

NOTICE TO PROSPECTIVE INDEPENDENT CONTRACT DRIVERS

REFERENCE CHECKS

NTG, LLC D/B/A Coastal Cab / Ace Taxi is dedicated to ensuring the safety and well being of the clients that we serve as well as the residents and visitors of our service area. To that end NTG, LLC D/B/A Coastal Cab / Ace Taxi conducts criminal, motor vehicle, employment, and reference background checks to ensure the quality and caliber of individual entering into agreement with our company. Individuals enrolling as prospective drivers must agree to these checks in order to be considered for being an Independent Contractor Driver, with our company.

CRIMINAL HISTORY

Pursuant to the Rules and Regulations of the of our service area, any person convicted of a certain criminal Offenses will not be permitted to operate a vehicle in our service area. For the purposes of this enrollment application no person convicted of the following offenses will be considered for a position with NTG, LLC D/B/A Coastal Cab / Ace Taxi; Any felony, regardless of time passed, Domestic battery, Violent crime, Elderly / Child abuse, or any sexually related crime as identified in Florida law. NTG, LLC D/B/A Coastal Cab / Ace Taxi reserves the right to accept or decline any enrollment application for any criminal offense.

ZERO TOLERANCE POLICY

Pursuant to Section 49 Code of Federal Regulations, Part 40 and Part 655, we are required to ensure that any person entering into a safety sensitive position is tested for illegal drug use prior to beginning service. NTG, LLC D/B/A Coastal Cab / Ace Taxi, Inc, supports and maintains a Zero tolerance drug and alcohol program. Further, in compliance with 49 CFR 40.25, NTG, LLC D/B/A Coastal Cab / Ace Taxi is required to contact any previous employer within the last two years and request confirmation that the prospective driver has not tested positive for, or refused, a drug or alcohol test. Any person that has had a reported positive test for illegal drugs within the last two years will not be considered for enrollment as an Independent Contractor. All persons submitting for a safety sensitive position with NTG, LLC D/B/A Coastal Cab / Ace Taxi will be required to successfully complete an initial drug test and agree to abide by the drug and alcohol program prior to assuming operational status with the company.

STATEMENT OF UNDERSTANDING

I hereby acknowledge my desire to become an Independent Contract Driver affiliated with NTG, LLC D/B/A Coastal Cab / Ace Taxi, Inc. I understand that I will not be considered an employee of the company and will not be eligible for traditional benefits including health insurance and workers compensation thru the company. I understand that that as an Independent Contract Driver, I will decide the days, times, and locations that I choose to work and that it is up to me to decide if I work at all.

Printed Name

Date

Signature

For Office Use Only

To be completed during orientation process and before entering into lease agreement with applicant			
Criminal Record and MVR (documentation Attached)	[] Eligible	[] Not Eligible	Ran By: _____
Sex Offender Registry Check (documentation Attached)	[] Eligible	[] Not Eligible	Ran By: _____
Employment History Verification (documentation Attached)	[] Eligible	[] Not Eligible	Ran By: _____
Reference Check Completed (documentation Attached)	[] Eligible	[] Not Eligible	Ran By: _____
[] Meets Company Standards			
[] Does not meet Company Standards	Company Representative Signature: _____		

FOR OFFICE USE ONLY	
Independent Contractor #	
F/T or P/T	
Department	
Position	
Start Date	
D.O.T Physical	
MVR	
Background	
D.O.T & Drug Screen Schd	

ENROLLMENT FORM

Print Clearly; Incomplete or illegible enrollments will not be processed

TODAY'S DATE: ____ / ____ / ____

NAME: _____
LAST FIRST M.I.

HOME #: _____ CELL # _____

CURRENT ADDRESS: _____
STREET CITY STATE ZIP

SOCIAL SECURITY: ____ / ____ / ____ D.O.B. ____ / ____ / ____

ENROLLEE INSTRUCTIONS

1. Please read "ENROLLEE NOTE"
2. Complete both pages of this form
3. If more space is needed to complete any questions, use comments section on back.

PRIOR ADDRESS: _____
STREET CITY STATE ZIP

EMERGENCY CONTACT: _____
NAME PHONE

ENROLLEE NOTE:

This enrollment form is intended for use in evaluating your suitability for enrollment. It is not an enrollment contract. Please answer all appropriate questions completely and to the best of your ability. False or misleading statements are grounds for refusal of enrollment. Federal law provides penalties for false statements on documents related to U.S. enrollment eligibility. All qualified Enrollees will receive consideration without discrimination because of gender, marital status, race, age, creed, national origin, or the presence of non-related disabilities, and such information may be omitted from this form. A felony conviction will not necessarily bar an Enrollee from enrollment and affirmative action hiring of disabled, Vietnam-era veterans, minorities, and women may be requested by qualified Enrollees. Additional testing of -related skills, mental, physical abilities, physical condition, and for the presence of drugs in your body may be required prior to and during enrollment

AVAILABILITY

Position you are enrolling in: _____

What date can you start? _____ What hours would you be available to contract? [] Full-Time [] Part-Time

Schedule Availability: [] Weekdays [] Weekends [] Nights [] Shift [] Overtime [] Other _____

RELATED SKILLS: Are you fluent in other languages? _____ If so, which ones? _____

Do you have a valid Drivers License? [] YES [] NO D.L Number: _____ - _____ - _____ - _____

State _____ Class: [] A [] B [] C [] D [] E Restrictions: _____ Endorsements: _____

Please circle the highest grade completed: 10 11 12 13 14 15 16 16+

NAME	CITY / STATE	DATES	GRADUATE?
HIGH SCHOOL			
COLLEGE			
OTHER			

Check any Certifications that you have: PLEASE MAKE AVAILABLE FOR COPIES;

- | | | | |
|------------------------------------|--|--|--|
| <input type="checkbox"/> EMT | <input type="checkbox"/> DEFENSIVE DRIVING | <input type="checkbox"/> 1 ST RESPONDER | <input type="checkbox"/> ACLS |
| <input type="checkbox"/> PARAMEDIC | <input type="checkbox"/> CPR | <input type="checkbox"/> AIDS/HIV | <input type="checkbox"/> DOT PHYSICAL |
| <input type="checkbox"/> EVOC | <input type="checkbox"/> FIRST AID | <input type="checkbox"/> HAZMAT | <input type="checkbox"/> TYPING (W.P.M.) _____ |

Please list any other skills, licenses, or certificates that are related:

EXPERIENCE:

Please put the most recent income first.

MOST RECENT SOURCE OF INCOME		PRIOR SOURCE OF INCOME		PRIOR SOURCE OF INCOME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY/STATE/ZIP		CITY/STATE/ZIP		CITY/STATE/ZIP	
PHONE NUMBER	OK TO CONTACT? <input type="checkbox"/>	PHONE NUMBER	OK TO CONTACT? <input type="checkbox"/>	PHONE NUMBER	OK TO CONTACT? <input type="checkbox"/>
SUPERVISOR	RATE OF PAY	SUPERVISOR	RATE OF PAY	SUPERVISOR	RATE OF PAY
START DATE	END DATE	START DATE	END DATE	START DATE	END DATE
POSITION/DUTIES		POSITION/DUTIES		POSITION/DUTIES	
REASON FOR LEAVING		REASON FOR LEAVING		REASON FOR LEAVING	

SECURITY:

List any States and Counties of residence for the past seven years

1	3	5
2	4	6

 YES NO Have you used any names or Social Security numbers other than those on page one?

If so, please list _____

 YES NO Have you ever been arrested and or convicted of any crime and / or served time for a crime in your lifetime?

If so, please describe below;

INCIDENT	CITY / STATE	CHARGE
1		
2		

Do you have any points on your license currently?

 YES NO

If Yes, How many?

INFRACTION	# of Points	INFRACTION	# of Points	INFRACTION	# of Points
1	<input type="text"/>	4	<input type="text"/>	7	<input type="text"/>
2	<input type="text"/>	5	<input type="text"/>	8	<input type="text"/>
3	<input type="text"/>	6	<input type="text"/>	9	<input type="text"/>

HEALTH & SAFETY
 YES NO Have you ever had any work related injury or illness? If so, please describe below.

INCIDENT	CITY/STATE	EMPLOYER	DETAIL (include body part)
1			
2			
3			
4			

 YES NO Do you have any physical or mental conditions which may affect your performance?

 YES NO Do you regularly take any prescription medicine or drugs which may affect your performance or safety?

REFERENCES:

Include only individuals familiar with your work character. **Do NOT** include relatives.

NAME	ADDRESS	PHONE	RELATIONSHIP	YRS KNOWN
1				
2				
3				

COMMENTS:

Please use this section for any additional comments or clarifications.

*****NOTE*****

Enrollees must supply the following items with the enrollment when enrolling in person or if enrolling on line please present at time of request.

- A copy of your Drivers License
- A copy of your Social Security card
- A copy of your EMT / Paramedic License (if applicable)
- A copy of your EVOC certification (if applicable)
- A copy of your First Aid and CPR card. If you do not have these at the time of enrollment, you will be required to obtain them with 5 days of enrollment.
- Any other Relevant Certifications

CERTIFICATION AND RELEASE:

I certify that I have read and understand the Enrollee note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this enrollment may result in rejection of my enrollment or cancellation at any time during my enrollment. I authorize NTG, LLC D/B/A Coastal Cab / Ace Taxi, Inc. and / or its agents, including consumer reporting bureaus, to verify any of this information, including, but not limited to, criminal history and motor vehicle records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during enrollment. I understand that NTG, LLC D/B/A Coastal Cab / Ace Taxi, Inc. policy requires me to submit to drug testing to detect the use of illegal drugs prior to and during enrollment.

SIGNATURE

DATE

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NTG, LLC D/B/A Coastal Cab / Ace Taxi, Inc
EMPLOYMENT VERIFICATION FORM
RELEASE OF INFORMATION

NTG, LLC D/B/A Coastal Cab / Ace Taxi, Inc is completing a background check inquiry on the person listed below. The applicant would like to drive with our company which also provides transportation to individuals with disabilities. The applicant has identified your company as a previous employer. Please complete the information requested below and return fax to 904-595-5567. Thank you for your assistance in this important matter

Name: _____ DATE: _____

Company: _____ Phone: _____ Fax: _____

I authorize the investigation of all matters contained in this enrollment form and hereby give NTG, LLC D/B/A Coastal Cab / Ace Taxi permission to contact previous employers, references, and other entities, and hereby release NTG, LLC D/B/A Coastal Cab / Ace Taxi and any prior employer providing information from any liability as a result of such contact.

 Applicant Signature

Employer completes below this line

Position(s) _____ Date(s) of
 Held _____ Employment From _____ to _____

Reason for Separation:

Voluntary Involuntary

Eligible for Rehire

Eligible Not Eligible

Please Explain:

Please rank the individual in the following areas:

Attendance	Poor	Fair	Good	Very Good	Excellent	N/A
Dependability	Poor	Fair	Good	Very Good	Excellent	N/A
Quality of Work	Poor	Fair	Good	Very Good	Excellent	N/A
Self Motivated	Poor	Fair	Good	Very Good	Excellent	N/A
Customer Skills	Poor	Fair	Good	Very Good	Excellent	N/A
Communication Skills	Poor	Fair	Good	Very Good	Excellent	N/A
Vehicle Operations	Poor	Fair	Good	Very Good	Excellent	N/A

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Was the person in question required to submit to a drug test with your company? Yes No
 Has the person in question failed a drug test within your company? Yes No N/A
 If yes, did the person complete FDOT required Employee Assistance Program? Yes No N/A
 Has the person in question ever refused to complete a drug test with your company? Yes No N/A

Is there any additional information you feel should be considered as part of this reference check?

 Completed By Title Signature Date



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Completed By Title Signature Date



NTG, LLC D/B/A Coastal Cab / Ace Taxi, Inc
REFERENCE VERIFICATION FORM



To be Completed by Office Personnel only

Driver Name _____

Reference #1

Name _____	Phone # _____
How do you know the applicant? _____	
How long have you known the applicant? _____	
How would you say the applicant reacts to pressure?	[] Yes [] No
Would you say that the applicant is organized?	[] Yes [] No
Would you say that the applicant is punctual?	[] Yes [] No
Would you say that the applicant is respectful of others?	[] Yes [] No
Would you allow the applicant to drive your parent or child somewhere?	[] Yes [] No
Any additional Comments?	
_____	_____
Caller Name	Date Call Made

Reference #2

Name _____	Phone # _____
How do you know the applicant? _____	
How long have you known the applicant? _____	
How would you say the applicant reacts to pressure?	[] Yes [] No
Would you say that the applicant is organized?	[] Yes [] No
Would you say that the applicant is punctual?	[] Yes [] No
Would you say that the applicant is respectful of others?	[] Yes [] No
Would you allow the applicant to drive your parent or child somewhere?	[] Yes [] No
Any additional Comments?	
_____	_____
Caller Name	Date Call Made

Reference #3

Name _____	Phone # _____
How do you know the applicant? _____	
How long have you known the applicant? _____	
How would you say the applicant reacts to pressure?	[] Yes [] No
Would you say that the applicant is organized?	[] Yes [] No
Would you say that the applicant is punctual?	[] Yes [] No
Would you say that the applicant is respectful of others?	[] Yes [] No
Would you allow the applicant to drive your parent or child somewhere?	[] Yes [] No
Any additional Comments?	
_____	_____
Caller Name	Date Call Made