



Office Use Only	
Map Test	_____
Written Question	_____
Date	_____ Time _____

P.O. Box 8305, Madison, WI 53708-8305  
Telephone 608-242-2000 \* Fax 608-242-2009  
[www.unioncab.com](http://www.unioncab.com) \* E-mail [info@unioncab.com](mailto:info@unioncab.com)

Date: \_\_\_\_\_

## Application for Employment

*Union Cab Cooperative is committed to providing equal employment opportunity for all qualified individuals regardless of race, religion, creed, color, sex, national origin, sexual orientation, disability, gender identity, veteran status, or other legally protected status.*

All of the information requested on this form is important. Your application should contain eight pages, plus an ninth page if you are applying for a position as a mechanic. If your application is not complete, we will not consider you for employment. Interviews are by appointment only.

*(please print)*

Name (last, first & mi): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone Number(s): \_\_\_\_\_

Position(s) Applying for: \_\_\_\_\_

*(check all that apply)*

- |                                    |                                      |   |
|------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Full-Time | <input type="checkbox"/> Week days   | <input type="checkbox"/> Weekend days   |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Week nights | <input type="checkbox"/> Weekend nights |

On what date would you be available for work? \_\_\_\_\_

Are you currently employed?  Yes  No

Have you ever applied here before?  Yes  No

If YES, when? \_\_\_\_\_

Have you ever worked here before?  Yes  No

If YES, when and what jobs? \_\_\_\_\_

For driving positions, our insurance requires that you be at least 21 years old.

Are you at least 21 years old?  Yes  No

How did you hear about us? *(please check all that apply)*

- |                                 |                                   |                                  |                                   |
|---------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Relative | <input type="checkbox"/> Walk-In | <input type="checkbox"/> Internet |
|---------------------------------|-----------------------------------|----------------------------------|-----------------------------------|

Current worker at Union (who?) \_\_\_\_\_

Radio/TV (which one?) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**Employment History:** *(list current / most recent job first)*

Company name:	<b>Dates Employed</b> From: To:
Address:	
Telephone number:	<b>Weekly Pay</b> Starting: Ending:
Supervisor's name:	
Job held and reason for leaving:	<b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Company name:	<b>Dates Employed</b> From: To:
Address:	
Telephone number:	<b>Weekly Pay</b> Starting: Ending:
Supervisor's name:	
Job held and reason for leaving:	<b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Company name:	<b>Dates Employed</b> From: To:
Address:	
Telephone number:	<b>Weekly Pay</b> Starting: Ending:
Supervisor's name:	
Job held and reason for leaving:	<b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

Company name:	<b>Dates Employed</b> From: To:
Address:	
Telephone number:	<b>Weekly Pay</b> Starting: Ending:
Supervisor's name:	
Job held and reason for leaving:	<b>May We Contact?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

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## Required Questions

Name: \_\_\_\_\_

Date: \_\_\_\_\_

❖ Have you had any Defensive Driving courses?

Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

❖ If the Wisconsin Driving Record Abstract included with your application does not fully cover your driving record for all of the previous five years, disclose any unreported moving violations here: \_\_\_\_\_  
\_\_\_\_\_

❖ Have you been ticketed for operating under the influence of alcohol or other controlled substance within the last 10 years?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

❖ Do you face any pending charges for operating under the influence of alcohol or any other controlled substance?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Note:** A pending charge for operating under the influence is not an absolute bar to employment, but a conviction may result in denial of employment or termination of employment.

❖ Have you ever been convicted of a felony or misdemeanor?  Yes  No

❖ Do you now face any pending criminal charges?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Note:** Pending charges or convictions are not absolute bars to employment. They will be considered only if there is a substantial relationship to the job for which you are applying.

❖ Please use the space below to provide any additional information (relevant training, job experience, interests etc.) you would like us to consider when we review your application:

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# Availability Survey

Name: \_\_\_\_\_

Date: \_\_\_\_\_

We are required to operate 24 hours a day, seven days a week. When considering applicants for employment, we like to make a good match between our scheduling needs and the needs of the applicant. A flexible schedule may enhance your opportunity for employment. Applicants who have limited availability will be considered if such a schedule is available.

Your response to this questionnaire is an important part of your application.  
*Failure to complete this form may adversely affect your employment prospects.*

**Please select your preference:**

How many hours per week would you prefer to work?

- 10 or less       about 18       about 32       40 or more

What is the maximum number of hours you are able to work?

- 10 or less       about 18       about 32       40 or more

What is the minimum number of hours you would accept?

- 10 or less       about 18       about 32       40 or more

Please **X-out** any days and times of the week you are **NOT** able to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Late night							

Please **check** the days and times of the week you would **PREFER** to work:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Late night							

Please feel free to note any specific plans for upcoming vacations or any other specific times you know you will need to take off. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Education	Name & Location of School	Course of study	# of years completed	Degree or diploma
Graduate				
College				
Business/Trade Technical				
High School				

### Personal References

Name	Address	Occupation	Phone Number

### Additional Questions for Phone Answerer Applicants

**Work Experience.** Have you:

- |  |  |
|--|--|
| <input type="checkbox"/> Provided customer service using the phone | <input type="checkbox"/> Worked in an office setting             |
| <input type="checkbox"/> Worked as part of a team of employees     | <input type="checkbox"/> Worked in a fast-paced, high stress job |

Comments: \_\_\_\_\_

### Computer Experience & training:

- |  |  |
|--|--|
| <input type="checkbox"/> Multi-window applications | <input type="checkbox"/> Email           |
| <input type="checkbox"/> Internet                  | <input type="checkbox"/> Word processing |
| <input type="checkbox"/> Spreadsheets              | <input type="checkbox"/> Programming     |

Comments: \_\_\_\_\_

Have you had any formal computer training? How would you rate your typing/ keyboarding skills?

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## Driver Record Abstract

Your application for a driving position will not be considered unless you include a recent Driver Record Abstract.

- Dial 261-2566 to order a copy of your Wisconsin abstract from the Wisconsin Department of Transportation. Be ready with your Wisconsin Driver's License number and your Social Security number.

Abstracts may be ordered by telephone only. Your order should be processed and mailed on the next business day to the address you have on file with the Department of Transportation. You will be billed \$7.00 for the abstract.

You must have a current Wisconsin driver license to apply for a driving job. If your recent driving history is in another state, please provide an abstract from that state.

### **Applicant's Certification: Please read carefully before signing**

I hereby certify that all of the information provided by me in this application is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents may be cause for denial of employment or immediate termination of employment.

I understand that this application is not a contract, and does not guarantee employment or an interview, and that interviews are held by appointment only. I understand that if an offer of employment is extended to me by Union Cab of Madison Cooperative, such offer does not constitute a contract of employment, and such employment is at will, for no specified duration, and may be terminated by either Union Cab of Madison Cooperative or myself at any time, with or without cause or notice.

I hereby authorize Union Cab of Madison Cooperative to secure information from any person, company or other source about me without liability to such person, company or source or to Union Cab of Madison Cooperative.

I hereby certify that the Driver Record Abstract I have submitted is truly mine and is current, and that I have fully disclosed all further information about my driving record requested in this application. I understand that the falsification, misrepresentation or omission of information about my driving record may be cause for denial of employment or immediate termination of employment.

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*Date*

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*Applicant's signature*

***Thank you for taking the time to complete this application.***

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**A Worker Cooperative**

P.O. Box 8305, Madison, WI 53708-8305  
 Telephone 608-242-2000 \* Fax 608-242-2009  
 www.unioncab.com \* E-mail info@unioncab.com

**Previous Employer Reference Release**

I hereby authorize any former employer of mine to furnish Union Cab of Madison any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and I release all parties from all liability for any damage that may result therefrom.

<p style="text-align: center;"><i>Applicant's Name (please print)</i> Provide name used at time of previous employment</p>	<p style="text-align: center;"><i>Applicant's Social Security number</i></p>
<p style="text-align: center;"><i>Applicant's signature</i></p>	<p style="text-align: center;"><i>Date</i></p>

**Request for Employment Reference**

The above-named applicant has applied to Union Cab for the position of Taxicab Driver. We will appreciate any information you can give us concerning her/his employment with you.

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Position(s) held: \_\_\_\_\_

	poor	adequate	good	excellent
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Rating	can't recommend <input type="checkbox"/>	typical <input type="checkbox"/>	good <input type="checkbox"/>	one of the best <input type="checkbox"/>

Please feel free to attach any additional information regarding this individual's character or work habits.

**Thank you sincerely for your help in this matter.**

*Please return to the PO Box above (Attention: Human Resources Office); or FAX to 608-242-2009*

## Applicant Self-Identification of Race / Ethnicity

Union Cab of Madison Cooperative is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite applicants and employees to complete the following self-identification form.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Sex**       Female       Male

**Race/ethnicity.** *Please mark only one box.*

- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Black or African American** (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.
- White** (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian** (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native** (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races** (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

**Veteran Status:**       Veteran       Non-Veteran

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**Submission of this information is voluntary.** Refusal to provide it will not subject you to any adverse treatment. The information provided will be kept confidential. Data compiled from this information and used for recordkeeping and reporting purposes will not be individually identifiable.

I do not wish to provide this information.

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Union Cab of Madison Cooperative is an Equal Opportunity Affirmative Action Employer. A copy of our Equal Opportunity Policy and Affirmative Action Plan are available upon request.

## **Affirmation of Fitness to Accept Employment as a Taxicab Driver**

*This Affirmation is distributed to all applicants for informational purposes.*

***As a condition of employment with Union Cab of Madison Cooperative, applicants who are offered employment must sign a document acknowledging and agreeing to the provisions stated below.***

Union Cab is regulated by the City of Madison under Madison General Ordinance 11.06. Union Cab employs drivers who must provide transportation to the general public and must sometimes engage in physically challenging work assisting infirm or vulnerable persons. Union Cab's drivers must drive vehicles on the public roadways and are subject to the traffic laws of the State of Wisconsin at all times. Therefore, after an applicant receives a conditional offer of employment as a Taxi Cab Driver with Union Cab, the applicant will be asked to sign affirmations of the following:

(1) Madison General Ordinance 11.06 requires that taxicab drivers undergo and pass an extensive background check in order to qualify for a Taxi Permit. The types of crimes that would result in failure to pass this background check are identified in the ordinance. An applicant must be issued a Madison Taxi Permit in order to begin work as a taxicab driver for Union Cab. The cost of the permit and background check is \$25.00, payable to the City of Madison.

Pending charges or convictions are not an absolute bar to employment. Madison Ordinance 11.06 identifies the crimes that would result in failure to pass their background check & denial of a Taxi Permit. We will consider pending charges & convictions only if there is a substantial relationship to the particular job for which you are applying.

Note: Union Cab's Taxicab Vehicle Liability Insurance provider will also do a background check and review your driving record. Union Cab will not be able to employ you unless you are approved for coverage under our Vehicle Liability policy.

(2) Periodically (approximately twice per day) drivers must lift objects that weigh 50 pounds. Frequently (approximately every two hours) drivers must lift objects that weigh 20 pounds. Frequently (approximately every two hours) drivers must climb up and down stairs to offer customer service. After being offered work, applicants will be asked to affirm that they can safely lift weights and climb stairs in this manner.

(3) Union Cab does not need to know what prescriptions or medications our drivers are using. We do need to know each driver is taking seriously their responsibility to read medication labels and speak to doctors and pharmacists about the possible side effects of medications. Drivers must avoid being under the influence of medications which have side effects known to impair the ability to drive or operate heavy machinery while they are working. Applicants offered employment will be asked to affirm that they will so monitor their prescriptions and medications, will never operate a cab while impaired, and will contact their health care provider or pharmacist if they have any questions about a medication's effects.

(4) Safety is a priority at Union Cab. For this reason, we will periodically access and examine the driving records of our employees. Negative changes to your driving record while you work at Union Cab may affect the conditions of your employment in a number of ways. Drivers are expected to report suspension or loss of personal driving privileges; unreported loss of privileges will lead to termination or other penalties.

**See reverse side.**

(5) Employees at Union Cab will be exposed to personal information about individuals and sensitive information about accounts. Union Cab expects all its employees to respect the privacy of our clients both on the phone and in our cabs, and to safeguard information about individuals and accounts acquired in the course of arranging and providing transportation, including addresses, phone numbers, pick-ups and destinations. Health information about individuals, including but not limited to information about doctors, medical conditions, treatments, and clinic destinations, is protected by federal HIPAA laws, and may not be shared. Exceptions may be made only as governed by written policies and procedures or with the approval of a supervisor.

**Union Cab is an equal opportunity affirmative action employer.**

A copy of Union Cab's Affirmative Action Plan and Equal Opportunity Policy are available upon request.

9/21/2010