



Orange Cab, Inc.

EMPLOYMENT APPLICATION FORM

8885 SW Canyon Road, Suite 111, Portland, OR. 97225 (503) 292-5555

APPLICANTS MAY BE REQUIRED TO BE TESTED FOR ILLEGAL DRUGS

Today's Date: _____

Last Name: _____

First: _____

M. I. _____

Street Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Mobile Phone: _____

SSN #: _____

Driver License #: _____

If you are under 18, please enter Date of Birth: _____

Position Applying For: _____

SPECIFY DAYS/HOURS YOU ARE AVAILABLE FOR WORK

Monday: _____

Friday: _____

Tuesday: _____

Saturday: _____

Wednesday: _____

Sunday: _____

Thursday: _____

Start Date: _____

Full-Time

Part-Time

EDUCATIONAL BACKGROUND

Name of High School: _____

School's Address: _____

Years Completed: _____

Degree/Diploma: _____

Name of College: _____

College's Address: _____

Years Completed: _____

Degree/Diploma: _____

Business or Trade School: _____

School's Address: _____

Years Completed: _____

Degree/Diploma: _____

Professional School: _____

School's Address: _____

Years Completed: _____

Degree/Diploma: _____

EMPLOYMENT BACKGROUND

Please list your employment history for the past five years beginning with the most recent job held. If you were self-employed, give business name and nature of the business. Attach additional sheets if necessary.

Employer: _____ Supervisor: _____

Address: _____

Last Position: _____ Employer's Phone: _____

Date of Employment: Start: _____ End: _____

Reason for Leaving: _____

Employer: _____ Supervisor: _____

Address: _____

Last Position: _____ Employer's Phone: _____

Date of Employment: Start: _____ End: _____

Reason for Leaving: _____

Employer: _____ Supervisor: _____

Address: _____

Last Position: _____ Employer's Phone: _____

Date of Employment: Start: _____ End: _____

Reason for Leaving: _____

May we contact your present employer? Yes No

MILITARY BACKGROUND

Have you ever been in the armed forces? Yes No

If Yes, please provide service details: _____

What is/was your specialty? _____

Service Start Date: _____ Service Discharge Date: _____

MISCELLANEOUS

Have you ever been convicted of a crime?

Yes

No

If yes, please provide details of conviction(s), nature and dates of offense(s), sentence(s) imposed and type(s) of rehabilitation.

Did you complete this application yourself?

Yes

No

If No, who did?

Signature:



Orange Cab, Inc.

EMPLOYEE CONTRACT

8885 SW Canyon Road, Suite 111, Portland, OR. 97225 (503) 292-5555

Date: _____

This is a contract between Orange Cab, Inc. and the driver who is renting the company vehicle. The driver is responsible for paying the following:

\$ _____ A non-refundable deposit

\$ _____ Rent for the first week

The rented vehicle shall be kept clean at all times. NO SMOKING, or food consumption is allowed in the vehicle.

The maintenance of the vehicle is the responsibility of the driver including checking the oil, transmission fluid, and water level in the cooling system. The driver must operate the vehicle with at least half a tank of fuel at all times.

Upon returning the vehicle, the driver must return the vehicle in the same clean condition as the driver started with and with no less than half a tank of fuel.

OWNER/REP. NAME

DRIVER'S NAME

OWNER/REP. SIGNATURE

DRIVER'S SIGNATURE
