



**GREATER EDMONTON TAXI SERVICE  
DRIVER APPLICATION**

- All information obtained within this application will be held in strict confidence subject to applicable law.
- Please complete all applicable sections and sign the last page.
- Please print clearly.
- All applications must have attached:
  - ❖ Social Insurance Number - **ONLY** a government issued document with this number and your name displayed will be accepted.
  - ❖ GST Number – **ONLY** a government issued document with this number and your name displayed will be accepted. This will be required before driving privileges may start.
  - ❖ Five (5) year Drivers Abstract, dated within 30 days
  - ❖ Police Security Clearance with Vulnerable Sector Check from the Edmonton City Police, dated within 60 days
  - ❖ Claims Experience Letter(s) from your insurance company or previous employer(s) showing a minimum of three (3) years of continuous Canadian driving claims history.

NAME: \_\_\_\_\_ CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME #: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

Have you ever worked for Greater Edmonton Taxi Service?                      YES                      NO

If yes give approximate dates? \_\_\_\_\_

Are you legally entitled to work in Canada?    YES                      NO

Defensive Driving completed: Yes / No    Date Completed: \_\_\_\_\_

Taxi Permit number (if you have one already): \_\_\_\_\_

How many years of winter driving experience do you have in Alberta? \_\_\_\_\_.

Have you ever held a drivers license in any other province or country? \_\_\_\_\_.

If so, please list locations and approximate dates:

**CONTINUOUS WORK HISTORY FOR A MINIMUM OF THE LAST FIVE (5) YEARS**

NAME AND ADDRESS OF FORMER BUSINESS	NAME AND TITLE OF IMMEDIATE SUPERVISOR	YOUR POSITON	FROM MO. YR.	TO MO. YR.	REASON FOR LEAVING
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**MINIMUM OF TWO WORK REFERENCES, PREFERABLE PREVIOUS SUPERVISORS**

SUPERVISOR NAME OCCUPATION TELEPHONE NUMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been injured in a motor vehicle accident? YES NO If yes, when? \_\_\_\_\_  
Are you currently taking treatment for these injuries? YES NO If yes, explain below: \_\_\_\_\_

Are you currently prescribed any medication that would affect your ability to operate a motor vehicle? YES NO

**DRIVER INFORMATION**

Driver Responsibility Agreement would be contingent upon satisfactory driver related medical examination, meet provincial and federal requirements, acceptable motor vehicle driving record and successful completion of Driver Training Program.

Alberta Driver's License No. \_\_\_\_\_ Class \_\_\_\_\_ Conditions/endorsements \_\_\_\_\_

If your Alberta driver abstract shows a "C" condition, explain the reason: \_\_\_\_\_

Have you driven a vehicle other than a regular automobile? YES NO

What kind of vehicle, and for what length of time? \_\_\_\_\_

Have you ever been convicted of a criminal offence for which no pardon has been granted? YES NO

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required for the driver selection process and may be used to notify you of information, programs or activities associated with Greater Edmonton Taxi Service Inc. This information will not be used for solicitation by outside organizations.

**AGREEMENT**

Please read carefully before signing.

I hereby agree that any false statements will disqualify my application as a potential driver with Greater Edmonton Service Inc.

I certify that all entries on this application and information in it are true and complete to the best of my knowledge.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**AUTHORITY TO RELEASE PERSONAL INFORMATION**

I understand that Greater Edmonton Taxi Service Inc., its Subsidiaries or a designated Agency can investigate my background, previous record and character. They may contact my references, former and present Employers and others who may be able to verify my qualifications or provide additional information.

This is my express permission for such an investigation to be conducted, having made application to drive with Greater Edmonton Taxi Service Inc. or its Subsidiaries and desiring them to be informed of my background, previous record and character.

I HEARBY RELEASE Greater Edmonton Taxi Service Inc., its Subsidiaries and any Agency it may designate and all persons whosoever Greater Edmonton Taxi Service Inc., its Subsidiaries or designated Agency contact in the course of this investigation from any liability and/or damages that may result from the conduct of such investigation and from the result of the investigation itself.

**A PHOTOCOPY OF THIS AUTHORIZATION IS AS ACCEPTABLE AS THE ORIGINAL**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_