

Lease Information Form

| | | | | | |
|----------------|--------|------|-----|---------------|----------------|
| Name | | | | | Phone: () |
| Street Address | | | | | Phone: () |
| City | | | | | Apt. |
| State | | | | Zip | |
| Height | Weight | Race | Sex | Date of Birth | Marital Status |
| | | | | | |

PREVIOUS WORK EXPERIENCE

Company: _____

Address: _____

Supervisor: _____

Dates of Employment: _____

Company: _____

Address: _____

Supervisor: _____

Dates of Employment: _____

How did you here of this opportunity? Advertisement () Friend () Relative ()

Have you ever driven a Taxicab in Baton Rouge before? _____

Do any of your friends or relatives work here? (Or have they in the past?) _____

If yes, please lists names _____

Are you on lay-off and subject to recall? _____

Please list name of person to notify in an emergency.

Name: _____ Address: _____ Phone: _____

TICKETS & ACCIDENTS LAST FOUR YEARS

| Date | Offense | Location |
|------|---------|----------|
| | | |
| | | |

OFFICE USE ONLY

| | | | |
|----------------|--------|------|------------------|
| State License: | Class: | Exp: | Interview: |
| Permit: | Exp: | ODR | Time: Date: |

Lease Information Form

PERSONAL INFORMATION

Have you ever been injured on the job? _____ Where? _____

Type of injury? _____ When? _____

Did you receive Workman's Compensation? _____

Employed by whom? _____

Name of Compensation Carrier? _____

Do you currently have any medical problems that may interfere with your ability to conduct your own taxi business? _____

Please include any disabilities, back problems, etc.

Have you ever been arrested? _____ When? _____

What was the charge? _____

Were you convicted? _____

Have you ever sued due to an auto accident? _____

Have you ever sued another person due to an auto accident? _____

How long have you been in the Baton Rouge area? _____

How long have you been at your current address? _____

It less than three years, list previous address _____

PERSONAL REFERENCES (These MUST be completed)

Name: _____

Address: _____

How long has this person known you? _____

Phone Number: _____

Name: _____

Address: _____

How long has this person known you? _____

Name: _____

Address: _____

How long has this person known you? _____

I hereby authorize First Parish Transportation Corp. to request from any source and authorize the release of any information pertaining to my past employment, medical history, criminal, driving record or other information.

All statements and answers are true to the best of my knowledge. I realize willfully giving false information may result in immediate cancellation of my lease.

Name: _____ SSN# _____

Date of Birth: _____

Signature: _____ Date: _____