

# Nellis Cab LLC Operations Series

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## APPLICATION FOR EMPLOYMENT

(Please Print — Answer all questions on front and back)

All applicants will receive consideration for employment without regard to race, color, national origin, sex (including pregnancy), age (40 or older), religion, disability, sexual orientation, and/or gender identity or expression. Applications will be considered active for a period of 30 days; if after 30 days, you would like the application to receive consideration for an additional 30 days, return to the Dispatch Office and complete another employment application.

Today's date \_\_\_\_\_

Position desired \_\_\_\_\_  Full-Time or  Part-Time Are you 23 or over?  Yes  No

### PERSONAL

Name (Last, First, MI) \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years at this address \_\_\_\_\_ Years in Las Vegas \_\_\_\_\_ Name you prefer to be called \_\_\_\_\_

### CELL PHONE NUMBER

### EMAIL Address

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone Number \_\_\_\_\_

Can you immediately upon employment submit proof of your legal right to work in the United States?  Yes  No

### EDUCATION

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Years Completed \_\_\_\_\_

Did you graduate?  Yes  No

School/college beyond high school \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Years Completed \_\_\_\_\_

Do you speak English fluently?  Yes  No Languages spoken other than English \_\_\_\_\_

Have you worked for this Company before?  Yes  No How did you hear about Nellis Cab? \_\_\_\_\_

Are you available to accept full-time employment?  Yes  No To work any shift needed?  Yes  No

### VALID DRIVER'S LICENSE

State	License Number	Class	Expiration Date

Have you ever been denied a Permit, License, or Privilege to operate a motor vehicle?  Yes  No

Has your License, Permit, or Privilege been suspended or revoked?  Yes  No If Yes, explain: \_\_\_\_\_

List all traffic offenses for the past three years, with dates: \_\_\_\_\_

### PLEASE READ & INITIAL:

I understand that the NV Taxicab Authority will require an extensive FBI fingerprint background check before issuing a taxicab permit. \_\_\_\_\_ ←Initial

Have you ever been convicted of a felony?  Yes  No If yes, explain. A conviction will not necessarily bar any applicant from employment other than what is required by the Taxicab Authority. The nature of the offense, the surrounding circumstances, and the relevance of the offense to the position applied for will be considered. \_\_\_\_\_

**IMPORTANT:** COMPLETE THE OTHER SIDE OF THE FORM FOR PRIOR WORK HISTORY. THAT INFORMATION IS AN IMPORTANT PART OF THIS APPLICATION.

Hire Date \_\_\_\_\_ Start Date \_\_\_\_\_

LIST ALL YOUR PREVIOUS JOBS BEGINNING WITH YOUR LAST JOB • ACCOUNT FOR PERIODS OF UNEMPLOYMENT GREATER THAN 30 DAYS  
IF YOU HAVE HAD MORE THAN FOUR FULL-TIME JOBS, LIST ADDITIONAL JOBS ON AN ATTACHED PAGE

Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Employed From \_\_\_\_\_ to \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Type of Work \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Rate of Pay (Monthly) \_\_\_\_\_  
Did you have a period of unemployment?  No  Yes – Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Explain \_\_\_\_\_

REFERENCE CHECK

Person Contacted \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

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Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
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REFERENCE CHECK

Person Contacted \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

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REFERENCE CHECK

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Explain \_\_\_\_\_

REFERENCE CHECK

Person Contacted \_\_\_\_\_ Date \_\_\_\_\_ Results \_\_\_\_\_

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**PLEASE READ CAREFULLY**

I am applying for employment with Nellis Cab LLC Operations Series with the express understanding that if I am offered employment, my employment shall be for no definite duration and shall be at the will of either myself or my employer and that I may quit at any time, or my employer may discharge me at any time for any reason.  
I certify that the information contained in this application is correct to the best of my knowledge. I understand that falsification of this information or material omission is grounds for termination of my employment whenever discovered.

I understand that Nellis Cab LLC Operations Series is relying upon all the representations, both written and oral, which I have made or do make during the entire process of applying for employment with Nellis Cab LLC Operations Series. I acknowledge that Nellis Cab LLC Operations Series has the right to investigate the accuracy of any representation that I make or have made to investigate any other information that Nellis Cab LLC Operations Series believes is relevant including, but not limited to, employment history, medical history, credit history, and arrest and conviction records. I hereby release and agree to hold Nellis Cab LLC Operations Series, its officers and agents harmless from any and all liability resulting in any way from such investigation and from any and all attorney's fees resulting from any such investigation and from any legal action I may institute which is within the scope of this waiver.

I hereby give my consent to the release of any and all information regarding my character, reputation for honesty, habits, ability, education, experiences, records of conviction, financial responsibility, reasons for leaving employment and any other matter relevant to my application for employment at Nellis Cab LLC Operations Series. Further, I hereby release and agree to hold harmless anyone who may furnish such information to Nellis Cab LLC Operations Series from any and all liability resulting in any way from the provision of such information and from any and all attorney's fees resulting from any legal action I may institute which is within the scope of this waiver.

If, while employed, my behavior should raise any questions about my ability to satisfactorily perform my job responsibilities, I may be required to be tested for the presence of alcohol, illegal drugs, and controlled substances if the company has reason to believe I am violating the company's policy regarding the use of such substances.

If, while employed, management at any time requests a search of my person, my personal property, the company vehicle I am driving, I agree to submit and waive all claims for damages in connection with such an examination.

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