



1441 Clark Drive, Vancouver, B.C. V5L 3K9
Admin. Office: 604 258-4700 Fax: 604 258-4717 Taxi Line: 604 681-1111

DRIVER APPLICATION INSTRUCTIONS

**APPLICANT'S
NAME:** _____

Please Print

1. Please fill out all parts of application forms clearly and sign each page. Print clearly. **INCOMPREHENSIBLE APPLICATIONS WILL NOT BE ACCEPTED.**
2. You must have a valid "Class 4" B.C. drivers license or higher.
3. You must submit your driver's abstract and claims history (contact ICBC @ (604) 661-2255).
4. One (1) small passport photos of your face.
5. Yellow Cab approved Driver's Training course will be required for all applicants. Taking a course is no guarantee of work. Demand for car coverage varies depending on many factors.
6. TaxiHost Level 1 and 2 or TaxiHost Pro certificates must be submitted together with the application.
7. If you have more than three (3) at-fault accidents, you cannot apply.
8. Please provide a photocopy and original of driver's license and S.I.N. card.
9. Please bring a void cheque to the driver's training session.

At Yellow Cab we are committed to achieving a workforce that is a reflection of the communities we serve. Thank you for your interest in Yellow Cab Company Ltd.

The information you provide on this Application for Employment will help us understand your background and assess your qualifications relative to the position(s) for which you are applying. Feel free to attach your personal resume. Please be sure to provide the information requested on this form, then kindly sign the declaration on the back page.

PERSONAL INFORMATION:

SURNAME	FIRST NAME	PREFERRED NAME
ADDRESS	APT. NO.	HOME TELEPHONE
CITY/TOWN	PROVINCE	BUSINESS TELEPHONE
POSTAL CODE	DRIVERS LICENCE EXP. DATE CLASS	NO. OF POINTS ON ABSTRACT

NEXT OF KIN/EMERGENCY CONTACT

NAME:	RELATIONSHIP:	PHONE:
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ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?
Have you ever been interviewed or employed by Yellow Cab? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:
Do you have a friend or relative working at Yellow Cab? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: <input type="text"/> Position: <input type="text"/>

LANGUAGE SKILLS

This information will be helpful in assessing your qualifications in areas where specific language skills are a requirement.

Please specify your level of fluency and comprehension in the English language which may help you perform the job for which you are applying 1 - Nil 2 - Basic	English	spoken <input type="checkbox"/>	written <input type="checkbox"/>

EMPLOYMENT INTERESTS

For what position(s) are you applying?	Dates available to begin work:
Type of employment desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Training Program <input type="checkbox"/>	Availability: Day <input type="checkbox"/> Night <input type="checkbox"/> Weekends <input type="checkbox"/>

EDUCATION

List all programs attended and degree/diplomas obtained.

SECONDARY SCHOOL

Highest Grade/Level Completed	Type of Certificate/Diploma obtained
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OTHER JOB RELATED TRAINING/EDUCATION:

TYPE OF INSTITUTION	NAME OF PROGRAM	LENGTH OF PROGRAM	MAJOR	DEGREE/DIPLOMA OBTAINED

Professional Qualifications, Licences:

WORK HISTORY:

List in particulars of positions held, starting with the most recent. If you do not have any previous work experience list any volunteer or community work.

Name & Address of Employer	Present/Last Position	Period of Employment From: To:
Type of Business/Organization	Name of Supervisor Telephone No.	Reason(s) for Leaving

Major Responsibilities and Accomplishments:

Name & Address of Employer	Present/Last Position	Period of Employment From: To:
Type of Business/Organization	Name of Supervisor Telephone No.	Reason(s) for Leaving

Major Responsibilities and Accomplishments:

REFERENCES

For employment references, please indicate if we may contact:

Your Present Employer: Yes <input type="checkbox"/> No <input type="checkbox"/>	Your Former Employer(s): Yes <input type="checkbox"/> No <input type="checkbox"/>
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Please list three persons, other than relatives, from whom we may obtain personal references.

Name:	Address:	Phone No.
Name:	Address:	Phone No.
Name:	Address:	Phone No.

AUTHORIZATION TO CONDUCT EDUCATION AND CREDIT CLEARANCE

Surname:	First Name:	Maiden Name:
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Social Insurance Number:

AUTHORIZATION:

I acknowledge and agree that falsification of any information on my Application for Employment or my resume may result in just cause for immediate dismissal or withdrawal of offer before or after completion of my probationary period. Following the acceptance of a conditional offer of employment, I hereby consent to Yellow Cab verifying any and all information supplied by me on my application for Employment and/or my resume regarding my educational qualifications. In addition, I hereby grant permission to Yellow Cab to obtain information regarding my financial credit history, now or in the future.

Date

Signature

AUTHORIZATION FOR CLAIM HISTORY

TO ASSIST YELLOW CAB COMPANY LTD. FLEET NUMBER _____ TO ANALYZE MY APPLICATION FOR EMPLOYMENT, I HEREBY AUTHORIZE THE PUBLIC INQUIRY DEPARTMENT INSURANCE CORPORATION OF BRITISH COLUMBIA TO PERMIT THE ABOVE NAMED COMPANY TO BE GIVEN A FULL COPY OF ALL CLAIM HISTORY INFORMATION CONCERNING:

NAME: _____

ADDRESS: _____

B.C. DRIVER LICENCE NUMBER: _____

DATE OF BIRTH: _____

LIST ALL B.C. VEHICLES: _____

PLATE/POLICY NUMBERS: _____

NAME MUST BE THAT OF THE REGISTERED OWNER OR HOLDER OF A VALID B.C. DRIVER LICENCE. IF LEASED VEHICLE THE CONSENT OF LESSOR AND THEIR COMPANY STAMP IS REQUIRED.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF WITNESS _____ DATE _____

ADDRESS OF WITNESS _____ DATE _____