

Local Cabs Employment Application

Complete pages 1-4 and 7. Drivers complete page 5; office applicants complete page 6.

Full legal name

Preferred name

Phone number

Email address

Street address

City and state

ZIP code

Position and availability

☐ Driver

☐ Dispatcher

☐ Office staff

☐ Other

Other position or additional role

Available start date

☐ Full-time

☐ Part-time

☐ Swing shift

Weekly availability

Complete the Monday through Sunday schedule on page 2.

Enter the actual hours you can work with AM or PM for every start and end time.

You may list different hours each day and a second window for split availability.

Desired pay and pay period

How did you hear about Local Cabs

Authorized to work in the United States?

☐ Yes

☐ No

Have you worked for Local Cabs before?

☐ Yes

☐ No

If yes provide position and dates

Weekly Availability Schedule

Complete this page for any position. Enter your available hours for each day using AM or PM.

Applicant name

Example Wednesday 4:00 PM to 9:00 PM. Example Saturday 3:00 AM to 6:00 AM.

Check Off when you cannot work that day. Leave the second window blank if it is not needed.

Check Next day if that window ends after midnight into the following day.

Available hours Monday through Sunday

Day	Window	Start time	End time	Next day
Monday	Window 1	--	--	☐
	☐ Off			☐
Tuesday	Window 1	--	--	☐
	☐ Off			☐
Wednesday	Window 1	--	--	☐
	☐ Off			☐
Thursday	Window 1	--	--	☐
	☐ Off			☐
Friday	Window 1	--	--	☐
	☐ Off			☐
Saturday	Window 1	--	--	☐
	☐ Off			☐
Sunday	Window 1	--	--	☐
	☐ Off			☐

Availability changes limits or additional time windows

Work History

Provide your two most recent positions. Attach additional work history or a resume if needed.

Employment 1

Employer and job title	Dates employed from and to
Supervisor and phone	Reason for leaving
Main duties and relevant experience	

Employment 2

Employer and job title	Dates employed from and to
Supervisor and phone	Reason for leaving
Main duties and relevant experience	

Additional work history or relevant experience

References

Provide three references with current phone numbers and complete mailing addresses. Email is optional.

Reference 1

Reference 1 full name

Relationship

Phone number

Email address optional

Mailing address including city state and ZIP code

Reference 2

Reference 2 full name

Relationship

Phone number

Email address optional

Mailing address including city state and ZIP code

Reference 3

Reference 3 full name

Relationship

Phone number

Email address optional

Mailing address including city state and ZIP code

Driver Applicant Information

Complete this page if you are applying to drive. Enter complete personal and license information.

Full legal name

Birth date

Full Social Security number

Driver license number

License state

License class

License issue date

License expiration date

Is your driver license currently valid?

☐ Valid

☐ Not valid

Has your driver license ever been suspended or revoked?

☐ Yes

☐ No

Suspension or revocation date or dates

Reinstatement date if applicable

Suspension revocation restrictions or endorsements with brief details

Driving experience

Years of professional driving

Taxi delivery or passenger experience

Delivery work: company (Spark DoorDash etc.) current or past and length of time

Accidents or moving violations in the past 3 years with dates and brief details

☐ GPS navigation

☐ iPad or tablet

☐ Cash and card

Office and Dispatch Applicant Information

Complete this page for dispatch customer service administrative or office work.

Applicant name

Position requested

Experience and skills

☐ Phone customer service

☐ Scheduling

☐ Dispatching

☐ Spreadsheets

☐ Data entry

☐ Cash reconciliation

☐ Payroll support

☐ Billing and accounts

☐ Filing and scanning

Software or systems you have used

Experience handling several calls tasks or drivers at once

Describe how you would handle a customer who cannot pay the full fare

Experience keeping customer employee or financial information confidential

Relevant education or training

Certificates or courses

Additional information or training you would need

Applicant Confirmation

Read and sign this page. Return it to Local Cabs at 162 Covey Drive, Murray, KY 42071.

Attachments provided

☐ Resume☐ Work history☐ Certificates☐ Other

Describe other attachments

Applicant statement

I confirm that the information I provided is accurate and complete to the best of my knowledge.
I understand that this application does not guarantee a job or establish an employment contract.
I understand that Local Cabs may verify job related qualifications and references.
Any background screening driving record review or drug testing will use the applicable
separate notices authorizations and procedures. This application is not a screening consent.

Applicant signature sign by hand after printing or use your approved signing process

Printed name**Date signed**☐ May contact current employer☐ Contact me first

Additional comments

Management may contact you if information is missing.
Return this completed application and personal information directly to authorized management.