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**WORK REFERENCES**

SUPERVISOR NAME

OCCUPATION

TELEPHONE NUMBER

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**ADDITIONAL INFORMATION**

Other Qualifications and Skills (which you feel may be related to this contract?)

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**DRIVER INFORMATION**

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

Driver's License No. \_\_\_\_\_ Province \_\_\_\_\_ Class \_\_\_\_\_ Conditions \_\_\_\_\_

HAVE YOU DRIVEN A VEHICLE OTHER THAN AN AUTOMOBILE? YES NO

WHAT KINDS? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE FOR WHICH NO PARDON HAS BEEN GRANTED? YES NO

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This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required for the contractor selection process and may be used to notify you of information, programs or activities associated with Greater Edmonton Taxi Service Group. This information will not be used for solicitation by outside organizations. If you have a question regarding the collection or use of this information, please call 780-465-8546.

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**AGREEMENT**

Please read carefully before signing.

I hereby agree that any false statements will disqualify me for agreed contract or cause my subsequent dismissal and that acceptance of contract does not bind either party to a specific period of time.

I certify that all entries on this application and information in it are true and complete to the best of my knowledge. If offered a contract I understand that there will be a specific probationary period. My contract status will be probationary until the successful completion of this period.

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

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

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**AUTHORITY TO RELEASE PERSONAL INFORMATION**

I understand that Greater Edmonton Taxi Service Group, its Subsidiaries or a designated Agency will 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 for contract with Greater Edmonton Taxi Service Group or its Subsidiaries and desiring them to be informed of my background, previous record and character.

I HEREBY RELEASE Greater Edmonton Taxi Service Group, its Subsidiaries and any Agency it may designate and all persons whosoever Greater Edmonton Taxi Service Group, 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: \_\_\_\_\_