## AFFILIATED CARRIAGE SYSTEMS INC. DBA Madison Taxi Employment Application

Thank you for your interest in joining our team at ACS/Madison Taxi—Madison's Silver Fleet of Service. We hope you will soon be a member of the family and that the experience will bring you much enjoyment and financial reward.

In compliance with both our own company standards and all federal and state equal employment opportunity laws, qualified applicants are considered for all positions, without regard to race, color, religion, gender, sexual orientation, national origin, age, marital status, or the presence of non-job-related medical condition or disability. We have always taken great pride in our vast diversity of both employees and customers alike here at ACS/Madison Taxi and strive to always continue in that endeavor.

Please complete the following questions in full to the best of your ability. If applying for a driving position please *include a copy of your Driver's License (NOTE: a "CDL" is not required for the operation of a taxi) and a current copy of your driving abstract (available at the Wisconsin DOT website for \$5)* as quickly as you possibly can so as to expedite your hire.

Position Applying for:	Date:			
Name:				
Address:	City:			
Social Security #:	Email Address:			
Phone:	Cell Phone:			
Date of Birth:				
Emergency Contact/Phone #:				
Please explain why you are interested in working for Madison Taxi:				
Tell us a bit about yourself (hobbies, etc):				

## **PHYSICAL HISTORY**

Can you perform the neces	ssary functions of the	e job? Yes No			
Are you capable of lifting 5	0 to 70 pounds? Yes	s No			
If No on either, why?					
	injuries and how the	_ No y occurred:			
How long ago did they occ Would you be willing to tal Yes No	ur? ke a physical exam if	deemed necessary or appropriate?			
EMPLO	YMENT HISTORY <i>(M</i>	<u> 10st Recent to Oldest)</u>			
*Employer:		Position Held:			
Job Description:					
Reason for Leaving:					
Would this Employer rehire	e you? Yes No	_			
If No, why?					
From (date):	To (date):				
*Employer:		Position Held:			
Job Description:					
Reason for Leaving:					
Would this Employer rehird If No, why?					
From (date):	To (date):				

*Employer:	Position Held:
Job Description:	
Reason for Leaving:	
	ehire you? Yes No
From (date):	To (date):
	MILITARY STATUS
What Branch?	U.S. Armed Forces? Yes No Date of Discharge: e Reserves? Yes No
	REFERENCES
Please list 2 references	other than employers and/or relatives below.
May we contact these r	references? Yes No
*Name:	
Address:	
Phone:	
*Name:	
Address:	
Are you employed now How did you learn abou	? Yes No ut ACS/Madison Taxi?
Did an ACS/Madison Ta	xi employee refer you? Yes No

## **EDUCATION**

What is the highest grade you've completed? (please circle below) Grade School: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4 Name of last school you graduated from and/or attended, and if college, what you studied: **DRIVING HISTORY** (if applying for driving or shop position) Driver's License #:\_\_\_\_\_\_ Exp. Date:\_\_\_\_\_\_
Do you have a CDL (not required)? Yes\_\_\_\_ No\_\_\_ Exp. Date:\_\_\_\_\_ A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? Yes\_\_\_ No\_\_\_ If Yes, please explain:\_\_\_\_\_\_ B. Have your driving privileges ever been revoked or suspended? Yes No If Yes, when, where, and why:\_\_\_\_\_\_ C. Have you ever been convicted of a crime, the circumstances of which would relate to the operation of a taxi? Yes No If Yes, please explain:\_\_\_\_\_\_ (FOR OFFICE, DISPATCH AND/OR SHOP APPLICANTS ONLY:) Please circle and explain your experience in the following areas: Typing: Billing:\_\_\_\_\_ Data Entry: Dispatch:\_\_\_\_\_ Accounting:\_\_\_\_\_ Mechanics: Other:

## \*\*ALL APPLICANTS MUST SIGN AND DATE HERE\*\*

I hereby certify that I personally completed this application, and that all entries in it and information contained herein are true, correct, and complete to the best of my knowledge. I hereby authorize ACS/Madison Taxi representatives to make such investigations and inquiries of my employment, driving, and medical histories, etc, as may be necessary in arriving at a mutually beneficial employment decision. I further understand that any false or misrepresented information given in the application process may result in either non-consideration for employment and/or discharge. I hereby release employers, schools, or persons from all liability in responding to any and all inquiries in connection with my application/potential employment process.

Applicant's Signature	Date	
(For Interviewing Staff Only Below)		
INTERVIEWED BY:	DATE:	
INTERVIEW NOTES:		
SPECIAL NEEDS/CIRCUMSTANCES?		