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In Case of Emergency Call:

1. Name: _____
 Relationship: _____ Number: _____

2. Name: _____
 Relationship: _____ Number: _____

3. Name: _____
 Relationship: _____ Number: _____

Prior to Orientation

Prior to orientation acceptance, all new applicants must provide a current Motor Vehicle Report from the state in which the applicant’s driver’s license was issued.

Any applicant or driver whose record has any of the following characteristics in the last 5 years does not meet the requirements and will be declined or their contract will be terminated.

Driving under the influence

- | | |
|--|---|
| <input type="checkbox"/> Driving while impaired | <input type="checkbox"/> Refusal to submit to a blood, urine, or breathalyzer test |
| <input type="checkbox"/> Driving while in possession of alcohol or drugs | <input type="checkbox"/> Speeding exceeding 100 mph (or speeding in excess of 25 mph over the limit) |
| <input type="checkbox"/> Driving with a suspended or revoked license | <input type="checkbox"/> Speed contest / drag racing |
| <input type="checkbox"/> Vehicular manslaughter | <input type="checkbox"/> More than two at-fault accidents, or four moving violations |
| <input type="checkbox"/> Vehicular homicide | <input type="checkbox"/> Other violations and accidents on MVR will be reviewed by Express compliance for acceptability |
| <input type="checkbox"/> Vehicular assault | |
| <input type="checkbox"/> A felony in which a vehicle is used | |
| <input type="checkbox"/> Reckless driving | |
| <input type="checkbox"/> Hit and run | |
| <input type="checkbox"/> Eluding a police officer | |

I have read and understand the above Owner Operator Qualifications requirements.

Signature _____ Date: _____



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Acknowledgment

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge.

I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any other document used to secure contractual work shall be grounds for rejection of this application or for immediate discharge if I am contracted, regardless of the time elapsed before discovery.

I hereby authorize City Transportation of Jax, LLC to thoroughly investigate my work records, education, driving record, criminal background and other matters related to my suitability for this type of employment. I further authorize the employers, schools and others I have listed to disclose to City Transportation of Jax, LLC any and all documents, transcripts, letters, reports and all other information, without giving me prior notice of such disclosure.

I hereby provide my authorization for City Transportation of Jax, LLC or their insurance company representative(s) to procure such information and reports, as well as additional report about me from time-to-time as deemed appropriate, to evaluate my insurability or for other permissible purposes.

I hereby release City Transportation of Jax, LLC, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosures.

Signature _____ Date: _____

For Company Use:

Processing	Date:	Recommendation	Representative
Interview			
Hired			
Terminated			