

VILLAGE OF GREAT NECK
61 BAKER HILL ROAD
GREAT NECK, NEW YORK 11023

TAXICAB DRIVER APPLICATION

PLEASE PRINT CLEARLY/ANSWER ALL QUESTIONS

1. NAME IN FULL _____ 2. TEL.NO. _____
3. ADDRESS _____
HOW LONG AT _____ DATE OF BIRTH _____ AGE _____ PLACE OF BIRTH _____
4. PRESENT ADDRESS _____ 5. _____ 6. _____ 7. _____
8. ARE YOU A CITIZEN? _____ 9. NATIVE BORN OR NATURALIZED _____
IF NATURALIZED _____
10. WHEN _____ WHERE _____ 11. SS# _____
COLOR OF EYES _____ COLOR OF HAIR _____
12. HEIGHT _____ 13. WEIGHT _____ 14. _____ 15. _____
PROMINENT SCARS OR _____
16. COMPLEXION _____ 17. DISTINGUISHING MARKS _____
18. HAVE YOU ANY MENTAL OR PHYSICAL INFIRMITY: _____
19. WERE YOU EVER ARRESTED FOR OR CONVICTED OF A CRIME OR OFFENSE OTHER THAN
TRAFFIC INFRACTIONS - ANSWER YES OR NO - IF YES
WHAT CRIME OR OFFENSE: _____
WHEN _____ WHERE _____

IF ADDITIONAL SPACE IS REQUIRED PLEASE USE REVERSE SIDE.

20. LIST ALL TRAFFIC VIOLATIONS, ORDINANCE OR REGULATION WHICH YOU HAVE BEEN
CONVICTED WITHIN THE PAST 18 MONTHS.

<u>DATE</u>	<u>VIOLATION</u>	<u>NAME & LOCATION OF COURT</u>	<u>PENALTY IMPOSED</u>
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21. WAS YOU OPERATORS/CHAUFFEURS LICENSE EVER SUSPENDED OR REVOKED? IF YES,
STATE DATE, PERIOD OF SUSPENSION AND CAUSE. _____

22. GIVE THE NAME AND ADDRESS OF EMPLOYER & OCCUPATION FOR THE PAST 10 YEARS,
GIVE PRESENT EMPLOYER FIRST.

<u>DATE</u>	<u>EMPLOYER</u>	<u>ADDRESS</u>	<u>OCCUPATION</u>
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I SOLEMNLY SWEAR TO THE TRUTH OF THE ABOVE STATEMENTS

SWORN TO BEFORE ME THIS _____

DAY OF _____, 200__

SIGNATURE OF APPLICANT

NOTARY PUBLIC