



# 800-TAXI – T&T COMPANY LIMITED

#3 Canan Rd. La Romaine, San Fernando  
Trinidad. W.I

## APPLICATION FOR EMPLOYMENT FORM (DRIVER)

Please give complete answers to all questions. Incomplete answers will only slow, or stall the application process.

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ I.D. Card No.: \_\_\_\_\_

Do you have at least 3 years driving experience? Yes  No

License Class: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

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### Emergency Contact Information

Full Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Contact No. (Mobile) : \_\_\_\_\_ Contact No. (Home) : \_\_\_\_\_

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Do you own an Android or Apple phone? Yes  No

Are you capable of using the Caribbean Taxi App? Yes  No

Do you smoke? Yes  No

Do you do drugs? Yes  No

Are you willing to do a drug test? Yes  No

Have you ever taken a defensive driving course? Yes  No

Has your license ever been suspended? Yes  No

If yes, give date, length of suspension and reason why.

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Have you had any accidents in the last 5 years? Yes  No

If yes, please give a brief summary.

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Have you ever had a DUI? Yes  No

If yes, please list date of offense, jail time, fine and/or suspension time.

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Have you ever been convicted? Yes  No

If yes, please explain.

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Vehicle Information

Brand of vehicle: \_\_\_\_\_

Model: \_\_\_\_\_

Year of manufacture: \_\_\_\_\_

Passenger capacity: \_\_\_\_\_

Working A/C: Yes  No

License Plate No: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Policy No.: \_\_\_\_\_

**Please submit copies of:**

Birth Certificate

I.D Card

Up to date Certified Copy

Driver's Permit

Insurance

3 Passport size pictures

Certificate of good character (No older than 6months)

Defensive Driving Certificate

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Disclaimer & Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR COMPLETION BY THE COMPANY**

Car Inspection Pass  Fail

Details if failed car inspection: \_\_\_\_\_

Does this driver need to do a defensive driving class? Yes  No

Documents pending \_\_\_\_\_

Remarks:  
\_\_\_\_\_  
\_\_\_\_\_

Date of interview: \_\_\_\_\_

Action Taken:  
\_\_\_\_\_

(Please circle)

Application: **Accepted** **Declined**

Approved by: (Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ Date \_\_\_\_\_