



DRIVING APPLICATION

700 Cottage Grove Rd. Madison, WI 53716 (608) 256-5566

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Soc. Sec. #: _____ Dr. Lic. #: _____

Years you lived in Madison? _____ How did you find out about this job opening? _____

When will you be able to drive (check the days or nights available)

DAYS: Mon. Tue. Wed. Thu. Fri. Sat. Sun.

NITES: Mon. Tue. Wed. Thu. Fri. Sat. Sun.

EMPLOYMENT HISTORY		Please give complete & accurate, full or part time employment information. Start with your present or most recent employer.
Company Name		Telephone ()
Address		Employed (State Month & Year) From To
Name of Supervisor		Weekly Pay Start Last
State Job Title & Describe Your Work		Reason for leaving
Company Name		Telephone ()
Address		Employed (State Month & Year) From To
Name of Supervisor		Weekly Pay Start Last
State Job Title & Describe Your Work		Reason for leaving

Have you ever been convicted or do you have pending any charges other than traffic violations? YES NO

If yes, please explain:

I hereby declare that the information provided by me in this application is true, correct and complete to the best of my knowledge. I understand that any misstatement or omission of fact on this application shall be considered cause for termination. Furthermore, I agree to follow Badger Cab Company's drug and alcohol policy and submit to drug and alcohol testing while performing a safety-sensitive function.

Date: _____ Signature _____

FOR OFFICE USE ONLY	
Provisional Permit # _____	Pre-hire drug screen completed on _____
Expiration date _____	Initial training date _____