



ROYAL TRANSPORTATION COMPANY

Vehicle Operator Application

7225 Colerain Ave.
Cincinnati OH 45239
Office # 513-467-6925

Please print

Name: _____ DOB: ____/____/____
Last First Middle Month/day/year

Address: _____ Social Security# ____ - ____ - ____
Street Apt #

City: _____ State _____ Zip _____

Phone _____ // _____
Home# Cell#

Length at current residence _____ Length lived in Cincinnati area _____

Driver License # _____ State of Issue _____ Exp. Date ____/____/____

List traffic violations incurred in the past 3 years: _____

Have you ever been convicted of a crime? _____ If yes, explain _____

Have you ever worked for Royal Cab? _____ If yes, When _____

Are you currently employed? _____ If yes Where? _____

Health Background

Do you have any physical mental sensory handicapped or alcohol/drug related behaviors that may impair you judgment or affect your ability to safely operate a vehicle? _____ If yes explain _____

Emergency contact Name _____

Address _____ Phone# _____

Employment History

Company /Business Name _____

Address _____
Street City State Zip

Phone# _____ Employed from ____/____ To ____/____
Month/Year Month/Year

Company / Business Name _____

Address _____
Street City State Zip

Phone# _____ Employed from ____/____ To ____/____
Month/Year Month/Year

References

Please list the Name, Address and Phone number of three character references
(other than relatives or former employers)

Name _____ Phone# _____

Address _____

How long individual has known you _____

Name _____ Phone# _____

Address _____

How long individual has known you _____

Name _____ Phone# _____

Address _____

How long individual has known you _____

I do hereby affirm the information I have given on this application is true and I
give Royal Cab the Authorization to investigate the information above.

Name Signature Date

Management use Only

Remarks _____

Interviewed by _____
Signature Date