

SB Pedicab Lease Application

PLEASE PRINT AND COMPLETE FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE

Lessee: _____

LAST	FIRST	MIDDLE	DATE OF BIRTH
_____			() _____
STREET ADDRESS _____			
CITY	STATE	ZIP	PHONE NUMBER

ADDITIONAL CONTACT INFORMATION

MOBILE PHONE: () _____

EMAIL ADDRESS: _____

STATE-ISSUED DRIVER'S LICENSE: _____

NUMBER	STATE	EXPIRATION
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DO YOU HAVE THE LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.? YES NO IF NO, EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO IF YES, EXPLAIN: _____

REFERENCES

NAME	ADDRESS	PHONE
_____	_____	_____
NAME	ADDRESS	PHONE
_____	_____	_____
NAME	ADDRESS	PHONE
_____	_____	_____

PLEASE PROVIDE A PHOTOCOPY OF: STATE DRIVER'S LICENSE

BY SIGNING THIS APPLICATION, I CERTIFY: THAT THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I HAVE NOT MADE ANY ATTEMPT TO CONCEAL INFORMATION AND THAT FALSIFICATION COULD BE CAUSE FOR TERMINATION OF LEASE AGREEMENT. IF REQUIRED, I AGREE TO UNDERGO A MEDICAL EXAMINATION BY A COMPANY DESIGNATED OR APPROVED PHYSICIAN AND UNDERSTAND THAT MEDICAL APPROVAL MUST BE OBTAINED BEFORE AGREEMENT CAN BE EFFECTED. I HAVE NOTED THAT SB PEDICAB APPLICANTS RECEIVE LAWFUL CONSIDERATION WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY, SEXUAL PREFERENCE, OR VETERAN STATUS. I REALIZE THAT SB PEDICAB RESERVES THE RIGHT TO TERMINATE MY LEASE PRIVILEGES WHENEVER THE NEED ARISES.

PRINT NAME	DATE	SIGNATURE
_____	_____	_____

DO NOT WRITE BELOW THIS LINE

APPEARANCE: _____
PERSONALITY: _____
BIKE SKILLS: _____
START DATE: _____

REFERENCE VERIFIED BY: _____
SIGNED RULES OF CONDUCT: _____
SIGNED HOLD HARMLESS: _____
SIGNED LEASE AGREEMENT: _____

NOTES: