



## Bluff City Taxi LLC. Lease Information Form

Name				Phone: (     )     )	
Street Address				Apt.	
City			State	Zip	
Height	Weight	Race	Sex	Date of Birth	Marital Status

### PREVIOUS WORK EXPERIENCE

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

How did you here of this opportunity? Advertisement ( ) Friend ( ) Relative ( )

Have you ever driven a Taxicab in Memphis before? \_\_\_\_\_

Do any of your friends or relatives work here?(Or have they in the past?) \_\_\_\_\_

If yes, please lists names \_\_\_\_\_

Are you on lay-off and subject to recall? \_\_\_\_\_

Please list name of person to notify in an emergency.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### TICKETS & ACCIDENTS LAST FOUR YEARS

Date	Offense	Location

### OFFICE USE ONLY

State License:	Class:	Exp:	Interview:
Permit:	Exp:	ODR	Time:     Date:

# Lease Information Form

## PERSONAL INFORMATION

Have you ever been injured on the job? \_\_\_\_\_ Where? \_\_\_\_\_

Type of injury? \_\_\_\_\_ When? \_\_\_\_\_

Did you receive Workman's Compensation? \_\_\_\_\_

Employed by whom? \_\_\_\_\_

Name of Compensation Carrier? \_\_\_\_\_

Do you currently have any medical problems that may interfere with your ability to drive a taxicab? \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ When? \_\_\_\_\_

What was the charge? \_\_\_\_\_

Were you convicted? \_\_\_\_\_

Have you ever sued due to an auto accident? \_\_\_\_\_

Have you ever sued another person due to an auto accident? \_\_\_\_\_

How long have you been in the Memphis area? \_\_\_\_\_

How long have you been at your current address? \_\_\_\_\_

If less than three years, list previous address \_\_\_\_\_

## PERSONAL REFERENCES (These MUST be completed)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

How long has this person known you? \_\_\_\_\_

I hereby authorize Bluff City Taxi LLC to request from any source and authorize the release of any information pertaining to my past employment, medical history, criminal, driving record or other information.

All statements and answers are true to the best of my knowledge. I realize willfully giving false information may result in immediate cancellation of my lease.

Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_